Care Quality Commission

Neath Hill Care Centre Limited

Neath Hill Care Centre

Inspection report

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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

Overall summary

The inspection was carried out on 11 December 2014 and was unannounced.

Neath House Care Centre provides personal care and accommodation for up to 47 older people living with dementia. On the day of our visit, there were 47 people living in the home.

The service has a registered manager. 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 and associated Regulations about how the service is run.

People were protected from abuse and felt safe at the service. Staff were knowledgeable about the risks of abuse and reporting procedures. There were sufficient staff available to meet people's needs. Safe recruitment practices were followed and there were systems in place to ensure medicines were managed safely.

Summary of findings

We found staff were provided with induction and formal training. There was a supervision and appraisal framework in place to support staff to carry out their roles effectively. Where people lacked capacity to make decisions Deprivation of Liberty Safeguards [DoLS] applications had been made to ensure any restrictions of their liberty were undertaken in their best interests. Staff supported people to eat and drink and to maintain a balanced diet. People had access to healthcare facilities.

People said they received excellent care from staff and staff were kind and compassionate. There were processes in place to make sure people were listened to and were involved in their care. Staff ensured that people's privacy and dignity were promoted.

People's needs were assessed prior to them coming to live at the service. Staff ensured that people were involved in the development of their care plan. Lessons were learnt from complaints and they were used to make improvements to the delivery of care.

The registered manager promoted a culture that was positive, open and inclusive. There was strong leadership which inspired staff to provide a quality service. There were a range of systems in place to continuously assess and monitor the quality of the service provision.

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 safe

Staff had undertaken training to support people's safety and to recognise and report abuse.

There were risk management plans in place to promote people's safety.

The staffing numbers provided were adequate to look after people safely.

The service's recruitment process ensured that staff were suitable to work with people.

Medicines were safely administered, stored and recorded.

Good

Is the service effective?
The service was effective

People were looked after by staff who were aware of their needs and had been trained to carry out their roles and responsibilities

Where people lacked capacity, Deprivation of Liberty Safeguards [DoLS] had been made to ensure any restrictions of their liberty were undertaken in their best interests.

Staff supported people to eat and drink safely and to maintain a balanced diet.

People had access to healthcare facilities when required.

Good

Is the service caring?
The service was caring

Caring relationships had been developed between people who used the service and staff.

People were supported to express their views and be involved in making decisions about their care and support.

Staff ensured people's privacy and dignity were promoted.

Good

Is the service responsive?
The service was responsive

People received personalised care which was responsive to their needs.

People were encouraged to raise concerns and complaints. Lessons were learnt from complaints raised and they were used to make improvements to the delivery of care.

Good

Is the service well-led?
The service was well-led

The culture at the service was positive, open and inclusive.

The leadership at the service was visible which inspired staff to provide a quality service.

Good

Summary of findings

There were quality assurance systems in place which were used to monitor the quality of the care provided.

Neath Hill Care Centre

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 the 11 December 2014 and was unannounced. The inspection team consisted of two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. Before the inspection the provider completed 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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also asked the safeguarding team and the commissioning team for the local authority to provide us with any information they had about the service.

During the inspection, we used the Short Observational Framework for Inspection [SOFI]. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. This supported our inspection as some of the people living at Neath House Care Centre could not communicate with us. We also observed the interactions between staff and the people who used the service during lunch.

During our inspection we spoke with eight of the forty-seven people who lived at the service, two family members, a visitor, six care staff, a team leader and the registered manager. We also spoke with a health care professional who was visiting the service. We observed care and support in the communal areas of the service. We looked at the electronic care records for six people, two staff recruitment files and other records relating to the management of the service including quality audit records.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I choose to live here because it is safe." A second person said, "I came to live here because of my safety. When I was at home I woke up and found the room in smoke." A family member said, "This is the best place for my relative to be. I know they are safe here." Such comments demonstrated that people felt their safety was promoted.

Staff told us they had undertaken training to support people's safety, recognise and report abuse. A staff member said, "I won't hesitate to report any concerns to the manager. I know it would be acted on." From discussions with staff they were aware of the action to take if they suspected or witnessed a person was at risk of harm or abuse.

