

Neath Hill Care Centre Limited

# Neath Hill Care Centre

## Inspection report

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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

Neath House Care Centre provides personal care and accommodation for up to 47 older people living with dementia. At the last inspection, the service was rated Good. At this inspection we found the service remained good.

People felt safe living at the service and staff were knowledgeable about the safeguarding and whistleblowing procedures that were in place to protect people from harm. Risk assessments were in place to promote people's safety, which were regularly reviewed. The service's recruitment process ensured that sufficient and suitable staff were employed to care for people safely. Systems were in place to ensure medicines were managed safely.

Staff were provided with suitable support and training to care for people appropriately. People's consent was gained before assisting them with care and support. A variety of food choices and snacks were available to ensure people received a balanced diet. People were supported to maintain good health and had access to healthcare facilities.

Positive and caring relationships had been developed with people using the service and staff. People were made to feel that they mattered. People were supported to worship according to their faith. Meetings were held regularly to enable people to make decisions about their care and support needs. People's privacy and dignity was promoted. People were addressed by their preferred names and given the option to spend time alone in private or socialise within the communal areas. Relatives were able to visit without being unnecessarily restricted.

Assessments of needs were undertaken on admission to the service. The care provided was personalised and reflected people's individuality. People were supported to follow their interests and hobbies. A varied activity programme was in place, which enabled people to participate in activities if they wished to avoid social isolation. Complaints were managed appropriately in line with the provider's own complaints policy.

The culture at the service was positive and inclusive. People using the service, relatives and staff had confidence in the registered manager. Established quality assurance systems were in place and used to drive continuous improvement.

## 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 safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains outstanding.

# Neath Hill Care Centre

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 18 January 2017 it was unannounced and carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). 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 the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in December 2014.

During the inspection we used the Short Observational Framework for Inspection tool (SOFI). The SOFI observation tool helps us to capture the experiences of people using services with dementia. It helps us to make judgements as to how people living with dementia are respected and involved in their care and treatment. This supported our inspection as some of the people living at Neath Hill Care Centre could not communicate with us. We also observed the interactions between staff and the people using the service.

We spoke with 16 people who used the service, five relatives, three care workers, one team leader and one senior carer. We also spoke with the chef, one domestic, the housekeeper, three healthcare professionals, the registered manager, deputy manager and a relief project manager.

We reviewed three people's care records, six medication records, three staff files, and records relating to the management of the service, including quality audits.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, "The staff look after us so well, they make me feel safe." Another person said, "I don't want to be on my own, I feel safe here." Staff told us that they had been provided with regular safeguarding training. They were prepared to report any witnessed or suspected abuse and knew about the reporting procedures including the reporting of whistleblowing concerns. One staff member said, "If I ever witnessed any form of abuse, I would report it straight to [Name of registered manager], I know she would report it to the authorities." We saw evidence that the registered manager submitted safeguarding alerts in line with the local safeguarding procedure to be investigated. Any recommendations made had been acted on and discussed with staff to minimise the risk of recurrence.

Individualised risk management plans were in place to promote people's safety and to maintain their independence. Staff and the registered manager told us that where people were identified at risk, management plans and assessments relating to the risks had been put in place to promote their safety. Appropriate equipment such as hoists, pressure cushions and mattresses were obtained to promote people's safety if required. We saw evidence the risk assessments were reviewed monthly or sooner if there was any change to people's conditions.

People and their relatives told us that there were sufficient numbers of suitable staff employed to meet their needs. One relative said, "The staff do their best to keep people safe. They can't be there for everyone 24/7, as they have other people to look after in their rooms." Staff told us that the staffing numbers were adequate. The registered manager told us that there were always nine care staff on duty and this number was sufficient to ensure that people were cared for appropriately. She said, "I always make sure there are nine staff on shift to support the residents." She told us that there were times when agency staff were used to support people living at the service. In such instances they always used the same staff, to ensure care was consistent. We saw the staff rota reflected the agreed staff numbers, we also observed when care staff were not within the lounge areas, other staff such as, the activity person and housekeeping staff were available to seek assistance if needed.

The recruitment systems were robust to ensure the right staff were employed to keep people safe. Staff told us they had undergone full pre-employment checks, and references had been obtained before taking up employment at the service. The registered manager told us, "Staff do not take up employment until the Disclosure and Barring Service (DBS) and reference checks are completed." We found the staff files contained the necessary documentation to demonstrate safe recruitment practices were followed.

