

Neville Health Care Limited

Neville Court

Inspection report

Neville Avenue
Kendray
Barnsley
South Yorkshire
S70 3HF

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

Neville Court is a purpose built nursing home for 20 people with complex physical, mental health and or behavioural needs. People are supported in two units, each for 10 people. At the time of the inspection there were 20 people using the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were safe as there were robust management procedures in place and these were used by staff who knew how to report any concerns promptly. Risks were managed based on personal preference and were focused on promoting positive risk taking as far as possible.

Staffing levels ensured people had choices and options throughout the day. Staff were competent and were skilled in managing people, ensuring their independence was promoted wherever possible.

People were able to eat and drink as they chose and were supported where necessary.

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.

The environment was comfortable and based on people's own choices of décor and furnishings.

Staff demonstrated kindness and compassion in all interactions with people, and were able to use their skills well in managing more complex behavioural needs. People's privacy and dignity was promoted.

People had access to the wider community as well as the local one, and staff worked as a team to ensure people could get involved in whatever they chose.

Care records were person-centred and covered all aspects of a person's support needs, showing a holistic approach.

The home was managed by a competent and experienced manager who had a clear vision and focus which was embedded in the home. Staff felt well supported and we received much positive feedback about the home from relatives.

The registered manager was driven by the need to constantly reflect and ensure the best possible outcomes for people in the home and the quality assurance processes ensured this was evidenced.

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 remains 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 Court

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.

The inspection was comprehensive, took place on 21 November 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. 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 the inspection we requested a Provider Information Return (PIR) which was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with nine people using the service and one of their relatives. In addition, we spoke with six staff including two care workers, two nurses, the activity co-ordinator and the registered manager.

We looked at four care records including risk assessments, three staff records including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

One person told us, "I feel safe here, the staff are nice to me." Another person said, "Good heavens, yes, I feel safe here. Staff are pretty good. You can't expect them all to be the same. They try to give everyone what they want." A further person said, "I do feel safe here and staff are nice."

Staff we spoke with confirmed they had received safeguarding training and were aware of the reporting procedures. Records showed where safeguarding incidents had occurred immediate action had been taken to protect people. Where there was any learning from an incident this was shared with staff promptly to minimise the likelihood of repeat occurrences.

We found medicines were stored safely and securely. One person told us, "I always get my medication at the same times." We looked at a sample of medicine administration records (MARs) and found they were well completed with no gaps. We saw daily checks of the stock balance of boxed medicines were recorded. Where people were prescribed 'as required' medicines there were protocols in place to show when these medicines should be given. Separate MARs were in place for topical medicines such as creams and ointments and included body maps which showed where to apply. We saw one person had their medicines covertly and there was clear guidance from the pharmacist to show how each tablet should be administered.

Our observations, discussions with staff and review of people's care records showed risks were well managed. We saw risk assessments relating to areas such as nutrition, pressure area care, falls, behaviour management and mobility. These showed how risks were mitigated to keep people safe. For example, one person's risk assessment identified they were at risk of choking. The risk management plan gave very detailed information about the type of diet and support they required. Accidents and incidents were logged in detail and reflected upon to ensure all that could have been done to mitigate the risk had been.

We saw Personal Emergency Evacuation Plans (PEEPs) had been completed and were in people's care plans. All equipment in use in the home was checked in line with regulations and also regular internal checks ensured its continued safety. The home conducted regular fire drills.

Requests for assistance were answered promptly. Staffing levels were agreed based on people's assessed needs and adjusted for any additional dependencies. We looked at staff recruitment records and found appropriate checks had taken place.

We saw effective use of infection control measures.

Is the service effective?

Our findings

People told us they liked the food, they had a choice and plenty to eat. One person said, "Yes, the food is okay, there's always enough and I can pick what I want." Another person told us, "On a good day, the food is brilliant. I like curry and rice and get a good portion. I also get a choice of something else if it's something that I don't like. Sometimes the food is superb. We seem to have a very good cook."

We observed people who needed additional assistance with eating and drinking received this from dedicated and attentive staff. People were regularly asked if they needed anything else and if the food was okay and the menu was fully displayed.

People spoke positively of the staff. One person said, "It is alright here actually. The staff are all pretty good." Another person told us, "The staff seem to know what they are doing." We observed different incidences of behaviour which may have challenged others but each event was dealt with skilfully and discreetly, minimising the likelihood of escalation and harm.

Staff said core and more specialist training was good, in-depth and kept up to date. All said they had regular supervision and appraisal. We saw evidence of supervision and training records to verify this.

Staff actively promoted people's choice. One care worker said, "We try not to leave anyone sat in their rooms once they are up, unless of course they want to." We saw consent forms in people's care records which related to all aspects of their care and treatment. Where people lacked capacity to consent to specific decisions we saw mental capacity assessments and best interest decisions had been completed.

We observed staff worked well together as a team supporting each other to make sure the support they provided met the person's individual needs.

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. Care plans advised staff to provide clear and accurate information prior to any intervention or decision in order to encourage people to make decisions as far as possible. Staff were encouraged to take their time in trying to gain consent and we observed this in practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found DoLS applications had been made as required and conditions attached to any authorised DoLS were being met.

The care records showed people had input from different healthcare professionals such as GPs, the tissue

viability nurse, the dietician, chiropodists and dentists.

People's rooms were designed and decorated based on their choices and preferences. The premises were fully accessible and people were able to go outside with support whenever they wished. Each unit has been designed with people's needs in mind ensuring smaller rooms were available for people who needed quieter environments and larger rooms where people had more complex equipment to accommodate.

