

Dr B A Odedra

Neville House Residential Home

Inspection report

Neville Street
Chadderton
Oldham
Greater Manchester
OL9 6LD

Tel: 01616275874

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 1 March 2016 and was unannounced, which meant the provider did not know we were coming. At the last inspection, in September 2014, the service was judged compliant with the regulations inspected.

The service has a registered manager who has been registered with the Care Quality Commission since December 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Neville House Residential Home provides support with personal care needs for up to 18 older people. There was 17 people receiving a service at the time of this inspection. The home provides accommodation on both the ground and first floors in eight single and five shared rooms. A passenger lift is available. On the ground floor there is a large lounge and a conservatory which is used for dining.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that appropriate DoLS applications had been made, however the applications were still awaiting authorisation.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. For example we saw evidence that the home regularly made contact with district nurses, community nurses for mental health issues, and people's own doctors. Other health professionals such as dieticians, dentists, occupational therapists and opticians were also requested as needed.

People told us that they received their medicines on time. Our observation of part of two medication rounds together with our review of records provided evidence that medicines were safely administered.

There were robust recruitment procedures in place, and there were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Staff told us they felt supported by the manager and provider. However, formal supervisions and appraisals were still being brought up to date. The registered manager has agreed a timescale for these to be in place.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked. We observed people being offered a second helping

during breakfast and lunch. Snacks of fruit and biscuits and drinks were also available for people throughout the day.

People were able to access activities. We observed a quiz and we saw people enjoying being pampered in the morning. The registered manager told us that dedicated time is allocated during the morning and afternoon to facilitate activities.

Staff were positive about the registered manager and the way in which she led the service. They told us that the registered manager was always around and was approachable and proactive in trying to make the service as good as possible. The registered manager had clear goals for the service and spoke about future developments for the home which included an extension to the building.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that no formal complaints had been received. The registered manager told us that niggles and minor concerns were dealt with straight away so they did not escalate into formal complaints.

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. The reports included any actions required and these were checked each month to determine progress.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. We saw staff administering medication to people safely

Is the service effective?

Good ●

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?

Good ●

The service was caring.

Staff had a kind approach to their work. People and their relatives were complimentary about the care provided. People told us that staff were very caring and respected their privacy and dignity.

People were supported to maintain important relationships. Relatives told us there were no restrictions in place when visiting the service and they were always made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

People had access to activities although this was an area which could be improved to be more person centred.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well led.

The registered manager had developed a strong and visible person centred culture in the service. There was an emphasis on promoting and sustaining the improvements already made at the service. Staff told us that the manager was supportive and fair.

The registered manager continually strived to improve the service and their own practice. Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Neville House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 March 2016 and was unannounced. This meant the provider did not know we would be visiting. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding. They told us they were not aware of any issues or concerns regarding the service.

We did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including three people's support plans. We spoke with four people who used the service and seven relatives.

During our inspection we spoke with the registered manager, three care workers, an apprentice, a general assistant and the cook. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

Staff told us that they felt people living at the service were kept safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. One person said, "I'm not frightened at all here, they are all lovely." A relative we spoke with told us their family member had lived at the home for a number of years. They said, "Yes [my family member] is safe, they know all of the staff who have worked here a long time." Two other relatives said, "My relative is certainly safe, we all think it is so lovely here."

We found that people were protected from the risk of abuse. This was because the provider followed safeguarding procedures to protect people from abuse. The registered manager told us that the local council was in the process of updating the safeguarding procedure, until then she was continuing to use the existing procedures. We checked our records and found there had not been any recent referrals. The registered manager confirmed this.

Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority, the Care Quality Commission or Police if required. Staff were confident that the registered manager would act appropriately on people's behalf. The registered manager was able to demonstrate their knowledge and understanding of local safeguarding procedures and the actions to be taken to safeguard people living at the service.

Risk screening tools had been completed for each person and these covered distinct topics, such as, health and physical wellbeing and medicines management. Where risks were identified to people's health and wellbeing, for example, the risk of poor nutrition, poor mobility and the risk of developing pressure ulcers; staff were aware of people's individual risks and acted appropriately.

Assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. The registered manager showed us records used to analyse accident and incidents. This was used to identify any trends. We saw evidence that appropriate agencies were contacted if a person had frequent falls.

We saw people had a personal evacuation plan in place which would be used in the event of any emergency. The registered manager told us that these were easily accessible if required in the event of an emergency. We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements.

Risks in relation to the building were well managed and the registered manager told us that a list of tradesmen were available if required. We saw hoists and equipment used to keep people safe were regularly maintained so they were safe to use.