The registered manager told us how she ensured people were kept safe and protected from discrimination and abuse which might cause harm. She said, "I challenge any derogatory words used by staff to describe people such as, "wandering", "ranting" and "toileting." We saw evidence to support this in minutes of staff meetings. There was information displayed in the service to make staff aware of the safeguarding processes, which included telephone numbers of the various outside agencies they could contact.

The registered manager told us that safeguarding was regularly included as an agenda item at staff and residents' meetings. Staff knowledge on safeguarding people was regularly assessed. She also said that she had recently undertaken a train the trainer course in safeguarding. This enabled her to deliver training to the staff team. It meant people were supported by staff who received regular training on how to promote their safety.

Risk management plans were in place to promote and protect people's safety. Staff said where people were identified at risk; management plans and assessments relating to the risks were put in place to promote their safety. They said risk assessments were regularly reviewed to ensure they were current. We saw risk assessments had been developed for people who were at risk of losing weight, pressure ulcers and falls. People's individual moving and handling risk assessments explained how they were to be transferred between different environments, how many staff were required to assist them; and what equipment was required to do this safely. This demonstrated that staff provided support to people to ensure their safety in line with their individual risk management plans.

The registered manager told us that the service had arrangements in place to deal with any emergencies relating to the safety of people or the premises. Staff said that they were aware of the arrangements. We saw there was a contingency plan, which provided guidance on how staff should respond to an emergency such as, fire, flooding, failure of electricity power, water or gas. The registered manager said arrangements had also been made with another care home to make sure people would be safe and comfortable if the building had to be evacuated. It was evident that the provider had emergency arrangements in place to support people's safety.

There were sufficient numbers of suitable staff to meet people's needs and keep them safe. People told us there were always enough staff on duty to support them safely. One person said, "There is always a staff member around." A relative said, "There is sufficient staff to ensure that the residents are not neglected and they are well looked after but I feel there should be more."

Staff said there was always a senior person on duty to provide advice and support when required. They also said that the staffing numbers were adequate. A staff member said, "There is enough of us to look after people safely but it is always nice to have more." The registered manager said that the staffing numbers throughout the day consisted of eight staff members and the rota confirmed this. The registered manager also said that the staffing numbers were determined by the dependency levels of people who lived at the service and that people's dependency levels were assessed on a monthly basis using a specific tool. We found that as a result of assessing people's dependency levels an additional night staff was employed. This demonstrated that changes to people's dependency levels were acted on to ensure adequate numbers of staff were provided.

Staff told us about the checks they had to undertake and the documentary evidence they had to provide to ensure that they were suitable to work with people. A staff member said, "I had to complete an application form and to provide two references. The registered manager applied for a

Good

Is the service safe?

Disclosure and Barring Service [DBS] clearance for me." We saw staff recruitment files which confirmed this. We found that the service's recruitment system ensured that only staff who were suitable and fit were employed.

Medicines were managed safely. People told us that staff supported them with their medicines and that they received them at the prescribed times. A person said, "The staff give me my medication in the mornings and at nights. They ask me if I want it and tell me what it is for."

Staff told us they received updated training on the safe handling of medicines and their competencies were regularly assessed. They also said that medication audits were conducted regularly by senior staff. The manager confirmed this. The registered manager told us that sedatives and anti-psychotics were used to a minimal. This ensured that people's behaviours were not controlled inappropriately by the use of these medicines.

We saw that people's medication administration record [MAR] charts were easy to read and up to date, with staff having signed appropriately when they had administered each medicine. There were no gaps in any of the records we examined. Where medicines had been given on an "as required" basis, staff had written the reasons for the administration on the back of the MAR chart. Clear written instructions were in place for each person who was prescribed "as required" medicines, so staff knew when medicines should be given and when they should not. We saw that medicines were safely stored and there were suitable arrangements for the management and disposal of people's medicines.

Good

Is the service effective?

Our findings

People were looked after by staff who were aware of their needs. People said the care they received from staff met their needs. One person said, “Staff have time for you during the day and night, even the manager. They know what my needs are.” A family member of a relative said, “My relative’s needs are met. The care here is good and staff allow her to do what she likes. The manager makes sure that the staff are trained to support people.” It was evident people felt that staff were meeting their needs appropriately.