Is the service caring?

Our findings

One person told us, "The staff are very kind" and another said, "I get on with the staff; they look after me and they treat me with respect." A further person said, "The staff do know me and they listen when I want to talk. They sit and watch TV with us if they aren't too busy. They always knock before coming into my room."

Staff were always polite and courteous, and our discussions showed staff knew people well. Staff supported people with personal care tasks as often as needed and were sensitive in their approach, showing a high level of regard and awareness of people's specific needs. We saw staff were skilled in picking up on subtle changes in people's moods or behaviour and responded promptly and calmly to make sure the individual and others were safe.

The home had a "You Said, We Did" display board. This included photographs of activities undertaken and a description as to how this had been decided. One person we saw liked soul music which occurred every Friday in a local pub. The activities co-ordinator said, "I arrange my shifts so that I can take them. If I am on say 3 -10pm, I will change it to 4-11pm so that they don't miss out on their night out." This showed staff were placing people's needs over and above their own.

People looked clean and comfortably dressed and clearly had the support from staff they needed to maintain their personal appearance. People's care records showed what was important to them and how they liked their support to be provided. We saw detailed life histories which identified important relationships as well as interests and hobbies. We saw people were supported to keep in touch with family and friends.

When people were initially considering moving into Neville Court they were encouraged to have some transitional visits and the registered manager stressed these would happen as often as needed for that specific individual. We saw this in one person's file and saw evidence as to how the move was part of this person's goals towards independence. This enabled staff to build relationships in a gradual manner and to alleviate any possible anxieties.

We saw people's privacy and dignity was maintained and staff treated people with respect. People had their own keys to their rooms. The registered manager explained how the service was evolving to non-uniform for staff when supporting people in the community to better promote integration as this had been requested by people in the home.

The registered manager had a good understanding of the requirements of the Equality Act 2010 and explained people's specific needs were all obtained during the pre-admission assessment. They spoke with us about a particular situation which showed this had been dealt with sensitively and empathetically.

Is the service responsive?

Our findings

People told us about many outings they had been on. One person said, "I've been out today, for a walk and up into the town." Another person told us, "I went to Cadburys Chocolate Factory in Birmingham recently. I've also been to the Lake District on an Adventure Weekend. We did canoeing, swimming, paragliding and also a zip wire. I enjoyed it a lot." A further person told us, "I don't get out much. Then again, I don't need much. We do have a van that takes us places." Weekly activity programmes were displayed in each unit which included events such as trips to Meadowhall, local walks, quizzes, games and films.

We observed staff supporting people to play bingo and it was a happy, vibrant atmosphere. People were encouraged to join in and staff spoke with us about how such engagement helped lessen anxious behaviours. One care worker said, "When they feel involved, they really seem to enjoy themselves."

The registered manager described how they were supporting one person to be able to fulfil their dream of going to a chosen holiday destination which would mean a long haul flight. As the person had never flown before they had arranged a trip with the person which included a short flight.

Information regarding extra support and forthcoming activities was easily available on noticeboards, and menus were pictorial and in larger print to aid understanding.

Care plans we reviewed provided very detailed and person-centred information about the support people required from staff and how they liked this to be provided. Each record had a specific care plan outlining 'what is normal for me' and then had detailed guidance for staff to follow in order to meet these needs safely and in line with the person's wishes. We saw people had been involved in the care planning process and reviews of their care.

The reception area contained a copy of the complaints procedure, the previous inspection report and service user guide. We looked at complaints and found all had been responded to appropriately and in a timely manner.

Is the service well-led?

Our findings

One person told us, "I like living here and I get on well with the staff." Another person who had limited verbal communication ability was supported by staff to say they enjoyed living at Neville Court and always had enough to do. One relative was highly complimentary saying, "This home has made such a difference to [name's] life. Every time we visit it's the same so we know it's not a show for our benefit. Staff are so caring and genuine. I can't thank them enough. It's excellent and my relative has 'come alive'."

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 knew who the key staff were including the registered manager. One person told us, "Yes, I can talk to the manager, they are nice." Another person echoed this view, "I know the staff and manager. It's alright here." A further person said, "I do know the manager and they are easy to talk to."

Staff echoed these comments and said the registered manager was approachable and listened to any suggestions they had to make. They thought the home was well run. All said they loved their jobs and would recommend Neville Court as a place to work or if a person needed care. One care worker said, "People get really good care. We fulfil their lives, make them the best we can." The registered manager, in turn, stated how supported they felt in their role by the staff team and their managers.

We saw minutes of regular meetings between people living in the home. Topics focused on activities and how to promote dignity. We saw samples of fabric had been brought in during June 2017 so people could choose which fabric they preferred for the lounge furniture. There was also evidence of frequent staff meetings where a wide range of topics were discussed including any changes to policy and procedure.

The registered manager explained the vision for the home was to "provide care which the service user would not normally manage for themselves. This would be through community participation and undertaking of activities to promote independence." They stressed they focused on improving people's quality of life so people with more complex behavioural needs could live with the minimum of restrictions. We saw the annual satisfaction survey from 2016 which had comments and views from people in the service, relatives and outside agencies. Scores for all aspects of care delivery were mostly 100%.

There was a robust quality assurance system in place which included a complete home audit every six months and then monthly audits of areas such as care plans, mealtime experiences, medication and safeguarding. Audits showed a continually improving trend.

The registered manager said innovation was encouraged in a variety of ways; through being open with staff and encouraging them to share their ideas as they often had solutions just from 'working on the shop floor', brainstorming sessions were held where there were particular people issues and staff were empowered to

share their knowledge and practical experience.