

S K Care Homes Ltd

Neville House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 27 October 2015 and was unannounced. We carried out an inspection in September 2013, where we found the provider was meeting all the regulations we inspected.

Neville House is a small care home and is situated in Chapel Allerton area of Leeds. There is ample car parking and it is near to local shops, pubs and doctor's surgery. Churches of most denominations are also close by. The home is on two floors with a passenger and chair lift

access to the top floor. There is a choice of single and twin-bedded rooms. The lounges, dining area, kitchen and laundry facilities are located on the ground floor. There is a garden area at the rear of the home.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found there were not always appropriate arrangements for the safe handling of medicines. The registered manager and deputy manager told us they would review the medication process.

People's care and support needs were assessed and care plans identified how care and support should be delivered. People we spoke with told us they were very happy with the service they received and staff were kind and caring, treated them with dignity and respected their choices.

People who used the service told us they felt safe with the staff and the care and support they were provided with.

We found there were systems in place to protect people from risk of harm and appropriate recruitment procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005. The care plans contained a record of decisions people were able to make and the ones they needed support with.

People were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. We found people were cared for, or supported by, appropriately trained staff. Staff received support to help them understand how to deliver appropriate care. People told us they got the support they needed with meals and healthcare.

The service had good management and leadership. Systems were in place to monitor the quality and safety of service provision and we found there were appropriate systems in place for the management of complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found there were not always appropriate arrangements for the safe handling of medicines.

People told us they felt very safe. Staff knew what to do to make sure people were safeguarded from abuse. Individual risks had been assessed and managed to ensure people's safety.

There were enough skilled and experienced staff to support people and meet their needs. We saw the recruitment process for staff was robust.

Requires improvement



Is the service effective?

The service was effective in meeting people's needs.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely.

People consented to their care and support. The registered manager and staff understood their responsibilities in enabling people to make their own decisions. However, refresher Mental Health Act (2005) training was going to be arranged for all staff.

People's nutritional and healthcare needs were met.

Good



Is the service caring?

The service was caring.

People were very happy with the care and support provided to them. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff knew the people they were supporting well and were confident people received good care and their individual needs were met well.

Good



Is the service responsive?

The service was responsive to people's needs.

People's needs were assessed and person centred care plans were developed from this information. However, they were a little difficult to navigate.

Activities were available to people.

People were given information on how to make a complaint.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The management team were familiar with people's individual care and support needs and knew people who used the service and staff very well.

There were systems in place to monitor and improve the quality of the service provided and allowed people who used the service to provide feedback on the service provision.

Neville House

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 was planned to check 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 27 October 2015 and was unannounced. The inspection team consisted of one adult social care inspector, a specialist advisor in dementia care and an expert-by-experience who had experience of people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 21 people living at Neville House. We spoke with 12 people who used the service, three relatives, four staff, the deputy manager and the registered manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at three people's care plans.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Medicines were kept securely. The temperature of the fridge was recorded daily and this was maintained within the recommended safe temperature range. The medicines room temperature was recorded on a monthly basis but the deputy manager told us they were going to start recording this daily to ensure medicines were stored at the correct temperature to ensure their effectiveness. We noted two people's eye drops had been opened in May and August 2015. However, the instruction on the bottle stated 'discard 28 days after first opening'. We also noted that two people's medication had been refrigerated, but the instructions on one box stated store below 25 degrees and the other box stated store below 30 degrees. The deputy and registered manager told us they would address this immediately.

We saw people's medication administration records (MAR) had a photograph of the person along with any allergies they may have. The last section of the MAR contained information specific to each person about the medicines they were taking and why they were taking them. This helped to ensure staff worked in a person centred way. We saw a list of useful contact telephone numbers for health professionals were recorded in the MAR folder.

The MAR and controlled drugs records were completed and no gaps were noted. We looked at medication stock and records relating to controlled drugs. We found it was not possible to account for all medicines, as staff had not always accurately recorded when new medicines were received and the number of medicines in stock was not being recorded. The deputy and registered manager told us they would address this immediately.

Some people were prescribed medicines to be taken only 'when required', for example, painkillers. Staff were able to explain why and how they would administer the medication and there was guidance in place for staff to follow if needed.

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map.

The PIR stated the deputy manager was now the 'medication champion' for the home and would continue liaising with the GP and pharmacist in receiving regular medication reviews.

People we spoke with told us they felt safe in the home and family members did not have any concerns and their relative's safety. One person told us, "I am happy, safe and I'm looked after well." We saw staff interactions with people and they clearly knew them very well. We saw relatives were recognised and greeted at the door.