Staff said they had been provided with formal induction training and this was followed by two weeks of shadowing an experienced staff member before being considered as part of the official staff numbers. Staff told us they were expected to work through the Common Induction Standards. This is a recognised induction course, which they had to undertake during the first twelve weeks of their employment. We found staff were knowledgeable about people's care needs. This meant staff were able to support people in line with the information contained within their care plans.

Staff told us that they had received essential training to enable them to carry out their duties. They said that some of the training was internet-based learning. We saw staff had individual training records, which showed they had attended essential training courses within the last year. Courses included, but were not limited to moving and handling, safeguarding adults, fire safety and food hygiene. This meant staff received essential training and this was regularly updated.

Staff said they received regular formal supervision every two or three months and a yearly appraisal. A staff member said, "The support you get here to do your job is great. There’s a really good team ethic, everyone looks after each other.” We saw a matrix of supervision and appraisal meetings in the staff files we examined. We also saw there was a supervision plan in place for 2015. This demonstrated the registered manager had planned staff supervision dates in advance.

People’s consent to care and support was sought. People told us that staff sought their permission before providing them with support. For example, we observed a staff member asking a person if they wanted to have their hair done by the hairdresser. Staff told us that people were involved in decisions about their care and support as far as they were able to. One staff member said, “We always ask people to choose what clothes they would like to wear or if they wish to participate in an activity. We don’t just assume.” This showed people’s human rights were promoted. The registered manager told us where people lacked capacity to make decisions best interest meetings were held. Family members and social care professionals were involved in these meetings.

The registered manager told us that three people had received mental capacity assessments and Deprivation of Liberty Safeguards [DoLS] had been put in place by the statutory body. This was because they did not wish to live at the service and they were at risk of living on their own. It was evident that the registered manager understood the importance of promoting people’s human rights to ensure any restrictions placed on their liberty was carried out appropriately and in the least restrictive manner.

The service cared almost exclusively for people living with dementia. Whilst people were free to move around the different units within the service, the front door had a key pad lock on it and people were not able to leave the service freely. Therefore, people who lived at the service required on going supervision to keep them safe. We saw evidence that the registered manager was in the process of completing DoLS applications for everyone. They had recognised that having a key pad on the door was restricting people’s freedom. This was to comply with the current changes in the legislation to ensure any restrictions placed were in people’s best interests.

Arrangements were in place to support people to eat and drink and to maintain a balanced diet. People said that the food provided was nice. One person said, “I enjoy all my meals.” Staff told us that they knew people’s dietary preferences; however, they always checked with them to ensure their preferences had not changed. We observed the lunchtime experience for people on one of the units. There was a calm and pleasant atmosphere in the room with appropriate music playing. We saw that staff took the food temperature prior to serving to ensure it had been cooked safely. There were plenty of drinks available and people were given choices of different drinks. People were offered different choices of what to eat, including whether they wanted specific vegetables and whether they wanted gravy. One person did not eat meat and was offered a

Good

Is the service effective?

vegetarian option. Another person did not wish to eat either of the meal options and was offered a series of different options to try to find something they wanted to eat. People were provided with the option to have second helpings.

Staff were aware of the people who were at risk of losing weight. They were able to describe the strategies in place to ensure people received the appropriate food and fluids. For example, some people were provided with fortified food and milk shakes. This meant people were supported to eat and drink safely to maintain a balanced diet.

People were supported to access healthcare services. One person said, “If I don’t feel well, staff get the doctor.” Staff told us that people were registered with a GP who visited the service regularly or as and when required. They also said that people had access to health care specialists such as, the psychologist, dietician, speech and language therapist, tissue viability and district nurse, optician, chiropodist and dentist. We spoke to a health professional who visited the service regularly. They told us that staff acted on advice given. If people’s needs changed staff obtained the appropriate medical intervention in a timely manner. This showed people had access to health care professionals when required and staff acted on advice provided.

Good

Is the service caring?

Our findings

Staff had developed caring relationships with people who used the service. People told us that staff were kind, friendly and compassionate. A person said, "I can't fault them. I had a bereavement and staff supported me and spent time with me when I wanted them to." A second person said, "We are treated like royalty here. The care we receive is first class." A visitor to the service said, "The care here is excellent and better than a lot of other homes we hear about."

