North Yorkshire County Council

# Neville House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Neville House is registered to provide accommodation and personal care for up to 26 older people. There were 19 people living in the home when we visited. The service did not provide specialist services for people living with dementia. The service also provided respite care.

This unannounced inspection was carried out on 25 July 2016. The last inspection took place on 15 September 2014 during which we found the regulations we looked at were being met.

There was a registered manager in post. 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.

People told us that they felt safe living at the home. Staff told us they had received training with regard to safeguarding adults and were knowledgeable about the procedures to follow to ensure that people were protected from harm. Staff were also aware of whistleblowing procedures and said they would have no hesitation in reporting any concerns if they witnessed poor care practice.

People received their medicines at the times they needed them. The systems in place meant medicines were administered and recorded properly and this was audited regularly by the service and the dispensing pharmacist. Staff were assessed for competency prior to administering medication and this was re-assessed regularly.

There were sufficient numbers of suitably qualified staff employed at the home. The provider's recruitment process ensured that satisfactory recruitment checks had been completed which meant only staff who were deemed suitable to work with people at the home were employed.

Staff received appropriate training, supervision and support. Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were protected.

Care records were person centred and detailed, ensuring staff had specific information about how they should support people. Care records included guidance for staff to safely support people by reducing risks to their health and welfare.

People were provided with a varied menu and had a range of meals and healthy options to choose from. There was a sufficient quantity of food and drinks and snacks made available to people at all times.

People's care was provided by staff in a caring, kind and compassionate way. People's hobbies and interests had been identified and were supported by staff in a way which involved people to prevent them from

becoming socially isolated. Visitors were made welcome to the home and people were supported to maintain relationships with their friends and relatives. People were supported to be actively involved in local community life.

People were involved in the decisions about their care and their care plans provided information on how to assist and support them in meeting their needs. People's needs were regularly reviewed and, where necessary, appropriate changes were made to the support people received. People were supported to maintain their health and had access to health services if needed.

People knew how to make a complaint if they were unhappy and all the people we spoke with told us that they felt that they could talk with any of the staff if they had a concern or were worried about anything.

The registered provider had a quality monitoring process in place to assess the quality of the service being provided. Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home. They told us the registered manager was supportive and promoted positive team working.

## 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.

People were safe. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Care and support was planned and delivered in a way that reduced risks to people's safety and welfare. Staff knew how to minimise risks whilst supporting people to live their life as independently as possible.

Staff were recruited safely because appropriate checks were undertaken prior to staff being employed by the registered provider. There were enough staff to provide the support people needed.

The environment was regularly checked to ensure the safety of the people who lived and worked there.

People's medicines were managed safely and they received them as prescribed.

### Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles effectively.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

People were provided with a choice of nutritious food. Snacks and drinks were available at any time. People's dietary likes and dislikes were known by the staff.

Referrals were made to appropriate health care professionals in a timely manner.

## Is the service caring?

Good

The service was caring.

People's care was provided with warmth and compassion and in a way which respected their independence.

Staff had a good knowledge and understanding of people's support needs and what was important to them. People's privacy and dignity was preserved by the staff at all times.

Staff were committed to ensure compassionate end of life care.

## Is the service responsive?

Good

The service was responsive.

People using the service had personalised care plans and their needs were regularly reviewed to make sure they received the right care and support.

Staff responded quickly when people's needs changed, which ensured their individual needs were met. Relevant professionals were involved where needed.

People were supported by staff to pursue their interests and hobbies and to access the local community.

The provider responded to complaints appropriately and people told us they felt confident any concerns would be addressed.

## Is the service well-led?

Good

The service was well led.

The registered manager promoted a culture which placed the emphasis on care delivery that was individualised and of high quality.

The provider sought feedback from people and their relatives in order to continually improve.

Care staff were aware of their role and felt supported by the registered manager. Care staff told us they were able to raise concerns and felt the registered manager provided good leadership.

There were systems in place to regularly monitor the quality of the service provided. Quality assurance audits were completed

to identify where improvements could be made to the home and the quality of the service provided.

# 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 unannounced inspection took place on 25 July 2016 and was carried out by two adult social care inspectors.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We also spoke with one health care professional. During the inspection we spoke with seven people living in the home, three relatives, the registered manager and five care staff. We also observed people's care to assist us in understanding the quality of care that people received.

We looked at four people's care records, quality assurance surveys, staff meeting minutes and medicines administration records. We checked records in relation to the management of the service such as quality assurance audits, policies and staff records.

We contacted the local authority commissioners and Healthwatch North Yorkshire to ask for their views and we have incorporated their feedback in our report. Healthwatch provided their report for their Enter and View Visit carried out on 30 June 2015.