We found the recruitment of staff was robust and thorough. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The registered manager was fully aware of their accountability if a member of staff was not performing appropriately.

We looked at the number of staff that were on duty and checked the staff rosters to confirm the numbers were correct. The registered manager told us they used a dependency tool to assist with the calculation of staff needed to deliver care safely to people. The registered manager told us staffing ratios were based on the occupancy and dependency of people who used the service. From our observations we were able to form an opinion that staffing levels were sufficient to meet people's assessed needs. Relatives we spoke with told us they thought there were enough staff to meet people's needs. A relative said, "Sometimes we think they are a bit short of staff, but only occasionally. You can always find a member of staff if you need to." Another relative said, "Staff are very responsive. If someone wants to use the bathroom staff are there quickly."

We saw buzzers were answered promptly and staff were available to give assistance when people needed assistance with personal care.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for three people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed safely in line with current legislation.

Staff involved in the administration of medication had received appropriate training, and had their competency reviewed. Regular audits had been completed and where these highlighted areas for corrective action, a record was maintained of the actions taken. The medication administration record (MAR) sheets used by the home included information about any allergies the person may have had. This helped to make sure that staff trained to administer medicines, were able to do so safely.

We saw the senior care staff followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed PRN medicines to be taken only 'when required', for example pain relief and medication used for low moods. The senior care staff we spoke with knew how to tell when people needed these medicines and gave them correctly.

We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were available throughout the building. We spoke with one of the general assistants who told us they had worked at the home for a number of years and took pride in knowing they helped maintain good standards of cleanliness. We looked around the home and found the home was clean and smelt fresh. Relatives we spoke with confirmed they found the home to have good standards of protecting people from the risk of

infection.

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. One relative said, "Staff are always kind and considerate, they answer any questions I may have and seem very knowledgeable about my [family member] needs." Another relative said, "Staff seem to really care, they know what they are doing and treat people in the right way."

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Information on health professionals and health procedures were detailed to enable staff to make the necessary referrals to dieticians, chiropodist, speech and language therapists and their own doctors. People and relatives we spoke with said they were confident their health needs were taken care of effectively. One relative said, "Oh yes, if there is ever a need for a doctor, one is sent for." Another relative said, "They always get the doctor if necessary, and they telephone us and tell us that they have done so." One person we spoke with said, "I was poorly when I came to live here but staff got me going and I am fine now. It's a very nice place to live."

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at three people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Where people were identified as being at risk of malnutrition, referrals had been made to the dietician for specialist advice.

We joined a group of people eating their meals at lunchtime. We carried out a SOFI during lunch. People that needed support to eat their meals were provided with care that was supportive of their needs and was carried out in a professional and sensitive manner. Meal times were unrushed and all of the people involved appeared to enjoy their meals. We noted that staff ensured people were offered a second helping which two people had. The meal of curry and rice was well received. People told us they liked to try a variety of meals and they were involved in developing the menus for the home.

The cook told us they received training specific to their role including food safety, healthy eating and food processing. They had a good knowledge of specialist diets, and told us about how they fortified meals for people who needed to boost their calories. The cook also said that she made milk shakes and smoothies and ensured snacks were available. The cook told us they had been awarded a 'five star' rating by the local council who were responsible for monitoring the food and cleaning standards. This represents the highest standard that can be achieved.

We looked at the care records belonging to three people who used the service and there was clear evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. Relatives and people who we spoke with told us, "The staff asked us to help to complete information about [my relatives] likes and dislikes and also about people that were important to them." We saw evidence of this when we looked at the care records.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. At the time of the inspection the registered manager told us they had made applications to the local council's supervisory body for appropriate people living at the home but were still awaiting decisions.

Records we looked at confirmed staff were trained to a good standard. The registered manager and care workers had obtained nationally recognised care certificates. The registered manager told us all staff would complete a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

Systems to support and develop staff were in place, however the registered manager told us that formal supervisions were taking place but they were not as frequent as set out by the provider. We agreed with the registered manager that all staff would have an annual appraisal of the performance over the next three months. Staff we spoke with told us they had very good relationships with the registered manager and they felt supported in their roles. They told us they felt able to discuss any issues either work related or on a personal level without fear that information shared would be dealt with in confidence.

Is the service caring?

