

S K Care Homes Ltd

Neville House

Inspection report

12 Montreal Avenue
Chapel Allerton
Leeds
West Yorkshire
LS7 4LF

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Neville House is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Neville House accommodates up to 22 older people, some of whom are living with dementia, and is situated in Chapel Allerton area of Leeds. 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 our inspection, 19 people were using the service.

At our last inspection in October 2015 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place on 1 and 6 February 2018. The inspection was unannounced on the first day; this meant the staff and provider did not know we would be visiting.

A registered manager was 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.

We found some improvements were needed to fully ensure the safe management of medicines. The registered manager took prompt action to ensure the concerns were addressed by the end of the inspection. We recommend that the provider keeps medicines under review to ensure the improvements made are sustained. People told us they felt safe and were supported by staff who were trained to recognise and report any signs of abuse. Risk management plans were in place to ensure people's safe care. Staff were recruited safely and were deployed in suitable numbers to meet people's assessed needs. The premises were in need of refurbishment in some areas. The registered manager had a plan in place to address this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff received appropriate training, supervision and appraisal to support them to carry out their roles well. People received care and treatment from a range of healthcare professionals as needed. People were encouraged to eat a healthy, balanced diet of their choice.

People were supported by caring and kind staff who understood their needs and knew their preferences. The majority of staff, including the registered manager, had worked at the service for a number of years

which helped to ensure people had continuity in their care. Staff understood the importance of treating people with dignity and respect.

People or their relatives were involved in the planning of their or their family member's care. Care plans and risk assessments were updated as people's needs changed to ensure staff were fully aware of people's needs. There were systems in place to ensure any concerns or complaints were responded to and acted upon. Activities based on people's interests were available. Records needed to be improved to show how people were involved in and enjoyed activities. The registered manager introduced new documentation for this during our inspection.

Systems were in place to ensure the quality of the service could be monitored and improved. The provider took into account the views of people who used the service through satisfaction surveys and reviews. The registered manager and staff were committed and enthusiastic to providing a person centred service for people. Staff understood their roles and responsibilities and said they felt well supported by a management team who were open and approachable.

Further information is in the detailed findings below.

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 had improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 comprehensive inspection took place 1 and 6 February 2018. It was unannounced on the first day and was carried out by one inspector and an expert by experience who had experience of older people's care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We contacted the local authority, other stakeholders 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with nine people who used the service, two relatives, two visiting professionals, five staff, the deputy manager and the registered manager.

We spent time looking at documents and records related to people's care and the management of the service. We looked in detail at three people's care plans and three people's medicines records and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

At our last inspection of the service we found the service was not always safe. At this inspection we found improvements were needed to ensure medicines were managed safely.

Medicines were stored properly and there were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Medication administration records (MARs) had photographs of people who used the service to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies.

Person centred care plans were available to support staff to give people their medicines according to their individual preferences. We looked at three people's MARs. These had been completed fully to show the medicines people had received. However, we discovered an error had occurred which had resulted in a person not receiving one of their medicines as prescribed. The registered manager took swift action to rectify this and medical advice was sought to confirm no harm had been caused by this oversight. Further actions were put in place to reduce the risk of any re-occurrence of this error. Where people had prescribed creams, we saw full instructions for the use of the cream such as where it was to be used were documented on a body map.

Some people were prescribed 'as and when required' medicines or creams. We found some guidance for these medicines was in place but this needed more personalisation regarding people's individual needs for these medicines. The deputy manager made immediate arrangements to update the guidance. We looked at these on the second day of our inspection and saw they were now more detailed and gave specific guidance on the use of 'as and when required' medicines.

We observed medicines administration and saw this was done to suit people's individual needs. People were given explanations of their medicines and given the time they needed to ensure safe administration.

Staff who administered medicines received training and their competencies were assessed regularly to make sure they had the necessary skills. However, we found no record of the competency checks were made. Staff we spoke with confirmed their competency was checked. The registered manager agreed to ensure this was recorded in the future.

People told us they had no concerns about how their medicines were managed. However, we recommend the registered manager and provider keep medicines under review to ensure the improvements made at the time of the inspection are sustained.

People who used the service or their relatives told us they or their family members felt safe and well supported. Comments we received included; "Nobody seems to bother you", "There is no-one rough here" and "No problems. I am never frightened to go to bed." We saw positive interaction throughout our visit and people who used the service were happy and comfortable with the staff.