Good

# Is the service safe?

## Our findings

People we spoke said they felt safe and secure living at the service. One person said, "I definitely feel safe here, I have a pendent alarm around my neck to press if I need someone." Another person commented, "I am very well cared for. I always feel safe."

Staff we spoke with showed an understanding about safeguarding reporting procedures and their responsibilities in raising any concerns with the local authority to protect people from harm. They confirmed they had received training with regard to safeguarding adults and that this was updated on an annual basis. Although there had not been any recent safeguarding incidents we saw that historically safeguarding concerns had been submitted to both the local safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report these types of incidents. Staff told us that they were confident that if ever they identified or suspected poor care standards or harm they would have no hesitation in whistle blowing. Whistle-blowing is when an employee raises a concern about a poor practice they have witnessed.

The service had systems in place to ensure that risks were minimised and we saw in people's care records that any risks were assessed and recorded appropriately. We could see that people were supported to remain as independent as possible and measures had been put in place to support this. For example, appropriate walking aids and ensuring the environment was free from trip hazards. Where accident and incidents had occurred these were recorded including information about the time, location and who was involved. This was in order that the registered manager could review the information and take appropriate action to reduce any reoccurrence.

Risk assessments were also completed where people were at nutritional risk or risk of pressure sores and professionally recognised assessment tools were used to support this. For example, water low risk assessments for pressure relief and Malnutrition Universal Screening Tool (MUST) to identify people at potential risk of malnutrition. Risk assessments were reviewed on a monthly basis and amended accordingly.

The registered manager explained that staffing levels were determined according to the needs of people living at the home. The registered manager said they were able to increase staffing levels, with approval from senior manager if it was needed, for example, if people needs changed. Alternatively the registered provider would place a temporary block on admitting any new people. They also told us existing staff and a pool of bank staff would provide cover for annual leave, sickness or staff vacancies. This group of people included staff who had left or retired from working at the service which meant they were familiar with the service and provided some consistency in care. We looked at the rota and saw consistently that there were three members of staff on duty at all times with a senior member of staff supervising. In addition there was an activities organiser, domestic, catering and maintenance staff. From our discussions with people and our observations we could see that staffing levels were appropriate to meet the needs of the current group of residents. We saw staff had time to spend with people in addition to completing tasks and we saw staff responded promptly to people calling for assistance.

People told us, "There is always somebody about" and, "It's never short of staff here, they are all wonderful."

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. We looked at three recruitment records and we saw that appropriate checks including Disclosure and Barring Service (DBS) and references had been carried out prior to the person starting work in the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with some groups of people. This showed us that the provider had only employed staff who were suitable to work with people living at the home.

We reviewed records which indicated that appropriate health and safety checks of the building and equipment were carried out. This helped ensure staff and people living at the service had their health and safety protected. We saw certificates to show that relevant checks and servicing had been carried out in relation to electrical and gas supplies, fire extinguishers, emergency lighting, the passenger lift, stair lift, nurse call system, weighing and all lifting equipment including hoists. We saw that a suitable fire risk assessment was in place and regular checks of the fire alarm were carried out to ensure that it was in safe working order. We also saw that fire drills took place to ensure that staff knew how to respond in the event of an emergency. We saw Personal Emergency Evacuation Plans (PEEP) were in place for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We saw that people had their name and a picture of a bed on their bedroom door. The bed was coloured specifically to indicate discreetly the level of support the person needed in the case of an evacuation. This showed that the registered provider had taken appropriate steps to reduce the level of risk people were exposed to and protect people who used the service against the risks of unsafe or unsuitable premises.

We checked the systems in place to ensure people received their medicines safely. The service used a monitored dosage system (MDS) with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time

Each person's medication administration record (MAR) was stored with a photograph of themselves and details of any allergies they had. We sampled these records and saw that medicines had been administered as prescribed. The temperatures in the medication room and refrigerator, used for the storage of medication, were recorded daily to ensure medicines were kept at the correct temperature.

We checked the systems in place for the safe storage of drugs liable to misuse, called controlled drugs, and saw they were stored in an approved wall mounted, metal cupboard and a controlled drugs register was in place. We completed a random check of stock against the register and found the record to be accurate.

We saw appropriate PRN (as required medication) procedures which identified when and in what circumstances medication should be administered.

We checked records to confirm that staff had received appropriate training; this included a practical observation of competence as part of their induction and training updates. This helped to ensure medications were safely administered.

The registered manager explained that regular audits were completed to ensure medication was kept safely. We were told that any action required as a result of the audits was either brought to the attention of the staff

team or addressed in staff supervision. There had been no medication errors since the previous inspection.