People's medicines were managed safely. People told us that they received their medicines safely and at the prescribed times. One person said, "I am more than happy for the staff to look after my medicines." Staff told us that they had been provided with medicine training and their competency was regularly assessed. Training records seen confirmed this. The registered manager told us that she had reviewed the service's medicine storage system and people's medicines were now stored in storage cupboards in their bedrooms. This ensured that people's medicines were administered in a personalised manner. We checked people's medicine administration records (MARS) and found that they had been fully completed.

# Is the service effective?

## Our findings

People received care from staff who knew them well and had the knowledge and skills to carry out their responsibilities. One person said, "The staff know what I like, they know me very well." A relative said, "The staff know the care that people need, my [Name of person] has periods when they get very anxious and disorientated, the staff know how to respond to ease their anxiety, they are very patient."

Staff received appropriate support and training to enable them to carry out their roles. One staff member said, "I recently did the virtual dementia tour training, it was really good, it helped you understand the difficulties people living with dementia have in understanding the world around them." Another staff member said, "I enjoyed attending a dementia workshop, an actor played the role of a person living with dementia. The aim was to develop communication skills, to understand why people sometimes display anger and aggression, and how to empathise and provide reassurance."

Staff confirmed they received regular supervision and felt supported by the registered manager and the senior team. One staff member said, "I feel very supported in my job, the manager has an open door you can speak to her or any of the senior team, if you have any problems." The training and supervision records evidenced that staff were provided with regular training and one to one support to enable them to perform their duties effectively.

People who lack mental capacity to consent to their care or treatment can only be deprived of their liberty when it is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw where required best interests' decisions had been made and DoLS applications had been applied for people that lacked capacity.

People's consent was gained before being provided with care and support. One relative said, "I visit most days, the staff always ask [Name of person] for permission before assisting them." Staff also confirmed that people's consent was gained before providing their care and support. One staff member said, "I am very aware not to assume anything, I always ask people for their consent before providing them with any support." We saw evidence that people or their relatives had signed written agreements as to how they wanted to be supported.

People were supported to eat and drink and to maintain a balanced diet. One person said, "The meals are very nice." One relative said, "The meals look very nice, like good home cooked food." The chef told us they sought feedback from people on what they would like to have on the menu and a 'resident of the day' system was operated. This ensured each person could discuss their food preferences with the chef. We saw that dietary needs and allergies were recorded and people had a choice of meals, drinks and snacks throughout the day.

People were supported to maintain good health and to access healthcare facilities. The registered manager told us that the GP visited the service on a weekly basis or as and when needed. Healthcare professionals spoken with during the inspection confirmed the staff acted promptly to seek specialist support and

treatment when needed. We saw evidence that people had yearly health checks and six-monthly medication reviews.

# Is the service caring?

## Our findings

Positive and caring relationships had been developed with people who used the service and staff. One person said, "They [staff] are lovely, we get on very well." Another person said, "I am able to make my own choices I get up and go to bed whenever I like." One relative said, "[Name of person] has settled in very well. I think it's because the staff don't make anybody do anything. They don't want to do. There is a relaxed homely feel here." Similar positive comments were made by other relatives we spoke with.

Staff told us that people's needs in respect of their age, disability, gender and religious beliefs were promoted and met in a caring way. For example, people's religious beliefs were recorded in their care plan and the local vicar visited the service weekly. This enabled people to worship according to their faith.

People were made to feel that they mattered. We heard staff explain to people what they were doing when providing care and support. People looked at ease in the company of staff and with each other. People's preferences and personal histories were recorded and known by all staff.

Staff showed concern for people's wellbeing in a caring and meaningful way and responded to their needs quickly. One staff member said, "We have lots of people living here with a diagnosis of dementia. The dementia training helps us to understand the difficulties people have when coping with every day things we take for granted." We observed a situation when a person became angry towards a member of staff. The staff member listened to the person allowing them to express their feelings. They displayed an ability to interpret the person's feelings and emotional state in a non-judgemental way.

Staff and the registered manager told us that people were involved in making decisions about their care and support needs. We saw that residents' meetings took place regularly and feedback from people influenced change. For example, adjustments had been made to the food menu and bird tables had been purchased for the garden.

