Care Quality Commission

Neville Health Care Limited

Neville Court

Inspection report

Neville Avenue, Kendray,
Barnsley, S70 3HF
Tel: 01226 737470

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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

Overall summary

We carried out this inspection on 22 June 2015 and it was an unannounced inspection. This meant the provider did not know we were going to carry out the inspection. The last full inspection at Neville Court was in June 2014 and we found the home to be fully compliant with the regulations inspected at that time.

Neville Court is a purpose built nursing home for up to 20 young people, cared for on two separate units, each for ten people with complex physical, mental health and or behavioural needs. On the day of our inspection, there were 20 people living at the home.

It is a condition of registration with the Care Quality Commission that the home has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The registered manager was present on the day of our inspection.

People and their relatives told us they felt the service was safe, effective, caring, responsive and well led. Comments included; "I'm really safe [at the home] and I'm not worried in the slightest", "[The service] asks what I want to do and see to it that I can", "[Staff] are lovely, nothing is

Summary of findings

too much trouble. I feel like they're my family" and "I always say if there's something I want different. There's no point in keeping it to yourself. When I make any suggestions, [staff and the registered manager] take it on board."

People were protected from abuse and the service followed adequate and effective safeguarding procedures. Care records were personalised and contained relevant information for staff to provide person-centred care and support.

Staff were well supported, received regular supervisions and were given regular training updates. There were additional non-statutory training course available that staff could sign up for if they wished. There were details of training courses and sign-up sheets in the staff room.

We found good practice in relation to decision making processes at the service, in line with the Mental Capacity code of practice, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

There were good, regular quality-monitoring systems carried out at the service. We saw that, where issues had been identified, the manager and regional manager had taken (or were taking) steps to address and resolve them. Some audits and checks had not been signed off when completed. The registered manager said they would ensure all audits and checks were clearly signed and dated in future.

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 were protected from bullying, harassment, avoidable harm and abuse through relevant and appropriate risk assessments being carried out and reviewed by staff and the registered manager. This ensured that people had their freedom supported and respected.

There were sufficient numbers of suitably qualified staff on duty on each shift at the home, including two nurses, who were able to administer medicines to people safely and appropriately.

Good

Is the service effective?
The service was effective.

People received care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

Consent was sought from people before any care or support was provided and the home worked to the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards guidelines.

People were supported to maintain good health through having sufficient to eat, drink and maintain a well-balanced diet and having access to relevant healthcare professionals, where required.

Good

Is the service caring?
The service was caring.

Staff had developed positive, caring relationships with people who lived at the home and supported people to express their views so they were involved in making decisions about their care and support.

People had their privacy and dignity respected by staff at all times throughout the day.

Good

Is the service responsive?
The service was responsive.

People's care was personalised and responsive to their needs. Care plans had been written with the involvement of people and their families. This included information regarding the person's likes and dislikes, preferences and activities.

Complaints and concerns were encouraged, explored and responded to.

People felt able to complain to staff or the registered manager and felt confident these concerns would be dealt with. Complaints were used by the home as a learning opportunity and changes were made in the home in response to complaints, where appropriate.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The service promoted a positive, person-centred, open, transparent, inclusive and empowering culture. There was emphasis on support, fairness and transparency from staff and the registered manager. The registered manager observed staff practice and ensured they were available for staff, people who lived at the home or relatives to speak with them.

There was good management and leadership at the home. Regular audits and checks were carried out, robust records were kept and good data management systems were in place.

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 checked whether the provider was 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 22 June 2015 and was unannounced. This meant the provider did not know we were going to carry out an inspection on the day. The inspection was carried out by one adult social care inspector and two expert-by-experience's (ExE's). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts had experience with people with learning disabilities.

Prior to our inspection, we spoke with two stakeholders, including the local authority joint commissioning unit. Both stakeholders we spoke with told us they had no current concerns about Neville Court. We also checked any previous notifications or concerns we had received about the service, so that we could check they had been dealt with appropriately.

During our inspection, we spoke with the registered manager, ten staff members, five people who lived at the home and the relative of one person who lived at the home.

We looked at documents kept by the home including the care records of four people who lived at the home and the personnel records of six staff members. We also looked at records relating to the management and monitoring of the home.

Good

Is the service safe?

