Neville Health Care Limited

27 & 28 Reginald Road

Inspection report

28 Reginald Road
Barnsley
South Yorkshire
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Tel: 01226737470

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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

We undertook an announced comprehensive inspection of 28 Reginald Road on 28 March 2018. This inspection was the first inspection for this location.

28 Reginald Road is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. 28 Reginald Road is linked to Neville Court, where the registered manager, staff and records are based. It provides support for people with neuro-disability, brain injury and stroke, enduring mental ill health, and early-onset dementia. It is registered to provide support for two individuals in self-contained accommodation. The service provides a rehabilitation pathway for those individuals who have met their goals, and are ready to gradually return to life in the community. In some instances, 28 Reginald Road is used by individuals with a progressive condition, who can live independently but require support nearby.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm, there were good infection control procedures in place and received their prescribed medicines safely.

The care people received was effective. Staff had access to the support, supervision, training and on-going professional development they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People had developed positive relationships with staff, who were caring and treated people with respect, kindness, dignity and compassion. People had detailed personalised plans of care in place which enabled staff to provide consistent care and support in line with people's personal preferences. People were supported to live independently. Consideration had been given to end of life care.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints they received. Some information was available in various formats, such as easy read, to meet the communication needs of the individuals.

The service had a positive ethos and the registered manager was open and approachable, understood the needs of the people in the home, and listened to staff. One staff member said, "I feel comfortable approaching [name of registered manager]." There were effective systems in place to monitor the quality of the service and drive improvements. The registered manager completed statutory notifications in a timely

manner.

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.

Medicines were well managed and risks to people had been assessed and managed.

People told us they felt safe and staff we spoke with knew what to do if they witnessed abuse.

Sufficient numbers of staff were deployed to meet people's needs and effective recruitment procedures were in place.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills they needed to support people safely and the staff had regular supervisions and appraisals.

The service was compliant with the Mental Capacity Act 2005.

People's nutritional needs were met and they had good access to healthcare appointments.

Is the service caring?

Good

The service was caring.

People told us they were happy and felt they were well cared for. People were involved in planning their care and support.

We saw people were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's support plans were person-centred and we saw they were regularly updated.

Activities and trips out were on offer and people regularly took

part in these.

Complaints were well-managed.

Is the service well-led?

Good

The service was well-led.

Effective systems were in place to monitor the quality of the service and people who used the service, their relatives and staff were asked to feed back about the service and the service was responsive to these.

The management team within the service were available to give guidance to staff and had an 'open door' policy.

27 & 28 Reginald Road

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 28 March 2018. We gave the service 24 hours' notice of the inspection visit because the location is a small care home for people who are often out during the day. We needed to be sure they would be in.

The inspection team comprised of two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form asking the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in October 2017 and we considered this when we made judgements in this report.

We also reviewed other information we held about the service such as notifications, which are events that happened in the service the provider is required to tell us about.

During this inspection we met with the registered manager and the operations manager. At the provider's office base we spoke with two people who used the service and nine staff members. This included nurses, care and support staff. We also visited people in their flats.

We looked at the care records of two people who used the service to see whether they reflected the care given. We also looked at seven staff records, including recruitment and training information. We looked at other information related to the running and the quality of the service which included quality assurance audits, appraisal and supervision records, and minutes of meetings with staff, and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were being supported in a safe way and staff provided consistent safe care and support. People said they felt safe, they told us, "I feel safe, I like having staff around. I have support staff and a nurse looking after me." We saw each person had a named nurse.

Staff understood their responsibilities in relation to keeping people safe from harm. Safeguarding training was mandatory every 12 months and training records showed all staff had completed this. There were safeguarding procedures in place and the registered manager knew to complete relevant notifications for any safeguarding concerns. We noted there had not been any safeguarding concerns raised within the last 12 months. The registered manager described 'See, Hear, and Speak Up', which was a freephone number for people and staff to report any concerns. We saw evidence the registered manager had made sure all staff and people who used the service were aware of this number from their daily walk-round notes and from staff meeting minutes. Staff said they felt confident in raising any concerns with the registered manager saying, "She is always ready to listen."

Staff rotas were planned by the registered manager in advance, and there was no difference between weekday and weekend staffing levels. Two team leaders told us they allocate daily tasks using the rota and people's support plans. Staff we spoke with told us, "Staffing levels are overall good, if we're short then other staff come in, everybody's priority is for the service users to be safe and well-looked after." Staff were visible and we observed each flat had a call button and we saw staff respond to people in a timely way.