Staff were knowledgeable about people's diverse needs and said that information on how they wished to be cared for was recorded in their care plans. Staff told us that a particular person wished to have a cup of tea before they got out of bed in the morning. We found this information was documented in the person's care plan. We also saw that people's individual routines were recorded in the care plans. This ensured that care and support was consistently delivered by all staff.

The registered manager told us that people and their families were encouraged to complete life histories. This helped staff to have a better understanding of individuals' needs and to provide the appropriate care and activities to meet their needs.

People were supported to express their views and be involved in making decisions about their care and support. The registered manager told us that the service had systems in place which enabled people to feel listened to and have their views acted upon. For example, people were asked to complete questionnaires about the quality of the care they received. The outcome from the analysis of the questionnaires was discussed with people at residents and relatives meetings. The registered manager also said that she was available to provide information to people in relation to their care needs. Throughout our inspection we observed people visited the registered manager in her office. She gave them her attention and spoke to them in an unrushed and sensitive manner.

The registered manager told us that none of the people who lived at the service were currently using the services of an advocate; however, people had previously used the services of an advocate. [The role of an advocate was to speak on behalf of people living in the community with their permission]. We saw that the service displayed information on how to access the services of an advocate. This meant that information on how to access the services of an advocate was accessible to people.

People's privacy and dignity were promoted. Family members said they were confident staff ensured people's privacy and dignity were upheld. A relative said, "Staff are pretty good. I have never heard any member of staff speak in a disrespectful manner to the residents." A second relative said, "Staff enable the residents to maintain their independence and do whatever they wish. They choose what time they want to go to bed. Residents are free to visit other units and mix with other residents. Sometimes I am here up to 11.00pm and residents are still up."

Staff were able to describe how they ensured people's dignity and privacy was promoted. Examples given were personal care was given in the privacy of people's bedrooms. Staff knocked on people's bedroom doors and waited to be invited in. When assisting people with any activity, this was discussed with them before undertaking the activity. The registered manager told us that privacy screens were purchased recently. This was to ensure when people were hoisted in communal areas their dignity and privacy was promoted. The registered manager also said that she regularly observed staff practice. This was to ensure that people were cared for appropriately and their dignity was promoted by staff in a caring manner and in line with best practice.

People and their relatives told us that the service did not have any restrictions on visiting. A relative said, "We can stay as long as we like and the staff always make you feel welcome and provide you with refreshments." Staff and the registered manager confirmed that relatives and friends were free to visit at any time. A staff member said, "We tried to introduce protected meal times as some people tend to get distracted. The idea did not work very well as some visitors have a long distant to travel and we don't like putting people off. We now encourage visitors to sit with their relatives and have a meal with them if they like. We find that this way works better." It was evident that relatives and visitors were made to feel welcome at any time.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and relatives said that the staff and manager were responsive and acted on their views. A relative said, "I was involved with my mother's assessment from day one. The manager visited us and we

discussed what her needs were and how they should be met. My mother was involved as well." The relative also said that they provided information about their mother's personal history, preferences, likes and dislikes, which was used to develop her care plan. The relative said, "Staff make me aware if there are any changes to her needs and these are reflected in the care plan."

People also said that staff responded to their requests in a timely manner. A person said, "They're very good here. When you want a bath, you just tell them and they deal with it and help you."

Staff told us that people's needs were assessed prior to them coming to live at the service and all assessments were undertaken by a senior member of staff. A staff member said, "The residents and family members are involved with developing the plan which is focus on the person's needs, wishes and abilities". We found information obtained during the assessment process was used to inform the care plan. This demonstrated that people and their family were involved in the development and planning of their care.

Staff told us about organised activities that happened regularly. These were facilitated by people who came in from outside which included singers and someone who did "chair ballet."

We also saw examples during the day of staff playing games and talking about old times with people. This demonstrated that people were encouraged to take part in meaningful activities.

We spoke with the service's activity coordinator who was aware of the need to work with people to avoid social isolation. They spoke about the work they did to help people feel happy and to enhance their mood, make them laugh and sing and encouraged them to participate in activities such as, arts and crafts and cake making. They spoke about how it was important to get to know people's life histories and find out what they were most interested in. We noted from our observations of the care provided that whilst all interactions with people were kind and compassionate, they could benefit from being more focused on people's specific interests as the activity coordinator described.