Our findings

People we spoke with who lived at the home told us they felt safe and able to speak with staff if they had any concerns. Comments included; "I have no concerns. I feel really safe here", "I feel very safe. I've had no problems with other [people who lived at the home]", "I feel safe. All the staff know me and what I'm like. [Staff] look after me well" and "We [people who lived at the home] know about abuse. We are given information and there's lots [of information] on the notice boards."

We asked people if they felt there were enough staff on shift at the home. Everyone we spoke with, including a relative, told us they felt staffing levels were sufficient. People who lived at the home told us; "There are always enough staff on duty" and "I don't have to wait long for any attention if I need it. There are enough staff to see to [people who lived at the home]."

People told us they received their medicines when they were supposed to. Comments made included; "I am always given my medicines on time" and "[Staff] give me my medicines when I should have them. They're ever so nice and always make sure I have a drink to swallow my tablets."

Care records we looked at demonstrated people were protected from abuse and avoidable harm. In each care record, there were risk assessments and care plans, which were reviewed on a monthly basis, demonstrating how to keep the person safe. These had been carried out with the involvement of relevant professionals and, where appropriate, the person who lived at the home and their relatives. Risk assessments and care plans covered many areas to protect people from discrimination including age, disability, gender, race, religion and belief. For example, in one care record we looked at, we read; "I have always had Christian beliefs but have never attended church." This demonstrated that people's views and beliefs were sought and recorded to ensure there was no direct or indirect discrimination.

We spoke with staff at the home, who were able to describe different types of abuse, the signs to look out for and how to report and concerns both within the organisation and externally. One staff member told us; "[People who lived at the home] are really safe and well cared for. [Staff] have had lots of training in safeguarding so we know what to look out for and what abuse is." Staff we spoke with confirmed that restraint was not used at the home, but that they adopted Non-Abusive Psychological and Physical Intervention (NAPPI). One person we spoke with told us they did not like it when staff left the room when they "kicked off". The staff member supporting this person explained this was done in line with their NAPPI procedure, and the person who used the service confirmed they already understood that this was the case and that it had been previously explained to and agreed with them. Staff and the registered manager confirmed all staff were NAPPI trained. This meant the home had arrangements were in place to ensure people were not inappropriately restrained.

Staff handover's took place at the beginning of each shift so staff on the next shift were aware of any issues or concerns that had arisen. We also found daily records were adequately completed and contained relevant information. This meant there were formal and informal ways of information sharing between staff and other professionals.

We looked at the safeguarding log kept at the home and saw that all safeguarding concerns were addressed and fully investigated. We also saw that the home made appropriate safeguarding referrals, when required and the local authority safeguarding team confirmed this. We saw safeguarding investigations had been conducted with the involvement of relevant individuals, including other healthcare professionals and outcomes to investigations were reached, with appropriate and proportionate action being taken. This meant risks to individuals and safeguarding concerns were managed well.

Accidents and incidents at the home were recorded on 'incidents, accidents and aggression' forms. These forms were completed well with information about what happened before, during and after the incident, the outcome, any further action, a conclusion and details of anyone who should be notified i.e. Care Quality Commission, local authority or police. Each incident was rated on the investigation level required i.e. by the registered manager or health and safety manager, and a level of risk, stating the likelihood of the incident occurring again and the level of consequence. This demonstrated the home had arrangements in place to continually review concerns, accidents and incidents in order to identify themes and take necessary action.

We checked staffing rota's at the home and carried out observations throughout the day to assess whether staffing levels were adequate. We found there were enough staff

Good

Is the service safe?

members on each shift with the right mix of skills, competencies, qualifications, knowledge and experience, which included a nurse on each of the two units at the home. Staffing levels were regularly assessed according to the needs of people who lived at the home. On the day of our inspection, staffing levels throughout the home consisted of two qualified nurses, 16 care assistants, one activities co-ordinator, three domestic members of staff, a cook, a kitchen assistant, a maintenance person, an administrator, a Clinical Nurse Manager (CNM) and the registered manager. Staff were appropriately deployed throughout the home. This meant there were enough staff on duty to adequately meet people's needs.

We looked at the staff personnel files of six staff members who worked at the home and found adequate pre-employment checks had been carried out by the registered provider. These checks included three reference checks from previous employers and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. Where reference checks from previous employers were unavailable, the home requested five character reference checks. We also saw that, where a staff member had been allegedly (or actually) responsible for unsafe practice, clear and appropriate disciplinary procedures had been followed. This meant the service followed safe recruitment practices to ensure the safety of people who used the service and followed appropriate disciplinary procedures to protect the safety of people who lived at the home.