Some staff we spoke with had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Most of the staff we spoke with told us they had received safeguarding training. The staff training records we saw stated staff had completed safeguarding training in 2014 and 2015. However, the registered manager told us they were going to provide in-house refresher safeguarding training to all staff in November 2015 and discussions were to be held during individual supervision meetings to understand the level of staff knowledge and competence in safeguarding procedures.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. We saw contact numbers for the local safeguarding authority to make referrals or to obtain advice were available; however, not all staff we spoke were aware where to find them. The registered manager told us they would reissue this information to staff members. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We spoke with the registered manager regarding how people's finances were managed. They told us when they received any money into the home a receipt was given. Following a discussion about which staff member issued the receipt the registered manager stated they were going to implement a more robust procedure and all monies received would be to a senior member of staff, a receipt given and would be noted on the peoples' cash record sheet. We checked three people's monies and found each person's actual money matched the cash record sheet. One person told us, "[Name of manager] is fantastic she keeps

Is the service safe?

all my money and jewellery in the safe.” Another person told us, “When Bon Marche visits we can buy things and [name of manager] keeps a record so they can be paid out of the safe later.”

Care plans we looked at showed people had risk assessed appropriately and these assessments were updated regularly and where necessary revised. We saw risk assessments had been carried out to cover activities and health and safety issues. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw people had personal emergency evacuation plans and staff had access to a quick reference sheet which identified individual moving and handling needs should the building need to be evacuated in an emergency.

We saw the home’s fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw an equipment list, which stated the type, model, serviced by whom and service date. We found the service visits were filed by month and it was difficult to determine which equipment had been serviced. We saw legionnaires testing, small electrical appliance testing and water temperature checks had been carried out. The registered manager told us the water temperature checks were carried out randomly, however, they were going to implement a more robust procedure which would make sure each area of the home was checked.

The PIR stated the registered manager would ensure weekly checks and audits would continue to be carried out on all moving and handling equipment such as wheelchairs and zimmer frames. Monthly external inspections and six monthly checks were carried out on the passenger and stair lift to comply with the Health and Safety Executive 1998 ‘Lifting Operations and Lifting Equipment’ Regulations.

We observed staff undertaking their duties throughout the day and we found people who used the service received

the care and attention required to meet their individual needs. Staff we spoke with told us they thought there were sufficient staff on duty to meet the assessed needs of the people living in the home. One staff member told us, “There are enough staff and the manager helps out if needed.” Another staff member told us, “Generally there are enough staff but on occasions we could do with another pair of hands.” A third staff member said, “Yes, we have enough staff and I do extra shifts if needed.”

People we spoke with told us there were generally enough staff to meet their need. One person who used the service told us, “If we want help during the night we have a buzzer and they come straight away. If they are busy they will tell you.” Another person told us, “It’s a bit tight at weekends, especially when one person is doing meds.” We observed one relative had to ring the doorbell five times before anyone opened the door but they later told us, “That is very unusual it only happens when they are busy.”

The deputy manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said staffing levels were assessed on people’s dependency levels. The registered manager told us where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours. They told us staffing levels agreed within the home were being complied with, and this included the skill mix of staff. This ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We looked at the recruitment records for three staff members. We found the staff files contained application forms and the references were provided as part of the recruitment process. One staff member told us, “My interview was professional and they asked me specific questions about the role.” We saw relevant checks had been completed for staff, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records.

Is the service effective?

Our findings

We looked at staff training records which showed staff had completed a range of training sessions in 2015. These included infection control, health and safety and dementia awareness and safeguarding. Staff we spoke with told us they had completed several training course during 2014 and 2015, which included diabetes and moving and handling. We saw future training dates had been identified for November and December 2015, which included advanced dementia and dignity in care.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence members of staff had received supervision and an annual appraisal. We also saw staff had completed a personal supervision and development plan, which identified their own personal goals, achievements and ambitions.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards which provides legal protection for vulnerable people if there are restrictions on their freedom and liberty. Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. The staff we spoke with told us they had completed mental health awareness training and the records we looked at confirmed that some staff had completed this training. However, staff members told us they would benefit from further training in the Mental Capacity Act (2005) (MCA). The registered manager told us they agreed that staff and managers would benefit from further MCA (2005) training and this would be included in future staff training arrangements. Following our inspection the registered manager told us MCA (2005) training had been arranged for November 2015.

The care plans we looked at contained a decision specific assessment for people living in the home. This was called 'My Decisions' and had columns titled 'decisions I can make' and 'I need a little help' The registered manager

explained these were updated each month to reflect any changes. This meant staff were able to make sure people who used the service were being given appropriate choices.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was no-one subject to a DoLS authorisation. They told us if this changed they would work with and seek advice from the local authority. We saw from one person's care plan a checklist for a DoLS; however, we found the checklist did not fully address the March 2014 Supreme Court ruling. The registered manager told us they would review the information. Following our inspection the registered manager told us they had contacted the local safeguarding team to obtain advice regarding sensor equipment that was in place for some people who used the service.

