

# Mrs Wendy Moxam

# Nevin House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

Nevin House is registered to provide residential care to three people with a learning disability. This inspection took place on 19 January 2016. The inspection was unannounced. The last inspection took place on 12 December 2013. The provider met the standards they were assessed against at this inspection. Further information of this report can be found on the CQC website

At the time of the inspection, there was a registered manager in post as required by the conditions of registration. 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.

The provider had a system to monitor the quality of the care provided but this was not always effective at identifying areas that could be further improved.

People were not supported to eat food that was varied and healthy.

People felt safe living in the home and staff understood how to identify and report any concerns relating to people's safety and welfare.

# Summary of findings

The provider had a system to identify individual risks to people and staff was knowledgeable about how to keep people safe.

People were supported by staff that had time to meet their individual needs.

People were supported so that they received their medicines safely.

People who used the service were supported by staff who received regular training. Robust recruitment practices meant that staff employed were suitable to work with the people living at the home.

People were supported by staff that understood how to provide care in a way that promoted their human rights.

People were supported by staff that were kind and caring and knew the things that were important to them.

Staff promoted people's privacy and dignity and treated people with care and respect.

People were involved in their own care and in making decisions as much as possible.

# 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.

People felt safe and were supported in a way that enabled them to do the things that they wanted to but minimised the risk associated with the activity.

People were supported by staff that were able to recognise any signs of potential abuse.

People were supported by staff had the time to meet people's needs in the way that they preferred.

People received their medicines as prescribed.

Good



### Is the service effective?

The service was not consistently effective.

People did not receive a healthy well balanced diet.

People were supported to access health care services so that their health and wellbeing was maintained.

People were supported to make their own decisions and staff understood how to provide care in a way that promoted their human rights.

People were supported by staff that had received training so that they had the knowledge and skills to meet people's needs.

Requires improvement



### Is the service caring?

The service was caring.

People received care and support from staff that were kind and caring and knew people well so that they supported to have as much choice and control over their lives as possible.

People were treated with dignity and respect.

People were supported to be independent.

Good



### Is the service responsive?

The service was responsive.

People received personalised care.

People were supported to do things that they liked so that they led interesting lives.

People knew how to raise concerns if they were unhappy about the service.

Good



# Summary of findings

## Is the service well-led?

The service was not consistently well led.

The providers system to assess and monitor the quality of the service provided was not always effective at identifying any shortfalls.

The home was well led by a manager that was visible in the home and knew people well.

People benefitted from an open and inclusive atmosphere in the home.

**Requires improvement**



# Nevin House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 January 2016 and was unannounced. The inspection was carried out by one inspector.

We looked at the information we held about the service and provider. This included the notifications that the

provider had sent to us about incidents at the service and information we had received from the public. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority that purchases the care on behalf of people to see what information they held about the service.

We spoke with one person who used the service, the deputy manager, the junior deputy manager and one person's relative. We looked at two people's records to check the care provided to people, records associated with staff training and recruitment and the records relating to monitoring the quality of the service.

# Is the service safe?

## Our findings

We spoke with one person who told us they felt safe with the staff. They told us that they felt safe both within the home, and in the local community. They told us, “No one shouts to at you, no one is horrid to you here.” They said that if they didn’t feel safe, or were worried they would tell the staff. A relative told us, “I have no concerns about [Persons name ] being here.” We saw that the person looked comfortable, relaxed and happy in the presence of the staff.

Both members of staff told us they had received training so that they understood the different types of abuse and the signs to look out for that would indicate a person was possibly being harmed. Both staff told us that they had never seen anything that they thought was abusive and that people were safe living at the home. Both staff said that if the person was been harmed they were confident that the person would tell them. A member of staff told us, “People are 100% safe here.”

The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people’s safety. Both of the staff spoken with told us they knew how to escalate their concerns to the registered manager. However if the registered manager wasn’t available they were not clear about who they would report their concerns to and would need to refer to the procedures in place.

One person was able to tell us about the things that they thought might be dangerous to them, and knew how to keep themselves safe. The risk to people had been assessed but the risk assessments in place did not always provide sufficient detail so that staff would know what action they needed to take to support people safely. Both of the staff were knowledgeable about the identified risks to people and what action they needed to take. We saw that people were supported safely and in line with their risk management plans. For example we saw that one person had been supported to travel independently. Staff had supported the person with their travel training and had ensured the person has a mobile phone so that they could contact staff for assistance when they were out.