We looked at care records to check the care plans were present regarding medicines. We saw each care record contained medicines care plans that stated how people liked to receive their medicines and what support they required in this area. Additional information was present in care records, where people had complex needs. For example, we looked in one care record for a person who received their medicines via Percutaneous Endoscopic Gastronomy (PEG). Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding and medicine administration when oral intake is not adequate (for example, because of dysphagia). This person's medicines care plan contained information for staff on how to safely administer medicines this way and how to safely care for the persons PEG entry site. All care records contained details of any PRN (as required) medicines for the person.

Medication Administration Records (MAR) were well maintained, signed by the administering member of staff when the medicine had been administered and contained no gaps. We carried out a stock check of 11 medicines at the home and found these were correct, according the MAR's. We also checked the stock levels of three controlled drugs at the home and found these were correct, according to the controlled drugs register. Controlled drugs are prescription medicines, which are controlled under the Misuse of Drugs legislation. Temperature checks of the treatment rooms were carried out on a daily basis and there was equipment to ensure the temperature in treatment rooms were as required. No unlicensed (over-the-counter) medicines were administered by staff at the home. This meant the service ensured medicines were managed so that people received them safely.

Good

Is the service effective?

Our findings

People we spoke with told us they received their care and support in the way they wanted it and confirmed they had been asked about their care and support needs. People also told us they were given choices about their care, including what time they went to bed and what food they ate. Comments included; "The food is beautiful. Staff come around with the menu. And it's healthy food", "We [people who lived at the home] can choose what food we want to eat. [Staff] always ask us before serving anything", "The food is good, I get a choice. When we go out I can get fish and chips if I want. We have a good time" and "The food is very nice. You can have extra if you want. I sometimes get a Chinese or a burger – you can have whatever you like."

People we spoke with told us they were happy with their rooms and were able to personalise them with photographs, ornaments and other items. We saw evidence of this when we walked around the service. In one room, we saw the person liked football and there were posters and flags on walls, as the person wanted.

We checked staff personnel files to see if staff had received adequate induction at the beginning of their employment at the home and ongoing training. We found staff had completed an appropriate induction on commencement of their employment at the home, which included mandatory training areas. Comments made by staff included; "My induction? Fantastic 7 days. Very in depth and opened my eyes. Excellent", "I did an in depth induction in Rotherham and we update through mandatory training every year. There are so many different training opportunities delivered at the main offices in Rotherham from external experts" and "My induction was over seven days at HQ [in Rotherham]. It was good - very comprehensive. I have an ongoing training plan too." We looked at the training matrix held by the home and saw that staff received regular training updates. Additional training programmes, including 'person-centred support' had recently been added to the training matrix to ensure care and support at the home was more personalised and these training courses were currently being delivered. The administrator and registered manager told us they had a company-wide target to have 80% of all staff trained in every area. We saw on the staff notice board details of all training courses that were available and 'sign up sheets', where staff could write their names if they wished to attend any additional training, including external training courses. This meant the home ensured staff were up to date with their training requirements.

Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. We looked at the supervision matrix held at the home and saw that, although all staff members had received a formal, written supervision within the last six months, this had not been provided in line with the supervision frequency required through the providers policies (which states this will be provided every two months). The registered manager told us they aim to ensure that, in future all staff receive regular, formal written supervision (at least) every two months, in line with their policy. We saw in staff personnel files we looked at that annual appraisals were undertaken. This meant the staff were adequately supported to carry out their roles and responsibilities.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and services. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found the service to be acting within MCA 2005 legislation and observed people being asked for consent before any care and support was provided. For example, in one care record we looked at, we saw mental capacity assessments had been carried out for each care plan, demonstrating whether the person lacked capacity in that particular area. We also saw that, following this assessment, a best interest meeting had been held with relevant professionals, including a Macmillan nurse, an Independent Mental Capacity Advocate (IMCA) and the person's general practitioner. The person's family had been invited to the meeting but were unable to attend. People who were deprived of their liberty had appropriate DoLS authorisations in place. Staff we spoke with were able to explain the main principles behind the MCA 2005 and DoLS and what this meant for people who lived at the home. This demonstrated the service acted in line with the MCA 2005 and DoLS.

Good

Is the service effective?

