Mrs Wendy Moxam

Nevin House

Inspection report

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Date of inspection visit:
01 February 2017

Date of publication:
17 March 2017

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 1 February 2017. This was an unannounced inspection.

At the time of our last inspection in January 2016, the provider was found to be requiring improvement in two out of the five areas we looked at. This meant that they were rated as 'Requires Improvement' over all because systems and process in place to monitor the quality of the service were not always effective at identifying areas for development. We also found that people were not supported to eat food that was varied and healthy, despite their wishes. At this inspection, we found that improvements had been made and people were being supported to maintain a healthy diet and had food that they enjoyed. However, we found further improvements were required to the quality monitoring systems and processes.

Nevin House provides accommodation and personal care for up to three people who require specialist support relating to their learning and physical disabilities. At the time of our inspection, there were two people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by enough members of staff who had been safely recruited and received adequate training to ensure they had the knowledge and skills they required to do their job effectively.

People received care and support with their consent and people's rights were protected because processes had been fully followed to ensure people were not unlawfully restricted. They were also supported by staff who protected their privacy and dignity.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary. People received support to take their prescribed medicines as required.

People were supported by staff that were kind and caring and that were dedicated and committed to getting to know people well. This meant that people received the care they wanted based on their personal preferences, likes and dislikes.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives.

The provider was very responsive because people felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were encouraged to engage in activities that they enjoyed and were supported to maintain positive relationships with their friends and relatives.

The service was not always well led because systems and processes in place to monitor the quality of the service were not always effective. However, people were encouraged to offer feedback on the quality of the service and knew how to complain. Staff felt supported and appreciated in their work and reported the provider to have an open and honest leadership culture.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse and avoidable harm because staff had the knowledge and skills they required to keep people safe and knew what the reporting procedures were.

People were supported by enough members of staff to meet their needs.

People received support with their prescribed medicines as required.

Is the service effective?

Good

The service was effective.

People received care from staff who had received training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with their diet and fluids and they had food they enjoyed.

People were supported to maintain good health because they had access to other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring.

People received the care they wanted based on their personal preferences and dislikes because staff were dedicated and committed to getting to know people.

People were cared for by staff who protected their privacy and dignity

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the

Is the service responsive?

Good

The service was responsive.

People felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People had engaged in activities that they enjoyed because staff actively encouraged and supported them to follow their hobbies and interests.

People were supported to maintain positive relationships with their friends and relatives.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service was not always well led because systems and processes in place to monitor the quality of the service were not always effective.

Staff felt supported and appreciated in their work and reported the provider to have an open and honest leadership culture.

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 unannounced inspection took place on 1 February 2017. The inspection was conducted by one inspector.

Before an inspection we usually ask providers to complete a Provider Information Return (PIR) however, on this occasion a request had not been sent to the provider prior to the inspection taking place due to the short time frame between planning and facilitating the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We had received a PIR in 2015 but we did not refer to this as the information contained in it was out dated.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also requested feedback from the local authority with their views about the service provided to people at Nevin House, as well as from Health Watch Birmingham. Health Watch is the independent consumer champion created to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care.

During our inspection, we spoke to the two people who lived at the home and three members of staff including the deputy manager, a senior carer and a support worker. Unfortunately, the registered manager was unavailable at the time of our inspection, but we maintained contact with them throughout. We reviewed the care records of two people to see how their care was planned and looked at the medicine administration records. We also looked at two staff files to check recruitment and supervision processes as well as training records for staff. Records relating to the monitoring of the quality and management of the service were also reviewed; these included health and safety audits, maintenance checks, minutes of

resident and staff meetings and any associated action plans.

Good

Is the service safe?

Our findings

People we spoke with told us that they were happy with the care they received at the home and that they felt safe. One person said, "I love it here; I am safe". Another person told us, "They [staff] are really nice,, they look after us and keep us safe". During the inspection we saw that people looked relaxed and comfortable in the presence of staff.