We reviewed the registered provider's recruitment processes to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment processes were safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS) and references had been obtained. The DBS is a national agency that holds information about criminal records. The registered manager told us they would explore any gaps in employment at the interview stage. This helped to ensure people who lived in the flats were protected from individuals who had been identified as unsuitable to work with vulnerable people.

From the staff files we looked at we saw staff completed an induction programme; this included orientation of the service, policies and procedure and training. One of the team leaders told us, "I always mentor new recruits and check the confidence and competence of the individual on a weekly basis. The nurse or manager does the final probation check." All training was delivered face-to-face with many of the more experienced staff able to deliver certain training. For example, the housekeeper delivered infection control and first aid training.

Medicines were safely managed. We looked at both MARs for the people who used the service; these showed medicines were administered safely. The records we looked at showed the ordering and administering of medicines was appropriately managed.

We observed medicines were stored securely and the rooms were at the appropriate temperature, this was

routinely recorded and was within the recommended limits. Staff administering medicines had appropriate training and their competency had been checked annually.

People's 'My PRN (as required medicines) support plans' included information regarding 'what do I need, when should I receive it, how much should I be given and how often and what to look out for'. We saw one person had a PRN support plan in place for their medicines this meant people received medication safely when they needed it. . We spoke with nurses administering medications, who were able to describe the use of thickening agents for one medicine in liquid form. One person told us they were going to take control of administering their own medicines; the person said, "I am getting a medication cabinet in my flat." We saw there were appropriate plans in place to manage this transition and to support the person to take control. The person also told us, "I went to the doctors on my own and collected my prescription. I know what medicines I have and what they are for." This showed that people were supported to be independent when taking their medicines and this was managed safely.

We observed appropriate infection control measures were in place. We saw all areas of the flats were clean and tidy, and there was a cleaning schedule in place. Each flat had a washing machine allowing people to do their own laundry. Staff had received training in infection control; we saw this was mandatory for all staff on an annual basis.

There were comprehensive and detailed risk assessments in place, which were reviewed annually, and gave staff clear instructions about how to keep people safe. For example, Risk assessments included falls, choking and behaviours that may challenge. One staff member told us, "The manager is responsive and wants to make things as safe as possible." We saw a risk matrix had been completed in people's support plans following the identification of a risk, which included the likelihood and severity of impact of the risk. We saw positive risk taking agreements in place in one person's support plan which had been signed by the person for small electrical kitchen items to be present in their flat. We saw both the manager and the operations manager review risks and incidents. It had been identified that staff were not completing the maintenance book which meant there was a risk of the home being unsafe. Minutes of staff meetings showed this had been discussed and staff encouraged to do log all maintenance needs. Records showed staff were now doing.

People had personal emergency evacuation plans in place so staff were aware of the level of support people required should their flat need to be evacuated in an emergency. The flats had fire risk assessments and records showed fire safety equipment was tested monthly. There were clear directions for fire exits and these were kept clutter free.

We checked records for the maintenance and upkeep of the flats, for example, the gas supply and appropriate certificates to show this had been checked were in place.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff team had a good understanding of the MCA and the DoLS application process. We saw a DoLS request for a standard authorisation had been completed for one person following a mental capacity assessment and had been submitted to the local authority. This had been approved and was still valid at the time of our inspection. The support plans we looked at contained some appropriate and person specific mental capacity assessments. This meant people were making decisions independently wherever possible, and being given support where they were unable to make decisions. Although the registered manager told us they were going to review the mental capacity assessments to make them even more decision specific. Where appropriate, we saw best interest decisions had been recorded in people's support plans. This meant people are supported to make decisions where they are able and receive support based on their best interests where they not able to make decisions.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. We observed staff supported people to make choices throughout the day. Support plans we looked at contained a signed consent form for a photograph of the person to be used and their weight to be monitored. One person chose to go out shopping, another person was happy in their flat doing a jigsaw. One person told us they liked to go to bingo to meet friends.

One staff member said, "It's our supervision, we get to say what training we want, it's our choice to suggest training to support the residents." Another staff member said, "The training is very good, there are opportunities galore, since I've been here I've had lots of development."