In care records we looked at, we saw nutritional assessments were completed to assess whether the person was at risk of becoming nutritionally compromised and that these were reviewed with appropriate frequency. Care records we looked at demonstrated people were encouraged to maintain a well-balanced diet that promoted healthy eating and gave the person choice over what foods and drinks they consumed. Assessments were also in place, assessing and identifying any support that the person required when eating their meals. One staff member told us; “There is a four-week rota with choices every day for meals. There are protected mealtimes, although visitors can negotiate to come at mealtime and help their relative if they want to do that. Protected mealtimes allow people to eat their meals without unnecessary interruption and allow staff to focus on providing assistance to people who are unable to eat independently”.

In one care record we looked at, we saw the person had an Percutaneous Endoscopic Gastronomy (PEG) tube and had been identified as being at risk of becoming nutritionally compromised. Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding and medicine administration when oral intake is not adequate (for example, because of dysphagia). The home ensured that the person was given a whey protein drink via their PEG tube to maintain a healthy, balanced diet. This demonstrated assessments were carried out to ensure people were given choice and control over their diet and the foods they ate and were adequately supported to receive a balanced diet.

We saw people and their relatives were involved in regular reviews in monitoring their health and, where required, referrals were made to, and assistance sought from appropriate healthcare professionals. We saw care records contained details of any visiting healthcare professionals that the person had seen and details of each visit. This demonstrated the home supported people to maintain good health and have access to relevant healthcare services.

Good

Is the service caring?

Our findings

People who lived at the home told us staff were kind, caring, patient, polite, respectful and compassionate. Comments people made included; "They are good staff. I'm treated very well, like a human being. They are very much kind and caring" and "Staff are very good and caring. I can't pick a favourite because they are all great." One relative we spoke with told us; "This home is the best. [Staff] are just the best, very caring people" and "The management and staff are always friendly and helpful and I am happy with the care given [to my family member]."

People said they were involved in their care planning and reviews and, when asked for their views, people said they were listened to. Staff knew people well and clearly understood their needs and wishes. One staff member we spoke with told us; "[Person who lived at the home] really likes Dolly Parton music so we put this on to listen to and give [the person] a hand massage. They like that." One relative we spoke with told us; "Staff care about [family member]. They actually take an interest. [Staff] are more like family that carers and support workers – very caring."

People told us they could choose what they wanted to wear and that they had their privacy and dignity respected. One person told us; "I can choose what clothes I want to wear, whether I go out or not and what I want to do. [Staff] are so kind and helpful. If there's anything I need or want, they make sure I get it." Another person told us; "I like my room, I like it here, I choose my own clothes. There's nothing not to like. [Staff] help me to do things I like to do and we have a good time together."

We carried out observations throughout the day and saw people were treated with warmth, kindness and compassion. People looked clean and well groomed, wearing their own clothes and looking well cared for. All staff we observed spoke with people who lived at the home in a respectful manner and ensured people's dignity was respected and protected by not speaking about people who lived at the home where they could be overheard by others.

We looked at care records and saw that people and their families, where appropriate, had been involved in making decisions and planning their own care. We saw evidence of people's input, which included details about the person's life and past experiences. In one care record we looked at, we read; "I prefer to listen to music, particular favourites are Cliff Richards, The Carpenters, Elvis Presley and country artists" and "I love animals and have always had pets." All information in care records was written from the perspective of the person who lived at the home. This demonstrated the home made information available for staff to provide a personalised and person-centred approach to care and support.

We asked the registered manager about advocacy services that were available at the home. An advocate is a person who speaks on behalf of someone, when they are unable to do so for themselves. An Independent Mental Capacity Advocate seeks to ascertain the views and beliefs of the person referred to them and gather and evaluate all relevant information about that person. The registered manager told us that, although information about advocacy was not given to people as a matter of routine, this information was made available when required. We saw evidence of this in care records we looked at and saw information stating that an IMCA had been sourced to take part in a best interest decision meeting. If a person has been assessed as lacking capacity then any action taken, or any decision made for, or on behalf of that person, must be made in his or her best interests. This is called a best interest decision. This demonstrated that, when required, the home gave information to people about advocacy services that were available.

We asked the registered manager how people who lived at the home were assured that their personal information was treated confidentially. The registered manager told us this information was detailed in the 'service user guide'. They also told us that they reinforced confidentiality with people who lived at the home and made clear that, when any disclosure was made, any information would have to be assessed as to whether another person needed to be informed, such as the local authority safeguarding team, for example. The registered manager told us that all staff knew not to speak about people who lived at the home within earshot of others and that people who lived at the home had 'information sharing' explained to them, if they had capacity to understand.