We saw staff had access to personal protective equipment such as aprons and gloves. We observed staff using good hand washing practice. There were systems in place to monitor and audit the cleanliness and infection control measures in place. Daily schedules for cleaning had been completed and bathrooms, bedrooms and communal areas were kept in a clean and hygienic condition. One relative said, "The home is always clean and tidy. My [family member]'s bedroom is always kept clean."

Good

# Is the service effective?

## Our findings

People we spoke with were complimentary of the care they were provided with. One person said, "The staff are second to none, you could not wish for better." Another person commented, "I am content here. If you have to be anywhere, here is the place to be." A relative told us, "We are very happy with the home, it's brilliant. [Name of relative] gets everything they need without any fuss or complaints."

The registered manager explained that training was provided at a corporate level and each staff, depending on their role, was assigned mandatory training to complete. This training was also time limited and regular updates were completed. For example, staff completed first aid, safeguarding, moving and handling, infection control and medication training. Other topics included Mental Capacity Act and dementia care. Training was provided as a combination of e-learning (on the computer), distance learning and face to face to learning. In addition, the registered manager arranged training which was specific to the needs of people living at the service. They explained this had been arranged through Craven Care Homes Improvement Service and staff had completed training with regard to nutrition, basic wound dressing and advanced care planning.

Those staff new in post were required to complete an induction programme called the Care Certificate; this is an identified set of standards that health and social care workers adhere to in their daily working. New staff also had the opportunity to shadow more experienced members of staff before they were included on the rota.

Staff told us they received regular supervision meetings with their line manager. During these they discussed their performance and professional development. They also discussed any problem areas and training requirements. Records showed that supervision meetings were scheduled and took place throughout the year. Staff files showed that staff received appropriate professional development and were able to obtain further relevant qualifications. One member of staff told us, "We are well supported and the manager lets us know of any special training going on."

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).

The registered manager and staff told us they had received training with regard to MCA, however everyone living at the service had capacity to consent to living at the home and any care and support they received. The registered manager did discuss with us a previous resident at the home which indicated they had a good understanding and practice with regard to MCA and DoLS.

We saw in people's records they had signed and consented to their plan of care. During the visit our observations confirmed staff sought consent from people about all aspects of their care.

We observed that lunch time was a very sociable occasion, with lots of cheerful interaction between the staff and people having their lunch together in the dining room. There was a choice of menu and a 'specials board' for people to choose from if they wanted a lighter meal. There were condiments on the table and accompanying vegetables were placed in tureens on the table for people to help themselves.

We spoke with the cook who told us that they were informed of any special diets required, including meals for people with particular dietary needs. They told us they had food moulds to ensure pureed food resembled the food and so that people could distinguish between tastes and food appeared more appealing. We saw that the cook regularly spoke with people living in the home to gather views about the meals and to ensure that individual preferences and favourites were included. One person told us, "Food is very good." Another person said, "I get things I like. I have prawn cocktail which is my favourite."

We saw people had plenty to drink and staff gave regular choices of drinks and snacks throughout the day. There was a juice and water dispenser in the main lounge for people to help themselves.

Staff recorded fluid and food intakes and were aware of the amount of fluid a person should have. We saw that people's weights were recorded and the registered manager told us that when any changes to their normal weights occurred advice from the person's GP was sought, and if necessary referrals made to Speech and Language Therapy (SALT) Team and dietician. We reviewed one person's care records who had been identified as being a risk of malnutrition. We could see that a Malnutrition Universal Screening Tool (MUST) assessment (including swallowing and hydration) had been completed. This had prompted the completion of additional care plans which contained clear guidance about the support required and any monitoring charts to be filled in. We saw that monitoring charts had been completed and the person weighed regularly to monitor further weight loss. We saw in another person's care plan that a referral had been made to the local Speech and Language Therapy (SALT) Team and dietician.

People were supported to have their health needs met. The registered manager told us they had good relationships with the local GP, district nursing and nurses from Craven Care Home Improvement Service. We spoke to a healthcare professional visiting the service and they complimented the staff. They said referrals were made appropriately and staff carried out advice effectively. The GP had a regular 'in house surgery' but was readily available at people's requests. People were supported to ensure their chiropody, optical and hearing needs were met either through home visits or staff supporting people to attend community appointments.

We were told the service was linked to telemedicine which provides remote video consultations between healthcare professionals. It helps to support care outside hospital, including early discharge, or avoids unnecessary visits and admissions to hospital. Staff told us the service was really effective and provided them and people who live at the service with quick and helpful advice and support.