We found that staff had received training on what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "We [staff] have safeguarding training; it covers the different types of abuse. I know the signs to look out for like if a person is withdrawn or quiet, if there's a change in their mood, physical signs like bruising or maybe their clothes are dirty. We would have to report it to management". Another member of staff said, "The training tells us what the different types of abuse are, like physical, financial abuse, neglect and what signs or symptoms to look out for such as bruises or if they [people] don't seem themselves or withdrawn". They said, "We go straight to a senior or a manager and they would take it further". This meant that staff had the knowledge and the skills they required to identify the potential risk of abuse and knew what action to take to keep people safe. Information we hold about the service showed that where a safeguarding concern had been raised, it had been reported and investigated appropriately by the relevant agencies. This showed us that the provider was aware of their roles and responsibilities to keep people safe and knew who to report concerns to, if they arose.

Staff we spoke with knew how to protect people from risks associated with their health conditions and were aware of what action they [staff] needed to take in an emergency. One member of staff told us, "If a person was having a seizure, I would assist them and make sure they were safe, but call an ambulance straight away and let management know". Another member of staff said, "We know people so well, we know when something is not quite right with them physically, so know when to call for a doctor or an ambulance even". During our inspection, we saw one member of staff supporting a person to mobilise. The deputy manager told us, "[Person's name] is at risk of falls, but he can walk short distances with our support; we walk alongside him and offer our arm for a bit of stability to reduce the risk of falls".

Records we looked at showed that people had risk assessments in their care files. These included moving and handling, medication and nutritional risks risk assessments as well as risk assessments that were specific to their physical and learning disabilities; for example, for epilepsy, body temperature regulation and choking. However, we found that although some of the risk assessments identified the risks, signs and symptoms they did not always detail what actions staff needed to take or how to respond if required. For example, we saw that one person was at risk of seizures. The risk assessment provided information on why this person was at risk of seizures and how staff could support them to reduce the risk of seizures, by for example, maintaining their medication regime. However, it did not provide details of what action staff should take in the event that a seizure was to occur. Nevertheless, staff we spoke with were aware of the identified risks to people and were knowledgeable about what action they needed to take in order to keep people safe; reducing the impact that this lack of information had on the safety of people.

People we spoke with were confident that staff knew how to support them in the event of an emergency

such as in the event of a fire. One person said, "Oh yes, they [staff] are always here and they check things [emergency systems] all the time; they are loud [fire alarms]". Records we looked at showed that regular checks of the fire detection equipment and response systems such as fire extinguishers and emergency lighting were completed to ensure they were working in the event of an emergency. Maintenance records also showed that other high risk facilities such as the gas boiler, were monitored regularly to promote people's safety; the provider had the appropriate safety certificates and service checks. We saw that people had personal emergency evacuation plans (PEEP) within their care records which informed staff of the level of support they required to evacuate the building in the event of an emergency. Staff we spoke with were familiar with peoples individual PEEP's and knew how to report incidents to enable them to formulate action plans to minimise the risk of such incidents reoccurring.

Everyone we spoke with told us that there was always enough staff available to meet people's needs. One person said, "Staff are always here; they stay at night too". Staff we spoke with told us that there was always at least one member of staff at the location at all times. One member of staff said, "Some homes like ours have a 'sleep-in' night staff, which means that the member of staff is asleep on site and only wakes if there is a need to. [people's names] prefer to know we are awake and [person's name] likes us to check on him, so our night staff stay awake throughout the night". None of the staff we spoke with raised any concerns about the staffing levels at the home. The deputy manager told us, "We are never short of staff; if someone calls in sick, we [management] cover because [people's names] have told us they don't like it when we use agency staff, so we don't". This ensured that people were supported by staff that knew them well.

We saw the provider had a recruitment policy in place and staff had been appropriately recruited via a formal interview, references, and a Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Staff we spoke with told us they had completed a range of pre-employment checks before working unsupervised. The deputy manager told us, "All the necessary checks are done before staff start work and they also shadow experienced staff initially, to make sure they know what they are doing and are safe before they work alone".