Staff completed training on how to recognise and report abuse to help ensure they kept people safe. Training covered what action to take if staff suspected people were being mistreated. Staff said they would have no hesitation in reporting any concerns to the provider, registered manager or external agencies, such as the local authority. Staff told us they had every confidence in the provider and registered manager; that they would deal with any concerns raised. One staff member said, "Abuse of any kind would not be tolerated here I am absolutely certain of that."

Risks to people who used the service were appropriately assessed, managed and reviewed. These covered areas of support such as moving and handling, pressure ulcer prevention, nutrition, choking and falls. This meant staff had information to help keep people safe and maximise independence. Staff were able to describe the risks people faced and what they did to prevent and manage risk.

Our observations showed there were sufficient numbers of staff deployed to help keep people safe and make sure their needs were met. One person told us; "Mostly there's enough staff, it's busy at night time when two are on." Another person said, "They are good staff and enough definitely." People told us staff were busy but their call bells were answered in a timely manner. One person said, "There is a bell thing, they come in a couple of minutes or less." Staff and the registered manager told us the rota was managed flexibly to meet people's needs according to their dependency. Records we looked at confirmed this.

The provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS).

This scheme enables the provider to check that candidates are suitable for employment with vulnerable people.

The home was clean and fresh smelling, however, some of the furnishings and décor were a little tired. There was scuffed paint in a number of areas and the lounge chairs were worn. The registered manager showed us their on-going programme of redecoration and refurbishment. This indicated new lounge chairs had been ordered and redecoration had commenced in areas of priority. People told us the service was always clean and their rooms were cleaned regularly to a good standard. People's comments included; "My room is kept spotless, I am very pleased." We saw there were systems in place to make sure equipment was maintained and serviced as required. Supplies of aprons and gloves were available to prevent cross infection. We saw these were used appropriately by staff.

The provider learnt from any incidents or mistakes to ensure people were safe. The registered manager demonstrated honesty and transparency. Accidents and incidents were recorded. Any accidents or incidents were audited and analysed to identify what had happened and actions that could be taken in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made.

Is the service effective?

Our findings

At our last inspection of the service we found the service was effective. At this inspection we found the service remained effective.

People told us their needs were met and staff knew them well. One person said, "The staff are very good, well trained." Another person said, "They know me." We saw staff provided care and support when people wanted it.

Staff confirmed when they commenced employment at the service they had received an induction that prepared them well for their role. We looked at records of induction training. Overall this showed the training staff completed. However, some training completed such as moving and handling had been missed off some staff's individual records. The registered manager agreed to rectify this.

We saw there was a rolling programme of training available to staff. Topics included; safeguarding, moving and handling, medication, food safety and fire safety. Training records showed staff's training was up to date and refresher training was provided to ensure staff's practice remained up to date. Staff received support to carry out their roles effectively. There was a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff told us they received supervision and records showed that supervisions were held regularly.

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 authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the legislation and staff received training to enhance their understanding. Staff understood the importance of the MCA in protecting people and the importance of involving people in making decisions. Consent to care was sought in line with guidance and legislation. We asked the registered manager if any person was subject to any restrictions on their liberty via a DoLS authorisation. They told us that currently everyone receiving care was able to consent to the care and support that was provided.

People told us their day to day health needs were being met and they had access to healthcare professionals when needed. People said staff were prompt in getting a doctor for them. A relative told us their family member's health had improved since moving in to the home. A visiting health professional spoke very highly of the support people received to maintain good health. They told us, "Everyone here knows my patients inside out. The staff complete any paperwork I ask them to and this really helps with evidence based practice and getting people what they need." We saw the manager had received a

compliment from a health professional on the standard of support a staff member had given a person during a hospital appointment.

People were given a choice of food and drink throughout our inspection and snacks were available during the day. Those who needed assistance to eat and drink received this. People had been asked regularly for their opinion on the quality of the food and we saw the feedback given was consistently good. People's comments on the food included; "We don't get rubbish, simple home cooked meals" and "It's mostly good I have my likes and dislikes; we always have two choices. We get weighed every month."