Throughout our inspection, we walked around the service and carried out observations to see if people had their privacy and dignity respected. We saw that, when staff were providing personal care to people in their bedrooms, they closed bedroom doors so no one could see. We also heard

Good

Is the service caring?

staff speaking to people in a respectful manner, explaining things clearly and showing patience with people who may have struggled to hear or understand what was being said. We saw there were locking mechanisms on all bathroom and toilets.

We found on a staff notice board a poster titled 'Meeting the dignity challenge', which explained to staff good practice regarding promoting and protecting people's privacy and dignity. This included information such as; "Give the same respect to service users that you would want for yourself and your family", "Treat each person as an individual", "Maintain the maximum level of independence, choice and control for service users" and "Listen and support people to express needs and wants." This meant people who lived at the home had their privacy and dignity respected by staff who were provided information about good practice in regards to this.

The registered manager, staff, people who lived at the home and visiting relatives told us there were no restrictions on times they could visit their family member, with the exception of during protected mealtimes, when arrangements could be made if the relative wanted to assist their family member with eating and drinking.

Where required, people had 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms in place, where either an advanced decision had been made by a person who lived at the home when they had capacity or by a relevant healthcare professional, if the person lacked capacity to make this decision. These DNACPR forms contained details of why CPR should not be attempted and a date that this form was to be reviewed. Care records also contained details of people's preferences for any funeral arrangements for when they passed away. This meant the home had arrangements in place to ensure the body of a person who had died was cared for and treated in a sensitive way, respecting people's preferences.

Good

Is the service responsive?

Our findings

People we spoke with told us they knew how to make a complaint if they were not happy with something at the home. One person told us; "I'm really happy. I've no need to complain but if I did, I'd know how to do it. I'd tell [a staff member] or go to the manager."

People told us they were supported to take part in activities at the home and in the local and wider community. One person told us; "We do all sorts. We can go to the cinema or into town or go to Meadowhall (a local shopping centre)." Staff told us; "Every [person who lived at the home] has an activities assessment and plan, which shows an individual's preferences and wants. A person-centred plan is developed which had the input of [people who lived at the home]. Everything is risk assessed." Another staff member said; "We have coffee mornings, pottery painting and parties with both units. Activities are risk assessed to individuals' needs and abilities. Everybody is included, unless they don't want to be and want a private activity session."

Care records we looked at were personalised and had been written in first person narrative, with the involvement of people and their families, where possible and appropriate. People expressed their views and these were recorded in care records. We found there was information about the person's life, including their life history, preferences, interests and aspirations. This meant information was available for staff to provider personalised, person-centred care and support.

On the day of our inspection, we saw the activities co-ordinator take a trip into town with some people who lived at the home. Everyone who was going on this outing was excited to go. We saw an activities plan at the home, with details of that week's activities. These included games, trips to town for lunch, a visit to a local museum/farm, a trip to the cinema and hand massages. We also saw that an activity was planned for Sunday to attend church, for people who wished to meet their religious needs. One staff member told us that a weekly 'activities planning meeting' took place to identify when people who lived at the home had external commitments, such as doctors, dentist or hospital appointments. This information was used to organise a mixture of in-house and external activities to develop the activities plan and meet people's needs. The activities plan showed how many staff were required for each activity to ensure people were safe whilst partaking.

People who lived at the home and staff told us of previous activities and trips out that had been arranged by the home. These included going to football matches, music concerts and trips to the seaside. One staff member told us the home arranged two to three short holiday breaks a year for people who lived at the home. We were told that a trip was currently being arranged to go to Spain, after one person who lived at the home expressed a wish to go there due to never having been abroad before. Everyone who lived at the home was given the opportunity to go on these holidays and trips away. One staff member said; "This all takes a lot of planning and preparation. We get the full support of our manager. We try to push the limits and do things differently. Careful and detailed planning keeps [people who lived at the home] safe." This meant people were supported to take part in activities, build and maintain relationships and avoid social isolation.

We looked at the complaints and compliments file held at the home and found that any complaints received had been addressed, fully investigated and responded to. We saw action plans were developed following these complaints and any required actions were taken and signed off by the registered manager. For example, the service had received a complaint that one person who lived at the home had had an item of clothing go missing. Actions recorded following the complaint investigation included that the home would add name tags to articles of clothing in future to ensure this did not happen again. This demonstrated the home listened to complaints, identified any actions required and used these complaints as an opportunity for improvement or learning.