We were told that people living at the home required support to take their medication. One person said, "They help us with our medicines; they have to, it's their job!" We found that people were encouraged as far as reasonably possible to maintain their independence with their medicine administration and staff provided the level of support they required based on their individual needs. We saw medicines were stored appropriately in a locked cupboard in people's rooms and people had access to the keys if it was safe for them to do so. The provider had also ensured that people and staff had the information they required in order to promote safe medicine management including patient information leaflets for all of the medicines people were taking; these detailed what the medicine was for, how it should be stored and administered as well as possible side effects and what action should be taken if such side effects were to occur. Staff we spoke with told us that they had received sufficient training to ensure they had the knowledge and skills they required to support people with their medicines and were aware of the disposal policy for unwanted or refused medication. Processes were in place to identify missed medication early and there was a good rapport between the provider, GP and local pharmacy to ensure people received their medication as prescribed.

Good

Is the service effective?

Our findings

At our last inspection, we found that people were not always supported to have a varied or healthy diet, despite expressing their wishes to lose weight. We found that significant improvements in this area had been made since our last inspection. One person said, "The food is lovely. They [staff] are good cooks; I have healthy food because I am trying to lose weight. I am doing really well, I have lost loads already". The deputy manager told us that they had taken person responsibility for improving the food options within the home and had been working with the person to meet their goal to lose weight. We saw that there was no set menu and people chose what they wanted to eat from a large selection of recipes for healthy, home cooked meals. The deputy manager said, "We cook everything from scratch now; staff follow the recipes and they are all healthy ingredients that we use, it is so much better".

We found that people were supported to be as independent as possible in the kitchen and some people assisted staff with the preparation of meals, where possible. One member of staff told us that people were encouraged to prepare light snacks and drinks independently and they would then assist staff in the kitchen to prepare main meals if they wanted to.

We saw that nutritional assessments and care plans were in place for people. These detailed people's specific needs, preferences and risks in relation to their diet. We saw that where risks associated with peoples' diets or fluids had been identified, they were referred to the appropriate medical professionals for assessment. Staff we spoke with were aware of peoples individual needs in accordance with special dietary requirements, such as soft diets and were able to explain to us how these were catered for at meal times. One member of staff said, "We blend some foods to make it in to a soft diet".

People and staff we spoke with, observations we made and records we looked at showed us that the staff had the knowledge and skills they required to do their jobs safely and effectively. One person said, "They [staff] are all very good and very clever". One member of staff we spoke with said, "We do a lot of training, some of it is online and that is helpful, there is a lot of information online and we also have training days and meetings where we talk about any training updates; we will cover different topics as a refresher". The deputy manager told us, "All staff attend annual refresher training every year, which follows the care certificate standards". We saw that the provider kept a record of staff training and they received emails from the training provider to notify them when training was due. This meant that the provider knew when staff were due any refresher or additional training and ensured that this was facilitated.

We were told by staff and records showed us that the provider offered regular team meetings and supervision to staff and they felt supported in their jobs. One member of staff told us, "I feel very supported, any help or advice I need, I can always ask either [senior carer] or [deputy manager]; [registered manager's name] is around sometimes too, plus we have supervision every couple of months". Another member of staff said, "We [staff] have a lot of support, we have team meetings regularly, they are useful, we talk about anything new, any changes or updates we need to be aware of, reflect on the residents' [people] care… it's very good and an opportunity for us to raise anything".

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. It was evident from speaking with people, staff and from observations we made that the service was working in line with the requirements of the MCA 2005. One person said, "We do anything we want to, but staff will help us if we need them to". Another person told us, "I choose my own clothes, but staff help me". Staff we spoke with confirmed they had received training on the MCA (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. One member of staff told us, "We [staff] talk to people and ask them what they want or need us to help them with. If we are dealing with money for example, we ask them how much they want, count it out with them and then they sign to show their consent". Another member of staff said, "They [people] will usually just tell us what they want or need, but if I think they didn't understand me, I'll repeat myself but re-word it differently or show them things to give choices; we use pictures sometimes". We saw that people were supported to make everyday decisions such as where they wanted to go, what they wanted to do, what they wanted eat and what clothes they wanted to wear.

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment. They are also required to submit an application to a 'supervisory body' for the authority to deprivation of a person's of their liberty in order to keep them safe, for example. The deputy manager was able to articulate their understanding of DoLS and was aware of their responsibilities. They told us that no one living at Nevin House were subject to a DoLS because people had the mental capacity to make their own decisions and choices about their care.