Staff were knowledgeable regarding the risks posed to people who needed additional support to eat and drink safely. These risks were monitored and well managed. One person needed their food to be textured so that they could eat in a safe way. Detailed guidance was available and staff could clearly explain how to support the person to eat in a safe way. People's weights were regularly monitored and information from speech and language teams was clearly recorded. The chefs had good knowledge of people's dietary preferences and nutritional needs.

People lived in a service which was suitable to meet their needs. Specialist equipment in bathrooms meant people could access showers and baths more easily. We saw people had brought their own furnishings and belongings in to the home to help them feel more settled and welcome. Staff spoke of the importance of this. One staff member said, "We encourage people to bring their own things so it feels more homely for them." Signage in the home assisted those living with dementia in finding their way around the home. People also had memory stimulating pictures on their bedroom doors to help with orientation.

Is the service caring?

Our findings

At our last inspection of the service we found the service was caring. At this inspection we found the service remained caring.

People were happy with their care and told us that staff were kind and caring. Comments we received included; "Anything you want they do it for you" and "Staff are very nice indeed they are just so helpful with everything." A relative told us; "Staff are kind; I have never seen anyone being unkind." A health professional told us they always observed respectful and dignified care being delivered to people. They told us, "Care here is excellent. I would certainly be happy for a member of my family to be here."

People looked very well cared for, which is achieved through good standards of care. Staff were able to recognise when people showed they were distressed or anxious. They provided reassurance when needed and responded well. We saw staff understood people and supported them with dignity and compassion. Staff consistently spoke to people with kindness and always addressed them by their name. There was a calm and relaxed atmosphere and people had good relationships with staff. Comfortable, natural and appropriate interactions were observed with people and staff responded speedily to requests for any assistance. Staff explained some people were unable to communicate verbally, but they understood people through their body language and facial expression.

People were encouraged to make choices, and their independence was encouraged. People's privacy and dignity was respected. We saw staff knocked on bathroom and bedroom doors and waited for a response before entering. We saw people being spoken to discreetly about personal care issues so as not to cause any embarrassment. Staff were confident they provided good person centred care and gave examples of how they ensured people's privacy, dignity and confidentiality were respected. One staff member said, "We provide people's personal care in their rooms or bathrooms. We speak quietly when asking people if they need the toilet."

People had their own routines they liked to adhere to and care was personalised and reflected people's wishes. For example, what time people liked to go to bed, when they liked to have their breakfast and where they wished to spend their time. This enabled staff to assist people and care for them how they wished to be cared for. Staff knew people very well and knew what was important to them. People looked comfortable engaging with the registered manager and the staff. Lots of friendly conversation and laughter was heard between the staff and people who used the service. We saw staff treated people as equal partners which showed how much they valued them.

People were supported to maintain relationships with family and friends. Visitors and family members told us they were always welcome and were able to visit at any time. The registered manager told us they placed great importance on ensuring people were able to keep in contact with friends and family. They said they invited people's family members to join in with activities in the home, enjoy refreshments when they visited and feel part of the home. A visiting professional told us; "This is a real home from home, so friendly and caring. I am always welcomed so warmly."

The registered manager told us no one who currently used the service had an advocate. They were however, aware of how to assist people to use this service if needed. An advocate supports people by speaking on their behalf, in their best interests, to enable them to have as much control as possible over their own lives.

Is the service responsive?

Our findings

At our last inspection of the service we found the service was responsive. At this inspection we found the service remained responsive.

The service provided was flexible and responded to people's needs. People had detailed person centred care plans in place that identified how their assessed needs were to be met. Care plans took account of people's social and medical history, as well as any cultural, religious and spiritual needs. We saw care plans were reviewed, updated regularly and showed evidence of people's involvement in developing them.

When we reviewed people's care records we found them a little repetitive and difficult to navigate as current and old documentation was kept together. However, the staff we spoke with told us the care records gave them enough information to enable them to know what they needed to do to meet people's individual needs. Staff's comments included; "Care plans are brilliant, so detailed" and "I find the care plans great, everything you need is in there." The registered manager agreed to review the records to reduce the issue of repetition.

People's records contained information on people's wishes for end of life care and funeral arrangements. This helped ensure people's wishes in the event of deteriorating health were made known and documented. Staff told us of the importance in making sure any end of life care was respectful of people's wishes and that people were kept as comfortable as possible. One staff member said, "As upsetting as it can be it is an honour and a privilege to be able to care for people at the end of their days." The registered manager told us staff had frequently attended the home in their own time to be with people at the end of their lives.