Good

# Is the service caring?

## Our findings

People we spoke with and their relatives had no hesitation in expressing satisfaction with the care they received. One person said, "I think it is wonderful here and the staff are marvellous, if you want something better you won't find it." Another person said, "The staff are very kind and helpful. The home is well cared for, as we all are." Relatives told us, "We cannot believe we thought her previous placement was good. The staff here are exceptional, so kind and caring, they really look after [relative]."

People living at the service were encouraged to influence improvements to the service. We were told by people they had chosen the new tiles for refurbished bathrooms and had chosen new pictures for the smaller lounge. They were also included in the planning and preparation of the summer fete held in the garden of the service. Residents and relatives meetings were well attended and we saw the minutes from these.

People were asked to complete feedback surveys every year. One person had requested gravy to be served in a gravy boat; we had observed this at lunchtime. Some of the comments people had written in surveys included, "I don't think there is anything which can be improved upon, Neville house is a very happy and well run place" and "I feel you can't improve on excellence." Relatives had written, "I feel very welcome when I visit and the staff are very accommodating." Other relatives had written, "We feel [name] is cared for at an exceptional level."

Staff told us they completed training with regard to privacy and dignity and told us, "I have had the training; basically we must always treat people how we want to be treated." We noted an 'activity tree' in the entrance hall and were told people had participated in a session which asked people what they thought dignity was. Some of the comments included, "respecting people's views"; "warmth"; "privacy" and "tolerance." This indicated to us that staff were committed to ensuring people experienced privacy and dignity.

During our inspection we observed that when people requested a drink, it was made as soon as possible. We also saw that people were assisted as they requested assistance and were not kept waiting for long periods of time. We saw staff kneel to speak to people at eye level and touch people reassuringly. It was apparent staff knew people well; in discussions with them they told us about people's life histories and their likes and dislikes and were able to describe people's care preferences and routines. Staff called people by their preferred name and we heard one person referred to as Mrs[Surname]. Staff respected people's privacy and we saw they were discreet when offering assistance with personal care.

Staff made sure people did not feel rushed or hurried by providing reassurance and a calm approach to care. We heard one person had difficulty hearing and we saw staff communicated patiently with the person, listened attentively and responded appropriately.

There were close links with the local community and people attended events in the local village hall and some of the women continued to have their hair done at the local hairdressers.

We saw that visitors came to the home throughout the day and that they were made welcome by staff. They chatted to other people who lived at the home as well as their relative or friend. Family members told us that they were made to feel welcome at all times and that they were well looked after.

People's confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and we witnessed the registered manager close the door to the office when they were talking confidentially to the visiting GP.

When people were approaching the end of their lives appropriate arrangements were made to ensure people were as comfortable as possible and any advanced wishes respected. Staff had received training with regard to end of life care and advanced decision making. We were told facilities were available for relatives to stop overnight and extra staff would be on hand. Staff told us the local district nursing and Macmillan nurses were very supportive and they felt there was positive professional trust between them. Staff shared with us how important this aspect of their work was.

Good

# Is the service responsive?

## Our findings

People we spoke with stated they were happy with the standard of care and support they received. They said the service met their needs and they had been consulted about how they would prefer their care to be provided. One person told us, "I can do as I please more or less; I get up when it suits me and go to bed when I want." Another person commented, "I am very content, the staff consult me about the help I need which is good." Relatives we spoke with told us, "We were amazed at the detail they [the manager] wanted from us but then every detail is attended to, right down how [their relative] likes to look. Attention to detail is second to none. The staff contact us all the time, communication is very good."

The registered manager explained all referrals came via the local social services health and adult care teams. They told us they would usually visit people in hospital or their own homes and gather essential information. People were invited to look around and spend some time at the home before deciding if they wanted to move in. Staff supported people to settle in and people were provided with information about the home and a complaints procedure. One person told us, "I was made to feel so welcome, I settled in straight away."

In order that staff had up to date information and people received care and support that met their needs and preferences a plan of care was produced. The format of the care plan was such that it prompted staff to consider areas of importance for people. The care plans read as a narrative and were easy to follow and gave a real sense of the person. Areas covered included information about people's personal care, their nutrition, mobility, nutrition, health and social needs. People's life stories were also completed, the process of which gave staff the opportunity to get to know people and develop relationships. Life stories gave an insight into the person which assisted staff in making sure care and support was relevant and meaningful to the person. This was most important in providing social activities for people.

Care plans were reviewed and amended regularly or when a person's needs changed. We noted on the day of the inspection the GP had visited and new information about the person's care needs was recorded and verbally passed on to staff. This meant people were receiving care which was up to date.