We asked the registered manager how they encouraged complaints at the home. The registered manager told us they ensured all complaints were recorded and addressed, even if they were informal, verbal complaints. The registered manager told us they felt that, in order for people to be confident in complaining, people first needed to see that the home did something about issues and complaints previously raised. The registered manager told us they maintained an 'open-door' policy, where people were able to speak with them when they wished. This meant that the home ensured people were able to speak with management, able to complain and feel confident that their complaint would be dealt with appropriately.

Good

Is the service well-led?

Our findings

People we spoke with told us they felt the manager was approachable, caring and available to speak with. Everyone said they were involved in decisions about the home and were kept informed of any changes and what was happening within the home. One person said; "[Staff] ask us if there's anything we would change. We have meetings too to discuss what we think could improve [the home] and we can just chat with each other."

Everyone said they felt staff treated everyone who lived at the home equally. One person told us; "[Staff] are lovely to everyone. They treat everyone so nicely."

Staff we spoke with told us they were actively involved in the development of the home and felt supported with any suggestions they had for improvement. Staff comments included; "[Registered manager] is a great manager. She has an open door policy", "There is a brilliant staff team and good team work – from the manager down" and "Staff tend to stay [at the home] for years. Some have been here ten years." We saw on the staff notice board an area titled 'General'. On the 'General' board was a poster titled "Making a difference at Neville Court", along with a printed suggestion sheet where staff could write suggestions on changes they would like to see.

We saw there was an emphasis on support, fairness, transparency and openness at the home. The registered manager told us; "I operate an open door policy, where staff and people can come and speak to me at any time. Staff know they can come to me at any time to discuss and work or personal issues and I support them with anything I can do. I operate a firm but fair policy so staff know that, as long as they work hard and do nothing wrong, then all will be fine." The registered manager also told us; "Staff have regular supervisions and they know that any concerns can be reported and, where possible, it will remain confidential."

We asked the registered manager how they kept under review the attitudes, values and behaviours of staff. The registered manager told us they regularly walked around the service, making observations, asking staff if they were well and ensuring that staff knew she was available to speak with. We observed the registered manager carrying out these observations and speaking with people who lived at the home to obtain their views on the care and support received.

Staff told us they felt able to question practice at the home. One staff member told us; "There are staff meetings and suggestions for improvements are welcome. We can question if we don't think a certain practice is right and it's not used against you." This staff member also told us; "I was very apprehensive when I first started this job because I had no previous experience in this sort of role. It was a challenge but with the support of the manager and staff, I feel really confident in my job."

The home had a clear vision and statement of purpose. This was available for people to read in the reception area of the home. The home manager told us; "The statement of purpose is left out for people to read so they know what the home is about."

It is a condition of registration with the Care Quality Commission (CQC) that the service have a registered manager in place. The registered manager was present on the day of our inspection and had been in the same role for several years.

Monthly audits carried out at the home included audits of care records, quality monitoring visits of the whole home, infection control, hot water, cold water storage tanks, hoists, slings and wheelchairs, mattresses, fire doors, emergency lights and window restraints. Quarterly audits were carried out on kitchen canopy and filters and the roof space. Actions identified from these audits were recorded on a home action plan. We found some audits had not been signed and dated by the auditor and the registered manager told us they would ensure this was done for any future audits.

We found daily checks were carried out on security, water overflows, internal temperatures, fire safety and the environment. Weekly checks were carried out on the fire alarm system, fire extinguishers, the nurse call system, exterior lights, the lift and the company vehicle. Findings of these checks were recorded and actions put in place, if required. This demonstrated the home had good auditing systems in place that identified areas that required attention or improvement.

Health and safety committee meetings were held at the home (at least) four-monthly. These meetings were used to

Good

Is the service well-led?

discuss areas such as winter preparation, audit schedule, enforcement visits, incidents, health and safety training, accident statistics, bedrails, kitchen, housekeeping, maintenance, physiotherapy, policy updates, equipment and fire evacuation procedures. We saw actions from these meetings were recorded and delegated to relevant staff.

We looked at the results from the latest surveys sent out to stakeholders, relatives, people who lived at the home and staff. All survey responses were positive with comments such as; "We are satisfied with our [family members] care and know they are getting the best care", "We are all made to feel very welcome – very much part of the family" and "A lovely small home staffed with hard working people from the manager to the carers. A delight to be with." One relative had stated they had not seen the 'service user guide'. The home put in place and met an action to share the service user guide with this relative.