People received care from staff who were competent and had the skills and knowledge to care for their individual needs. The training records showed when training needed to be completed. We saw training such as manual handling; infection control and safeguarding took place every 12 months, with fire safety every six months. Care staff were required to complete the Care Certificate training, this is an agreed set of standards that sets out the knowledge, skills and behaviours expected, and we saw a record of their progress. All staff, including maintenance, housekeepers and the cook, received the same mandatory training

We saw staff received supervision every two months and an annual appraisal, which gave them the opportunity to discuss their performance and personal development. Staff said they were well supported and encouraged to do more training. The supervision records showed all staff had received supervision bi-monthly in 2017 and this had continued in 2018. The appraisal records showed all staff had received an appraisal within the last 12 months.

All new staff undertook a thorough induction programme; staff were encouraged to take relevant qualifications. A staff member said, "Carers keep shadowing experienced staff until they feel confident and have had their competencies checked, there aren't any timeframes." This meant people were supported by competent, confident and safe staff.

People were supported to maintain a healthy balanced diet and those at risk of choking received the support they required to prevent this. We saw people were encouraged to shop and encouraged to buy healthy items. The cook was aware of people's dietary requirements and prepared meals for people to suit their needs. People were involved in deciding what meals they had each day and were encouraged to prepare them. People were able to eat meals in their flats or in the registered providers 'parent' home.

We saw evidence in the support plans we looked at people received support and services from a range of external healthcare professionals. Staff sought support from health professionals when needed. These included GPs, dentist, dietetic services and the speech and language team. Staff were able to describe good handover arrangements to ensure effective care and support. People's daily records were detailed and visits from health professionals were recorded. There was evidence people were able to choose when they were referred to some health professionals and were involved in these decisions. This meant people had access to a range of healthcare services and the support they received was personalised.

28 Reginald Road was a semi-detached house, which had been modified to meet people's individual needs. We observed the flats were homely and had been decorated to individual taste with lots of personal items, such as paintings and photographs. The registered manager ensured the environment was maintained and free from hazards and there were detailed records about risks, hazards and maintenance. There was accessible garden space for people to use.

Good

Is the service caring?

Our findings

We observed caring and respectful interactions between staff and people who used the service. We saw staff knew people well and there was good communication with people. In these interactions the registered manager and staff showed genuine concern for people's well-being. Discussions with people and daily records showed they were able to get up and go to bed when they wanted, have a shower or bath when they wished and eat what and when they wanted. We observed one person was supported to go for a walk. We saw evidence of each person being treated individually according to their needs and wishes. Support plans documented appropriate support for particular behaviours that may challenge; one staff member told us, "They [people] are spoilt here, it's all about them" and another staff member said, "Residents are proper spoilt." One person said, "I talk to [name of registered manager] if there are things I don't like and we think of things together. We go through to see if we can change things and if not, why not."

People were treated with dignity and respect. Staff told us how they maintained people's dignity when entering their flats. Staff described how they always knocked on the door and asked permission before entering, for example, when going to clean the flat. One staff member said, "I always explain why I'm going into their flats. I never go into the flats before I've explained to [name of person] first" and another staff member said, "I always knock on the door, and then shout to say 'hello." The registered manager told us there was a dignity champion in the service.

Staff described how they encouraged people to be independent and help themselves. Describing how they supported people to shop for themselves.

People were encouraged to maintain their relationships; we saw families and friends visited or made contact regularly. People's individuality was respected. We found staff empowered people to voice their opinion and aspirations for their lives and then supported them to achieve these goals, for example, going on holiday.

People's support plans showed changes had been made as needs changed. Support plans showed where people had suggested changes to their support needs and these had been implemented. Staff meeting notes showed staff had suggested improvements and changes and these had been implemented. One person told us, "I am involved with my care and I ask for care plans to be written, I have capacity and I am in control." We saw records of annual resident's surveys and what plans had been put in place to respond to these.

People were involved in multi-disciplinary meetings with staff and health professionals about their care and support. This meant people were able to have choice, control of their care and be as independent as possible. The registered manager had a good understanding of when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the flats. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the service was able to meet their needs. The housekeeping staff were also aware of people's likes, for example, if a person preferred not to be in when they're cleaning. The support plans enabled staff to interact with people in a meaningful way and ensured people remained in control of their lives. We noted weekly meetings were available with staff members for with people to discuss their support if they wished.

People's support plans contained a picture of the person and detailed information relating to the person's history and people who were important to them. We saw evidence of a life history which had been completed involving the people who used the service and/or their family members.

Support plans were person specific, with likes, dislikes and preferences recorded and they contained information relating to the person's identified care and support needs. For example, there were sections covering mobility, eating and drinking, specific behaviours, communication and mobility. The support plans gave staff guidance on how people preferred to be supported, what they could do independently and what support staff needed to offer. We asked staff to tell us about specific people they supported and found their knowledge and understanding of the person was reflective of the information within their support plan. We saw evidence that support plans were being reviewed regularly and these reviews included all of the relevant people. Staff described how information was shared amongst them. This meant people receive support that is responsive to their needs at the time.