Staff told us that people's care plans were reviewed monthly or as and when their needs changed. Wherever possible people and their relatives were involved in the review of the care plan. Relatives spoken with confirmed this. Staff also said that the care plans were computerised and the system was straight forward to use. A staff member said, "The computer system prompted all care plans and risk assessments to be reviewed on a monthly basis."

Staff told us that for each person there were contact details of family members and other representatives. We were given access to the computer system and we found this to be the case and the records were up to date. We saw the care plans covered important areas of care such as personal care, mobility, skin care, emotional well-being and social activities. In one case there was a clear care plan for a person who sometimes refused personal care. There were clear instructions to staff on how to approach the person appropriately to attempt personal care and clear strategies on how to keep the person's clothes clean. This demonstrated that people's care plans contained information on how their individual needs should be met.

People were encouraged to raise concerns and complaints. People and their relatives told us they knew how to make a complaint and were confident they would be listened to. A person who used the service said, "I have never had to make a complaint, but if I had to I would go to the manager. She always tells us that we can come to her if we had any concerns." A relative of a person who used the service said, "There is nothing to complain about, the manager is always approachable."

The registered manager told us that complaints were considered to be positive as the service learnt from them and used them to make improvements to the delivery of care. We saw there had been some complaints made and the records reflected how they had been investigated. In one instance we saw how the service had learnt lessons from the outcome of an investigation. This meant that the service listened to people and their relatives and learnt from complaints.

Good

Is the service well-led?

Our findings

The culture at the service was positive open and inclusive. A person who used the service said, "The manager works very hard." A relative told us that the registered manager was conscientious and hardworking. The person said, "The manager is brilliant you can't fault her. People also said that the registered manager's leadership skills were very good. A relative said, "She operates an open door policy and invites you to tell her your concerns and acts on them to put things right."

Staff told us that the registered manager was approachable and worked with them to ensure that people received a high standard of care. A staff member said, "The manager knows all the residents living in this home by names. She is fully aware of what their needs are." This was confirmed by the interactions we observed between the registered manger and people who used the service.

The registered manager told us that the service had links with the local community. She said that children from a local school visited the service on special occasions such as, Easter and Christmas. The registered manager also said that people were regularly invited for afternoon tea and light refreshments at a care home nearby; and the service returned the invitation as well. It was evident people were enabled to maintain links with other people living within the local community who shared the same interests as them.

Staff told us that regular staff meetings were held and practice issues on how to improve the quality of the standard of care were regularly discussed. A staff member said, "We are encouraged to examine our own practices and ask questions. Our knowledge on safeguarding reporting, whistleblowing, promoting people's dignity and equality diversity is regularly assessed by the manager." Another staff member said, "We are encouraged to blow the whistle if we witnessed poor practice. The home has procedures and guidance relating to safeguarding and whistleblowing which includes telephone numbers of outside agencies that we can contact if we do not feel comfortable to discuss with the management team inside the home." This demonstrated that staff were provided with information on how to blow the whistle and report poor practice.

The leadership at the service was visible which inspired staff to provide a quality service. Staff told us that the registered manager and senior team were visible at the service and led by example. As a result they were influenced and committed to deliver a quality service to people, which was based on best practice. From discussions with staff and observations we found that they were supportive of the registered manager's vision for the service.

We saw evidence which confirmed the provider was meeting their registration requirements. For example, the service had a registered manager in post. Statutory notifications were submitted by the provider. This is information relating to events at the service that the provider was required to inform us about by law.

There were quality assurance systems in place which were used to monitor the quality of the care provided. We found that people, relatives and staff were asked to complete surveys twice yearly. This was to obtain their opinion on the service provided. Areas identified as requiring attention were analysed by the provider and an action plan was put in place to address the areas that required attention. We found that the actions from the previous survey had been addressed.

Additionally, a range of systems were in place which continuously assessed and monitored the quality of the service. For example, the registered manager provided evidence that they carried out regular audits of medication, the environment, health and safety and infection control. We found that audits were up to date and no concerns had been identified.

The registered manager said that complaints were responded to promptly and in line with the organisation's agreed timescale. She also said that accidents and incidents were analysed monthly to identify if there were any trends and to minimise the risk of recurrence. It was evident that the service learnt from such events.