We found that people had access to doctors and other health and social care professionals. One person told us "I can go to the Doctors on my own because it's only down the road, but the staff will go with me to the dentist and opticians". Records we looked at confirmed that people were supported to maintain good health and to attend any medical appointments they were sent, including an annual health check which has been developed specifically for people with a learning disability. We also saw that any health care concerns were followed up in a timely manner with referrals to the relevant services such as Speech and Language Therapy. One member of staff we spoke with said, "Sometimes they [people] will tell us if they don't feel well, but if they can't, we know them well enough to notice subtle changes; for example [person's name] will go quiet or can be more emotional, he has a cold at the moment, so I made an appointment with the GP and now he has antibiotics that we support him to take".

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the quality and standard of care they received at the home. One person smiled when we asked about the staff and told us that the staff were his 'friends'. Another person said, "They [staff] are all really nice, they are good to us, they look after us really well, I love them all".

During our inspection we observed staff interacting with people with warmth and compassion. Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. We saw that staff adapted their communication and interaction skills in accordance to the needs of individual people and records we looked at showed that people had access to information about their care in ways that would help them to understand. For example, we saw that discussions that had been held in specific meetings with people about the quality and standard of care that was being provided to them. We saw that the discussions had been presented in a pictorial format to help people understand what had been discussed and enabled them to contribute their thoughts on the matters arising.

During our inspection, we saw that staff offered choices to people in a way they would understand and in doing so promoted their independence. For example, we saw one member of staff asked a person if they still wanted to go to the day centre on the day of our inspection. The deputy manager said, "They [person] had decided last night that they wanted to go, but sometimes they change their minds, so we always check".

We saw people were treated with dignity and respect. People had their own single occupancy bedrooms and ensuite facilities. This meant that people had their own personal space that provided them with some privacy if they wanted to spend time alone. One person said, "I have a wireless [radio] in my bedroom; I like to listen to my music on my own sometimes". Staff we spoke with and records we looked at confirmed that people were supported to maintain their independence with their personal care as much as possible, but staff provided assistance where required, whilst promoting dignity and respect at all times. One member of staff said, "[person] will tell us when he needs the toilet so that we can walk with him to the bathroom because he can be unsteady on his feet, but once he is in there, we make sure he is ok and then shut the door behind him to give him some privacy. He will let us know when he has finished so we can help him back to where he wants to go". We also found that people were encouraged to maintain their independence in other ways too. For example, one person we spoke with told us that they liked to help out around the home and often tidied around and vacuumed. We also saw that the laundry facilities were arranged to promote people's independence in this area too. For example, we saw washing baskets had been colour coded and pictures had been put on the cupboards to support people to identify what items of clothing could be washed together or needed to be washed separately. A staff member we spoke with said, "We want to encourage people to do as much as they can for themselves, so we only do what they need us to".

We saw that people were supported to express their individuality and staff were aware of how they could promote equality and diversity within the home. We saw people were dressed in individual styles and that people were wearing clothes that reflected their age, gender and personal taste. We also saw that people's bedrooms had been decorated to their preference and reflected their interests. For example, one person

told us they liked football and we saw they had memorabilia of their favourite football club in their bedroom with a matching duvet cover that they had chosen themselves.

Good

Is the service responsive?

Our findings

We found that people received personalised care that met their individual needs because they were involved in the planning of their care. This ensured that people received the care they needed in the way they wanted it. One person said, "I have lived here a long time, I know everyone well and they know me".

We saw that staff had spoken to people about what they wanted and needed from their care and what they liked and disliked. For example, in one person's care plan we saw that they liked to spend time using their laptop and staff we spoke with confirmed this. They told us that this information was regularly reviewed and updated with people to reflect changing interests and hobbies, likes and dislikes. We saw that people and those who were important to them were supported to be involved in these reviews. Staff we spoke with told us how important it was to get to know people and the things they liked and disliked to ensure they were providing 'person-centred care'. One member of staff said, "We [staff] get to know people well by talking and spending time with them, we do different things to see if they have any new interests and we update their care records so that it has the most up to date information". We found that staff were knowledgeable about people's care needs as well as their life histories, hobbies, interests and preferred daily routines.