People were provided with information and explanations they needed as and when they were required. The registered manager told us that no one was using the services of an advocate. We saw leaflets on advocacy service were displayed in the service should people wish to use an advocate.

Staff told us that people's privacy and dignity was respected and promoted. Throughout the inspection we observed staff addressed people by their preferred names. Bedrooms were single occupancy and the communal areas had a variety of sensory objects available for people to engage with.

Relatives were able to visit without being unnecessarily restricted. One relative said, "I feel I am welcome to visit at any time, but if it is going to coincide with a meal time I tend to arrive towards the end of the meal rather than at the beginning. I think it's because the staff are busy helping people with their meals and it's probably best they are not interrupted." Staff and the registered manager told us that some relatives visited specifically at mealtimes to assist their loved ones with eating and drinking and our observations confirmed this.

## Is the service responsive?

### Our findings

People received personalised care that met their needs. One relative said, "The manager came to see [Name of person] before she moved into the home to discuss her needs so they would be able to provide the right care for her." The registered manager confirmed that prior to a person being admitted to the service an assessment of their needs was undertaken. Records also confirmed that people's needs were assessed.

People and their relatives were provided with information on the service's mission statement and ethos. One relative said, "I was given lots of information about the home, but the staff are so helpful, if I have any questions, I only have to ask." Staff took on the role of a key worker to people using the service. One staff member said, "We are all keyworkers to individual residents, but we also work as a team.

People were supported to follow their hobbies and interests. One person said, "The activities here are very good, there is always something going on." One relative said, "I regularly see lots of activities taking place and people coming in to entertain the residents. [Name of person] is never bored; she particularly likes the armchair exercise." The activity person said, "I spend time with people on a one to one level, doing hand massage." We saw that the service had a varied activity programme, which enabled people to participate if they wished. On the day of the inspection an entertainer visited the service and sang to people which they enjoyed. We observed people who were cared for in bed had been given one to one time.

A complaints procedure was in place and people were aware of how to make a complaint. One person said, "I know how to make a complaint but I have never had the need to make one. I am confident if I did raise one it would be addressed." Other people using the service and relatives made similar comments. The registered manager told us that within the last 12 months six complaints had been made about the service. We saw that they had been managed under the provider's complaints procedure. As a result the service had learnt from the complaints made and had put measures in place to reduce the risk of recurrence.

# Is the service well-led?

## Our findings

The service had a registered manager. '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.'

There was a positive, open and inclusive culture at the service. People and their relatives were confident that the service was well-managed. One relative said, "This home is marvellous, everybody knows what they are doing. The manager seems to know everything." Another relative said, "I would definitely recommend this home." Throughout the inspection the feedback we received from relatives about the culture at the service was consistently positive. One relative said, "As soon as we walked in, we knew this was a good home where people genuinely come first." Throughout the inspection we observed people using the service, relatives and staff approaching the registered manager for advice and reassurance and this was given in a professional manner.

The registered manager and staff told us that staff meetings were held bi-monthly. They also told us that meetings were used to discuss practice issues and to review the day-to-day culture in the service and the quality of the care provision. One staff member said, "The manager makes us aware of outcomes from safeguarding investigations and if there are any lessons to be learnt an action plan is put in place, which is kept under review. We saw minutes from staff meetings, which demonstrated staff recruitment, safeguarding, the safe use of equipment and team working were discussed. It was evident that the registered manager had open communication with staff to continually monitor and improve standards at the service.

There was good management and leadership demonstrated at the service. One staff member said, "The manager provides hands on care and leads by example." Another staff said, "She is very supportive and is always happy to support us in our professional and personal development." We saw evidence that 50% of the staff team had achieved a Health and Social Care qualification at level 2 or 3. We saw the service was involved in some best practice schemes. For example, a resident of the day initiative and the service was working towards completing the Gold Standard Framework (GSF) accreditation. This would ensure staff followed best practice when providing end of life care.

Established quality assurance systems were in place. Monthly audits took place on medicines, health and safety, infection control, care plans and risk assessments. People using the service were given the opportunity to comment on the service delivery by completing questionnaires. Any areas identified as requiring improvement were addressed in the form of an action plan and kept under regular review.