People we spoke with told us the food was nice and they had choice. One person said, "It's marvellous and the staff are wonderful, they do anything for you. The meals are very nice and there's always a choice. I'm a vegetarian and they always make something for me I like to stay in my room so they bring meals to me." Another person said, "It's rather nice. They are kind, we are fed well and they help if you need it. They never force you to do anything. It's a lovely place and the staff have a joke." One person told us, "The cook is excellent and the food is fantastic." Another person told us, "The food is ok. I'm not fussy but if you don't like it they will bring you something else."

People's nutritional needs were assessed during the care and support planning process and we saw people's likes, dislikes and any allergies had been recorded in their care plan. We found drinks and snacks were also offered between meals.

We observed the lunch time meals in the dining room and saw this was not rushed and we noted pleasant exchanges between people living in the home that they clearly enjoyed. One staff member told us, "We try to sit people together so they can have a conversation." The atmosphere was calm and relaxed. We observed staff working as a team. We saw people were offered help when necessary and second helpings if required.

Is the service effective?

We noted the dining room was bright and airy and tables were covered with table cloths and set nicely. We saw the food looked hot and appetising and people had access to gravy boats which were placed on the tables to encourage their independence. A choice of drinks were also offered. The registered manager told us they were in the process of creating a picture menu that would be used when offering meal choices to people to clarify the menus.

One member of staff told us, "Food is fresh and well cooked. There is a choice of both the main and pudding." Another member of staff told us, "Food is good and people have what they want." A third staff member told us, "People enjoy the food."

We saw the home involved other professionals where appropriate and in a timely manner, for example, GPs, chiropodists, dentists and opticians.

Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored. This helped ensure staff made the appropriate referrals when people's needs changed. One member of staff told us, "If needed the doctor would be contacted straightaway and the district nurse comes every day."

We spoke with a visiting health professional and we observed the doctor arriving at the home and they were obviously well known. The visiting health professional told us, "The referrals from the home are appropriate and they staff listen to advice given and respond appropriately."

The PIR stated staff will continue to ensure where necessary people receive the appropriate and timely support, care and treatment of their choice such as the memory nurse, community psychiatric nurse, dietician, visual impairment team and the falls assessment unit.

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home and staff were kind and caring. One person said, “We have a party tea on special occasions and families can visit anytime, but not mealtimes.” Another person said, “All the staff are kind and the laundry lady will press my new dress if I ask her.” One person told us, “It’s not bad at all. I am looked after very well and they arranged for me to have communion every month from St Matthews.” Another person told us, “We can go to bed or get up whenever we want and they do the laundry very well.” One person said, “They all like me and I like them.”

One relative we spoke with told us, “I am very happy with the care and all the staff are lovely.” Another relative told us, “I come every week and it’s very pleasant. I am made to feel welcome and it’s a homely atmosphere.”

We observed staff spoke with people in a caring way and supported their needs. We saw staff responded to people swiftly and respectfully referring to people by name. We observed the interactions between staff and people were unhurried, friendly and sensitive. Staff appeared to know people well.

People’s care was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

We saw people were able to express their views and were involved in making decisions about their care and support.

People were very comfortable in their home and decided where to spend their time. During our inspection we observed some people spent time in the main lounge talking with each other, some people were watching television in the smaller lounge and some people chose to spend time in their room. One person told us, “We like to come in here and have a chat rather than sitting on your own in the room.”

Relatives were coming and going throughout the day without restriction. People we spoke with and relatives told us visitors were welcome at any time.

One staff we spoke with told us, “I would not be here if I felt people were not well looked after.” Another staff member told us, “People are looked after well.” Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. We observed staff knock on people’s bedroom doors before entering. One member of staff told us, “I always close the door when doing personal care.” Another staff member told us, “I don’t discuss people with other people.” One staff member said, “I explain everything I am doing.” Throughout the inspection staff demonstrated to us they knew people well, they were aware of their likes and dislikes.

The PIR stated the home had several ‘dignity champions’ who were proud to show to others they upheld the ethos of demonstrating good practice regarding dignity, respect and empowerment towards people who used the service.

Is the service responsive?

Our findings

Before people moved into the home, discussions were held on how the home could meet their care needs, wishes and expectations. The information was then used to complete a more detailed care plan which provided staff with the information to deliver appropriate care. We found care plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided. Care plans contained details of people's health and support needs. We saw a 'pen picture' gave a very good description of the person and was person centred. A 'map of life' had also been completed.

Staff told us people's care plans were kept up-to-date and gave them the information they needed. If there were any changes the registered manager would inform them with any updates. We saw staff had a handover between staff shifts to ensure care staff remained up-to-date with people's care needs and of the care which had been provided. They told us this worked well and was informative. One staff member told us, "The care plans tell you likes and dislikes."