The registered manager arranged an activity programme which ensured external entertainers came to the home most weeks. They told us this was based on what people who used the service had requested. We saw from activity posters this included; an Elvis tribute act, an exercise class, and a singer who performed 1940's songs.

We received mixed views on people's satisfaction with activity in the home. One person said, "There are games to play, books and videos. The exercise man comes on Monday; entertainers come. The manager organises baking days and things a couple of times a week." Another person said, "We don't do anything really, just telly." Records we looked at showed activity was limited and infrequent. The registered manager said they thought this was an issue of lack of recording of the activities people had been involved in. At the time of the inspection the registered manager introduced a new document to be completed to show what activity people had participated in and how it had been enjoyed. They assured us they would monitor this to make sure people were being offered and participating in activities they enjoyed.

People and their relatives said they felt able to raise any concerns they had with the registered manager or staff. There had not been any complaints regarding the service in the last two years. Systems were in place to deal with any future complaints appropriately. One person told us, "I would tell staff if I had a complaint, I've no complaints as far as I know." Another person said, "There are resident meetings once a month we talk

about food and laundry, the manager tries to sort things out."

There was a system in place to record compliments received by the service. These gave positive feedback on a number of aspects of the service. People's comments included; 'Thank you to all the staff at Neville House for all the care and kindness to my [Name of relative] during her stay here', 'A very big thank you to everybody at Neville House for looking after [Name] so well during [their] stay. You all do a wonderful job' and 'For all the care [Name] has received you have done a remarkable job in making [them] independent again.'

The provider had policies in place in relation to protected characteristics under the Equality Act 2010. Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. One staff member said, "It's important to acknowledge people as individuals and respect this."

The registered manager looked at ways they could make information accessible for everyone who needed this to make decisions about their care and support. For example, a menu using photographs and symbols was available if needed. The registered manager also said they could produce documents in large print.

Is the service well-led?

Our findings

At our last inspection of the service we found the service was well led. At this inspection we found the service remained well led.

There was a registered manager in post. They had worked at the service for a number of years and were very knowledgeable about the needs of people who used the service. The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service to relevant parties including CQC. The management structure was clear and understood by staff. An experienced deputy assisted the registered manager with the running of the service.

People who used the service and their relatives spoke highly of the registered manager. One person told us, "[Name of registered manager] is very good; would do anything for us." A relative said, "[Name of family member] has a good relationship with the manager. I know the manager she is around all the time; one time when they were short she was doing the vaccing (hoovering)." Another relative said, "[Name of registered manager] is very down to earth and easy to talk to and sorts things straight away or gives me a ring at home."

Staff spoke positively of the management team, culture of the service and of how much they enjoyed their job. They described the management team as open and approachable. One staff member said, "I love my job so much, this is a great place to work, I feel lucky." Staff said the management team worked alongside them to ensure good standards were maintained and support was provided. Staff told us they felt valued and listened to by the management team and provider. Staff said they were provided with opportunities to share feedback and ideas in staff meetings, in supervisions with their line manager, and informally.

Quality assurance systems were in place and looked at what could be improved. The registered manager completed audits that looked at a number of key areas. This included; falls, cleanliness, safety, accidents and incidents, medicines and care records. We found the records of audits were difficult to navigate with a lot of repetition within them. However, weekly reports were completed by the manager and submitted to the provider to show actions taken in response to audits. This meant the provider was kept informed of important issues that affected the service and any actions required to improve the service were acted upon. The registered manager agreed to review the audit documentation to make sure it was clearer when actions were identified and completed.

People were asked to provide feedback on the service they received. Quality assurance surveys sent to people who used the service had their results audited in order to drive continuous improvement of the service. Results from the latest surveys received in the last year showed a high degree of satisfaction with the service. 'Residents and relatives' meetings were held regularly. We saw actions identified or suggestions made were acted upon. For example, a request for activities to mark Remembrance Sunday was implemented.

The registered manager worked in partnership with other agencies when required for example healthcare

professionals, local authority training providers, the local hospital and social workers. A health care professional told us all the staff in the home worked well to promote good health outcomes for people.