The person we spoke with and both of the staff knew what to in the event of an emergency such as in the event of a fire. Regular checks of the fire detection equipment and the emergency lighting were completed to ensure that it was fully working in the event of an emergency. The person we spoke with confirmed that the fire detention system was checked regularly and told us it was “loud”. Staff knew how to report incidents, which they monitored so that action could be taken to minimise the risk of a reoccurrence of the incident and avoidable harm to people.

The person told us that there was always a member of staff to help them or to talk to them. Both of the staff we spoke with told us that there was always one member of staff on duty throughout the day and night. They told us that in addition to caring duties staff were also required to undertake cleaning and catering duties, but said because one person didn’t have high support needs this was enough staff to meet people’s needs. We asked the deputy manager how they managed unplanned staff shortages. They told us that the provider also operated a day centre and the staff worked in both Nevin House and the day centre so that there was always staff available to cover shifts. This ensured that people were supported by people that knew them well.

Both of the staff told us that before they started work all employment checks were made. Records we looked at confirmed these checks were made before they started work. This meant that systems were in place to help reduce the risk of unsuitable staff employed.

Staff supported people to take their medication. People were provided with individual secure storage for their medication. One person knew told us that they were on tablets and was able to tell us what each tablet was for and when they needed to take them. They told us that staff reminded the when they needed to take them. We looked at the systems in place for managing medicines and saw that there were appropriate arrangements in place for the safe handling of medicines. Staff all told us that only staff that had received training in administering medicines was allowed to give medicines.

# Is the service effective?

## Our findings

One person said, “I choose what I want to eat. staff are good cooks.” People told us that they liked the food that was provided. The person said that they could make themselves drinks when they wanted. One person told us that they wanted to lose weight and wanted to eat healthy. This person’s weight monitoring records did not show that his their desire to lose weight was achieved. The records we saw showed that the meals provided did not demonstrate that healthy eating options were provided and lacked variety. For example in one week sausages were on the menu five times and chicken pie and chips were offered two consecutive days. Staff confirmed that the menu was an accurate reflection of what was offered and that they would review the meus to ensure healthy options were considered. We saw that people were offered drinks and they were encouraged to access the kitchen to make themselves drinks and snacks at times when they wanted them.

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. We saw that the service was working in line with the requirements of the MCA. One person told us, “There are no rules here; it is up to me where I go, and when I go to bed.” A member of staff told us, “We get people’s consent to care, if they don’t understand we try different ways to help make them understand, such as pictures, or accessible language.” We saw that people were supported to make every day decisions such as what they wanted to do, where they wanted to go and what to eat. Staff sought people’s consent to all aspects of their care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager told us that no one was subject to a deprivation of liberty. One person told us that they went out by themselves when they wanted to. We were told that for one person they were considering a sensory mat to alert them when the person was moving about their room so they could offer support to prevent them falling. They said that they would need to consider if this was restriction on the persons liberty.

Both of the staff told us that they received training to enable them to do their jobs. Staff told us and records showed that training was provided that included training on how to keep people safe. One member of staff said, “I have enough training to do the job.”

All staff told us that they had regular supervision to discuss their performance and development. The manager and deputy manager operated an on call system so that staff had 24 hour access to support and advice if they need it.

People are supported to attend appointments with health care professionals to help them stay healthy. One person told us that they wasn’t ill very often, but went to the GP when they were unwell. They said, “Staff make me an appointment with the doctor and I go when I am ill.” They told us that they monitored their own blood pressure regularly and showed us how they did this. Records showed that people were supported to see the GP, dentist and the optician regularly. One person was in hospital when we visited, staff had recognised that the person’s health had deteriorated and had sought advice from professionals that had resulted in the person’s admission to hospital. A relative told us that the staff always contacted them if they were worried about their relative’s health.

# Is the service caring?

## Our findings

One person told us, “All the staff are kind to me. They talk to you and always listen. They never ignore you.” They also said, “Staff make me happy. I am happy here.” We saw that the interactions between people and staff were consistently kind, caring and respectful. Staff were attentive to what the person were saying so that they felt listened to and involved in their care. Both of the staff demonstrated a good understanding of people’s needs.