On the day of our inspection we saw that one person was celebrating their birthday. They told us that staff had arranged a 'surprise meal out' and they were looking forward to visiting a local restaurant and spending their birthday with 'family and friends'. They explained to us that this included the staff and the other person living at the home because they were all their 'friends'. Both of the people we spoke with and records we looked at showed that people had opportunities to engage in activities that they enjoyed, which included attending a day centre which was also run by the provider. One person said, "I like going there [day centre], I have lots of friends there and we do fun things; but I don't always go… I like to go to the pub and shopping sometimes too". We found that people were involved in planning their own activities and were supported to maintain meaningful lifestyles, this included going on regular holidays. People we spoke with told us that they often discussed with staff where and when they would like to go on holiday and staff would arrange this for them. One person said, "We have been to lots of places, I really enjoyed going to Jamaica and we went to a caravan at Christmas time which was good… we are planning to go somewhere else in the summer".

People and staff we spoke with and records we looked at showed that the provider often asked for feedback on the quality of the service and everyone was given the opportunity to suggest improvements. One person said, "They talk to us about what is going on and make sure we are happy". Staff we spoke with told us, "We have staff meetings where we can offer any suggestions for improvements and we also have participation meetings with [people] so they get to tell us if they want anything changed or if they have any issues".

People we spoke with were aware of what they needed to do if they were unhappy about any aspect of their care. One person said, "I would tell the staff, but I am happy". The deputy manager told us and records we looked at showed that there were no outstanding complaints within the service. We saw that a complaints policy and procedure was in place which was accessible to people living at the home and to those that were important to them, as well as to anyone else visiting or in contact with the service.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found that systems and processes in place to managing information and to monitor the quality of the service were not always effective. We found that some improvements had been made but further improvements in these areas were still required.

We continued to find shortfalls in the management of records. Information we asked for had not always been recorded to demonstrate the actions taken (for example, actions taken from matters arising at team meetings) or to support the monitoring of the service, such as maintaining an up to date and complete training matrix. We also found that some information was unavailable at the time of our inspection because it had been prematurely archived. We saw records continued to lack sufficient detail to ensure that staff had all of the information they needed. For example, risk assessments lacked detail about the actions staff needed to take in the event of an identified risk occurring such as a seizure. The provider's quality monitoring systems and processes had failed to identify these shortfalls. The deputy manager and the registered manager acknowledged this feedback and assured us that improvements would be made.

During our inspection, we saw that there was a clear leadership structure within the service which had developed and sustained a positive, person-centred culture within the home. This included a registered manager, a deputy manager, senior care staff and support workers. The service also offered learning and development opportunities to apprentices who were interested in pursuing a career in the care industry. Staff we spoke with spoke highly of the registered manager and told us they were dedicated and committed to providing a high quality service. They also reported to feel supported by the deputy manager on a day to day basis and in the absence of the registered manager. One member of staff said, "It's a really nice place to work, relaxed but professional; there is always someone available to help you, we all work together". We were also told how people were encouraged to develop and progress in to senior positions throughout the organisation. One member of staff told us, "We are supported to progress; I started as an apprentice and now I am a senior carer; they acknowledge good work as well as areas for development; it's nice".

Information we hold about the service showed us that the provider was meeting the registration requirements of CQC. The provider had ensured that information that they were legally obliged to tell us had been passed to us.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they were actively encouraged to raise any concerns. They told us that they felt comfortable raising concerns with their manager and would contact external agencies if they needed to. One member of staff told us, "We have a whistle-blowing policy, but it is very open and honest here anyway, I would feel comfortable speaking with [registered manager's name] directly, but I know who to call if I need to". Information we hold about the service showed that a whistle-blowing concern had been raised with us prior to our inspection, but the concerns raised had not been substantiated during our inspection.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the

care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the registered manager had been open and honest in their approach to the inspection, co-operated throughout and acknowledged the identified areas for development. For example, the registered manager acknowledged that some information that should have been available at the time of our inspection had been archived prematurely and they assured us that this would be taken as a learning point and shared with the deputy manager to ensure that this does not reoccur in the future.