Activities and social contacts were important for people living at the service. Most people had lived and grown up in the local area and, with support, still maintained these links. There was an activities organiser who demonstrated a real commitment to ensuring people had plenty to interest and occupy them. There was a programme of activities available, which included a wide variety of opportunities. For example, quizzes, keep fit, arts and crafts, gardening, baking, and trips out. There was a minibus available and people told us they enjoyed going out for regular trips. We saw pictures of people feeding lambs at a local farm and going to a local clothing outlet for shopping and a cup of tea. Other activities included a picnic on Haworth Moor and a trip to Lake Windermere. Many of the activities on offer were determined by the people living at the service. They spoke enthusiastically of their decision last Easter to spend some of the resident's amenity fund on an incubator and we saw photographs of the baby chicks which were hatched running around the lounge and being held by people. Staff told us people had been really motivated to get up and come to the lounge every day to see if any had hatched.

There were strong links with the local community and people attended weekly events at the local village hall. Local primary school children were regular visitors to the service and people attended events at the school. Residents meetings were held and new ideas considered. Recently there had been request for ballroom dancing which was being arranged. When we spoke with people they agreed that the social opportunities and activities on offer were very good. One person said, "There is always some to do, I am never bored."

We saw that the provider had an effective complaints process and managed complaints to the satisfaction of the complainant. There were no complaints currently being investigated. There was a complaints policy displayed in the entrance hall which told people how to make a complaint and the response they should expect and individual copies were provided when people initially moved in. People and relatives we spoke with told us that any concerns they raised were promptly dealt with to their satisfaction by the registered manager and staff at the home. One relative said, "If I ever had to raise a concern I would be confident that they would sort things out straight away for [family member]."

People who lived at the service and their relatives told us they were asked for their views about what the service did well and where they could improve. The registered manager told us people using the service and their relatives were offered satisfaction surveys every year. We noted that people and relatives who took part in the latest survey were happy with the standard of care and support provided. One relative wrote, "Whenever I visit [name of person using service] is always well presented and looks cared for."

Good

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in post. People and relatives we spoke with told us they knew who the registered manager was and that they frequently saw them around the home and regularly spoke with them during the day. A relative commented, "It's seems to be really well run, we see the manager regularly. The home is well organised and staff seem to know what they are doing."

All staff we spoke with told us that they felt very well supported by the registered manager and that they were readily available to them for any advice or guidance. We observed people coming into the office to speak with the registered manager throughout the day. The manager was welcoming and took time to listen and advise. Staff we spoke with told us they worked well together as a team in order to provide consistency for the people who used the service. They said they felt valued and listened to. Staff meetings had been held at regular intervals, which had given staff the opportunity to share their views and to receive information about the service. Staff told us that they felt able to voice their opinions, share their views and felt there was a two way communication process with managers and we saw this reflected in the meeting minutes we looked at.

The registered manager told us they completed training which was specific to their role and responsibilities. They said this included monitoring staff performance, day to day management of the service, keeping up to date with new policies and procedures and cascading this to staff. They also said the registered provider supported their professional development and they had opportunity to discuss their professional development with their line manager in one to one supervision meetings.

We noted that the registered manager was organised and was able to locate records we requested with ease. They demonstrated they knew both the people who lived at the service well and the staff team. They were able to discuss with us the strengths of the service and where they would like to see improvements. This included better access to wifi to enable people living at the service access to the internet and redecoration of bedrooms.

The registered manager told us that they attended meetings with other managers across the provider group with the nominated individual from the organisation to focus on the sharing of practice. North Yorkshire County Council, who is the registered provider, also has a share point website where managers can share good practice and any tools which help to maintain and enhance the registered manager's knowledge and skills.

The registered provider had an established governance programme which required the registered manager and operations manager to complete audits in order to evaluate the quality of the service and identify any shortfalls. Results of the audits were analysed and action points with time scales developed. We viewed audits and saw they included regular daily, weekly, monthly and annual checks for health and safety matters such as passenger lifts, firefighting and detection equipment. There were also care plan and medicines audits which helped determine where the service could improve and develop.

Any incidents or accidents were investigated, recorded and dealt with appropriately. Where any learning was taken from accidents or incidents, this was shared through regular supervision, training and relevant meetings. CQC records showed that the registered manager had sent us notification forms when necessary and kept us promptly informed of any reportable events.

We asked other organisations for feedback on the quality of the service. One visiting health professional we spoke with said, "Neville house is well managed, it's organised and everyone is approachable." The Healthwatch enter and view report stated, "At the time of our visit, our overall observations show that the Home was operating to a good standard of care."