However, we found the care plans to be disorganised. We found it was difficult to easily retrieve information without searching through the several sections and the information was not logical or consistently filed. The registered manager and deputy manager told us they would review the care plans.

We saw the list of activities displayed in the corridor of the home, which included themed activities for example, Halloween party and Bonfire night. We saw the home had a baking club, games, film nights and entertainers, which included an Elvis impersonator. We also saw animals from a local sanctuary visited the home, which included

donkey's and, rabbits. We observed staff coming in and out of the lounge and interacting with people in a friendly manner. One relative told us, "My mum always wants to sit in here for the company."

People told us there was exercise to music each week and some occasional entertainment. One person said, "We have exercises and singers come." Another person said, "We have had a donkey come in and a rabbit. Elvis was really good and he's coming again." However, another person said, "There is not much activity and no trips out." One relative told us, "They had an Elvis tribute here last week and they really enjoyed it." Another relative told us, "Mum loved Elvis and she had her picture taken and put on the wall in the hall. Mum loved the donkey and the rabbit. I help out at the craft mornings and with the bakery mornings, it's good, they take pictures and put them in rooms for relatives to see."

We saw the complaint policy was displayed in the entrance to the home. The registered manager told us people were given support to make a comment or complaint where they needed assistance. We looked at the complaint records and saw complaints had received an acknowledgment and outcome response in line the homes complaints policy. Staff we spoke with were able to explain the correct complaints procedure to us.

One person we spoke with told us, "It's all right here. I have a beautiful room and the food is nice. I have no complaints."

The PIR stated the registered manager would continue to act in a timely manner, respond appropriately and feedback to those people who made comments or complaints about the service in order to improve the service and learn from any issues brought up.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

People who used the service said they felt comfortable and at ease discussing issues and care needs with the registered manager. Comments from people who used the service and relatives we spoke with included, “I wouldn’t change anything”, “I couldn’t wish for anything better”, “It’s a marvellous place” and “It’s very pleasant with a homely atmosphere. Book me in when it’s my turn.”

We saw there was a large poster on the wall in the entrance showing photographs of all staff, their names and role within the home. We saw there were numerous notices on doors describing what each room was and directions to those along the corridor. A staff member told us they had worked at the home for 18 months and said, “It’s lovely here, if it wasn’t I would leave.”

Staff spoke highly of the registered manager and the deputy manager and said they were very approachable and supportive. One staff member told us, “The manager is good, very open and approachable. We are a good team. It is like a family.” Another staff member told us, “The team work well together.” A third staff member told us, “I like working here, I feel really supported.”

The registered manager told us they monitored the quality of the service by quality audits, resident and relatives’ meetings and talking with people and relatives. We saw there were a number of audits, which included, fire, safeguarding, housekeeping and falls. The audit criterion was comprehensive and very detailed. We saw evidence which showed any actions resulting from the audits were acted upon in a timely manner. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service. However, we found all the monthly audits had been completed in one day. We asked the registered manager if each of the audit criteria was considered and we were assured it was.

Staff told us they had regular meetings and they could contribute to the agenda and had no difficulty in raising any concerns they might have with the registered manager.

We saw the staff meeting minutes from June and September 2015, discussions included care plans, handovers, sickness, GP visits, maintenance issues and training.

We saw people who used the service attended ‘resident’ meetings. We saw resident meeting minutes from August 2015 and the relative meeting minutes from September 2015. Discussions included food, meal times, laundry, activities, staff and medication. One relative told us, “The residents meetings are a success and the care is excellent. They installed grab bars at the door following one of the meeting suggestions.” One person we spoke with told us, “We have residents meetings every six months and they listen to what we say.”

The registered manager told us the resident and relative satisfaction survey was due to be sent out in December 2015. We looked at the results of the satisfaction survey for November 2014 and found all the returned surveys suggested a positive experience, with the exception of one, which highlighted two areas of concern. This had been completed by a relative and focused on poor menu and choice and poor amenities. The registered manager told us they had addressed these concerns.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences. We saw safeguarding referrals had been reported and responded to appropriately.

The PIR stated ‘the home will endeavour to learn from any incidents, complaints or comments made or accidents that had occurred in order to continually improve the service for the residents, relatives and staff alike. The manager will ensure staff continue to have the necessary learning and development opportunities to support the principles of ‘putting people first’.

All paperwork we looked at was accurate and up to date. The detail was comprehensive and demonstrated a very good understanding of reporting. However, we found the filing of this information was disorganised. The registered manager during feedback and through the inspection was able to answer questions and had a good understanding of requirements. The current filing system relied on the

Is the service well-led?

registered managers own systems. Following our inspection the registered manager told us both offices would be tidied and made more professional and all out of date documentation would be archived.