People were supported by staff to maintain their personal relationships and staff understood what was important to people, for example, spending time doing jigsaws. The registered manager described how the service supported people to ensure they were not discriminated against.

The registered manager described the different communication methods by which people communicated their wishes, which included for example, by phone calls, text messages and emails.

At the time of the inspection the registered manager and operations manager were aware of the Accessible Information Standard. The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw an easy-read copy of the mental capacity act 2005 in one person's support plan. People had communication support plans in place which described their wishes and provided guidance on how they wanted staff members, visitors and healthcare professionals to communicate with them. We saw 'health passports' in one person's support plan, which provided other professionals with information about the person, including how they wish to be communicated with. This meant people were communicated with appropriately by everyone involved in their care and support.

At the time of the inspection, nobody was receiving end of life care. We saw evidence that peoples' end of life wishes had been considered. One person's support plan contained information regarding a discussion about their end of life wishes which stated '[name of person] does not wish to discuss end of life wishes at the present time'. We saw this had been respected by the staff team.

People were supported and encouraged to follow their interests and we saw items in people's flats to support this. People were able to use the facilities and groups on offer at the registered providers 'parent' home and were free to come and go as they pleased.

If people were unhappy with the service, there was a complaints procedure in place. The information was accessible and in the service user guide and the statement of purpose, both of which we saw were on display in the registered providers 'parent' home. We saw evidence complaints were dealt with in accordance with the registered provider's policy. Complaints had been investigated, resolved and responded to within time frames. One person told us, "I speak to [name of registered manager] if I am not happy about anything, they sort things for me."

We saw people were encouraged to be part of their local community through attending local social amenities. For example, people were encouraged and supported to travel and visit various places to eat. People were encouraged to participate in activities arranged by the registered providers 'parent' home; these included activities run by outside organisations such as outdoor adventure activities, visits from therapy dogs and other animals.

Good

Is the service well-led?

Our findings

People knew who the registered manager was, staff commented how approachable they were, and they would not hesitate to speak to them if they needed to. One staff member said, "I'm able to have a chat with the manager on a regular basis, the manager has always got time, there's an open door policy, she's always available." Another staff member said, "Morale here is very good. There's a positive culture."

We noted there was an open and supportive culture which put the person at the heart and empowered them. People, staff and families were asked for their feedback through annual surveys and monthly support plan reviews. The registered provider kept everyone informed about how the service was developing by publishing the results of surveys and by producing action plans as a result of these. The registered provider ensured any learning from complaints or experiences were shared across the organisation through team meetings.

There were procedures in place, which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equality, diversity and human rights. This was evidenced in supervision and appraisal records we looked.

Staff attended regular monthly staff meetings; the minutes of meetings confirmed staff had the opportunity to raise concerns, share ideas around good practice and learn together. One staff member said, "Nothing lingers on, things get sorted." Another staff member said, "There's also a 'big' annual meeting where everyone is comfortable to contribute. Everything gets put in the minutes and everything gets done. There's good communication across departments."

There were effective systems in place to monitor the quality of the service. We saw the quality monitoring report for two visits undertaken by the operational manager in March 2018; this looked at general areas as well as reviewing clinical statistics, medication management, care records, staffing, and Health and Safety. This report detailed the findings from previous visits and progressed actions to be taken. We saw detailed evidence of the registered manager's daily walk round. We saw how any concerns or actions from these were cascaded to appropriate staff, for example, in team meeting minutes. Risk assessments for areas or tasks were detailed and kept securely. The operations manager undertook monthly operations monitoring visits and produced action plans as a result of these; this ensured systems were in place to monitor the standards and quality of the service provided and appropriate action was taken to address any shortfalls. Through these systems decking in the garden area had been identified as needing non-slip strips to make it safer in wet weather. This had been implemented showing how improvements were identified, agreed and made. Through the success of 28 Reginald Road in meeting the needs of people 'transitioning' into and out of residential care the provider is currently refurbishing a further two flats to meet more people's needs. The registered provider strived to continuously improve the service. There were plans in place to develop another two flats to support people in 'transition' from services and promote independence. Close working relationships had been developed a variety of professionals involved in the support of people and people had been encouraged to develop these relationships further by taking control of some aspects of their

support.