People were supported to make choices and decisions about their care and how it was delivered. Choices included how they spend their day, where they went, what time they went to go to bed and got up and what they spent their money on.

People were supported to be independent. One person told us that they kept their own room tidy and clean and made their bed. They told us that they went to the shops on their own to buy things that they liked and travelled independently to the day centre. Staff treated people with dignity and respect and provided support in a way that

maintained people’s privacy and dignity. We saw that people all had single occupancy ensuite rooms so that they could spend time alone if they chose. People were supported to carry out their own personal care behind closed doors, with staff only providing assistance where requested or required. One person told us, “I run my own bath; staff leave me on my own.” We saw that staff were respectful towards people they supported, they respected people’s views and opinions, referred to people by their preferred name and involved them in conversations.

We saw that people were dressed in individual styles; these individual styles enabled them to express their individuality. People were wearing clothes that reflected their age, gender and personal taste and interest. One person supported a football team and proudly showed us their items of sports clothing that had these teams’ emblems on them. People were supported to maintain contact with the people important to them. One person told us that they could have their friends to visit and see family members. A relative told us that their relative rang them and other members of the family regularly.



# Is the service responsive?

## Our findings

One person told us, “Staff know me well. They know what I like.” We saw that staff knew people well and knew what people liked. Staff were able to tell us about the things that were important to people. Staff we spoke with was knowledgeable about people’s care needs. Staff were able to give detailed explanations about people’s needs as well as their life history, their likes and dislikes and preferred routines.

Throughout the inspection we saw that staff involved the person in conversations and decisions about their care and how they spent their time. One person told us, “I know that they have a file about me and write things down.” They were then able to tell us about some of the things that were in their file.

People were involved in planning their own activities and their interest were well known by staff. People attended the provider’s day centre daily, between Mondays to Friday. The person told us that they didn’t have to go but really

liked to. One person said, “I love it [day centre]. I walk there by myself. I am very happy there.” People had meaningful lifestyles and participated within the local community. One person told us about the things that they liked to do in the house. Such as using their lap top and watching TV. They also told us that they liked going to the local shops. The person also told us about their holidays. They told us that they had been abroad several times since they had lived at Nevin House including to Jamaica and St Kitts. They also told us that they went away with staff over Christmas in a cottage and had a lovely time.

The provider has a complaints procedure. One person said that they knew how to complain. They told us, “I would tell staff if I was unhappy. However I don’t want to complain, they are all very good to me”. Both members of staff were able to tell us what they would do if someone complained to them. The deputy manager told us about one complaint that had been received and the outcome. However they couldn’t locate the records about how this complaint was investigated.

# Is the service well-led?

## Our findings

We saw that the provider had an audit cycle system in place, which ensured that various aspects of the service were monitored. For example incidents, accidents, maintenance and the medication processes. The system to manage information and records was not effective. Some records had not been retained to show the actions taken. Records referred to opportunities in the home that were unavailable, because they took place at the day centre only. We also saw records that lacked sufficient detail to ensure that staff had all the information they needed. For example risk assessments lacked detail about the actions staff needed to take. The provider's system for audit had not identified these shortfalls.

The person we spoke with knew who the manager and deputy manager was and said that they were both nice. Both of the staff that we spoke with was positive about the manager. A staff member said, "The manager is down to earth, you can go to her about anything." They also said, "Both the manager and deputy are approachable; I could talk to them about anything." Staff we spoke with was aware of their roles and clear that their responsibilities were to the people who lived at the home. People were supported to have an active presence in the local community and to do the things that interested them.

Staff told us that there was an open culture in the home and said they were comfortable raising ideas and suggestions about how to improve the service. They gave us some examples about when their ideas were implemented. A staff member told us, "It's a good team here". The person we spoke with said all the staff was approachable and they all listened to him.

The manager and deputy tried to ensure that staff felt valued and motivated. A member of staff told us, "I am praised for the things that I have done well." Another member of staff said, "I feel valued, the manager is paying for me to do some more management training that will develop my skills."

Staff told us that the communication on the home was good. There was daily handover to share important information between staff and the on call systems meant that there was always someone to provide them support. A relative told us, "Staff let us know what is happening with [Person's name]."

Staff told us and we saw records that showed that there were staff meetings where they discussed what was happening in the home and the plans.

The provider understood their legal responsibilities and ensured that there was a registered manager in post. The manager was aware of the legal requirements upon them.