Our findings

People were happy with the care and support they received. We observed staff interacting with people who used the service in a kind and compassionate manner, and also in a way which demonstrated to us that they really knew the people they cared for. There was also a little bit of banter between the staff and people and this was appreciated. One person said, "Well, we have a bit of fun and jokes with the carers and they with us, makes it seem a bit more homely." Relatives we spoke with told us that it felt warm and welcoming whenever they visited. One relative said, "The staff really care, we can visit at any time and the staff are always the same. They have a smile on their face and look as though they want to be there."

We saw that staff spoke kindly to people, always appeared to have time to talk to people, provided reassurance where necessary and were not patronising or over familiar. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was written in care plans and discussed at staff handovers which were conducted in private.

We saw there were designated dignity champions. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. We observed that people were treated with respect and dignity was maintained. We spoke with one of the newer members of staff about dignity and privacy and they gave us examples such as knocking on bedroom doors and waiting to be invited in, closing bathroom and bedroom doors when assisting with personal care.

We spoke with the dementia lead for the service and she spoke with passion and enthusiasm about the role, she told us that she strived to support staff on how to approach people living with Dementia. She also advised on activities, diet, supporting family who struggle to understand Dementia and cascades information to others to ensure the approach to care is person centred.

We asked people about dignity and respect. One person said, "What I can do, I do for myself, but there are some things I need them to do for me. My dignity and privacy are always taken into account." A relative we spoke with said, "My [family members] dignity and privacy was well-maintained, staff are very respectful."

Staff were attentive to people's needs. We saw that staff communicated well with people living at the service. For example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided. We observed staff transferring a person using a mechanical hoist. Staff used humour to encourage the person to co-operate while attaching the sling to the hoist. The person told us they felt very safe in the capable hands of the care staff.

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of three people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up. Relatives we spoke with told us they had been involved in providing some information about their family member including things like life history. They told us they had also been involved in reviews of their family members care.

We found that people's care and treatment was regularly reviewed to ensure it was up to date. The care plans that we looked at had been reviewed and evaluated monthly. Daily handovers also ensured new information was passed at the start of each shift. This meant staff knew how people were presenting each day.

People were able to access activities. We observed a quiz and we saw people enjoying being pampered in the morning. The registered manager told us that dedicated time is allocated during the morning and afternoon to facilitate activities. We saw daily newspapers were available for people to read and the dementia champion had started to gather books and memorabilia to be used during reminiscence sessions.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw these were displayed on the notice board in the entrance. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service.

Relatives we spoke with told us that the home is welcoming and that there were no restrictions on visiting. One relative told us, "I can come whenever I want. I do try to avoid lunchtimes so that people aren't disturbed but it's never a problem when I come and I'm not made to feel as though I'm being a nuisance or intruding." One relative we spoke with told us they had only made one complaint in a number of years. They told us the complaint was dealt with swiftly by the registered manager. People we spoke with did not raise any complaints or concerns about the care and support they received. People told us that they would know what to do if they had any complaints or problems. One person said, "I haven't got any problems. I get everything I need."

Is the service well-led?

Our findings

The service was well led by a manager who has been registered with the Care Quality Commission at this location since December 2010. She demonstrated a clear vision for the service and spoke with passion about the proposed plans to develop the service. This included plans by the provider to build onto the rear of the property. People we spoke with told us they knew who was the registered manager and said they were approachable and would deal with any concerns they might have.

From our observations and discussion with staff we found that they were fully supportive of the registered manager's and the provider's vision for the service. The 'service user guide' states the service strives to provide high standards of care that embraces principles of good care practices that incorporates the guidelines expressed in the 'Residents Charter'. One care worker said, "I have worked in other social care environments but this is the best, I really like working here." Staff described working as one big team, and being committed to the person centred approach which had improved the outcomes for people living there.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

The registered manager continually sought feedback about the service through surveys, formal meetings, such as individual service reviews with relatives and other professional's and joint resident and relative meetings. This was supported by informal feedback via day to day conversations and communication from the staff team. Relatives we spoke with told us there was a positive atmosphere in the home. They also agreed that the registered manager was available to talk with them and would be happy to discuss anything which was troubling them. We saw formal surveys were also used to obtain feedback from people who used the service and their relatives. The response from the last survey rated the home as excellent in areas of the quality of care, friendliness of staff, meals and cleanliness of the home.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to raise the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately.

During our inspection, we noted positive examples of leadership from the registered manager and the senior care worker. Staff were given direction when transferring people using a mechanical hoist and when assisting people with their meals. We saw the registered manager speaking to relatives enquiring if they were well and updating them on the care of their family member. Relatives we spoke with told us the registered manager was always visible and they felt supported by her. One relative said. "It is good to know there is a person leading the home and she really cares."