# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Neville House Residential Home

Neville Street, Chadderton, Oldham, OL9 6LD

Tel: 01616275874

Date of Inspection: 24 September 2014

Date of Publication: November 2014

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Respecting and involving people who use services** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safeguarding people who use services from abuse** | ✓ Met this standard |
| **Staffing** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Dr B A Odedra |
| Registered Manager | Mrs Racheal Maponga-Mulvey |
| Overview of the service | Neville House Residential Home provides support with personal care needs to 18 older people. The home provides accommodation on both the ground and first floors in eight single and five shared rooms. A passenger lift is available. On the ground floor there is a large lounge and a dining room.<br><br>At the rear of the premises there is a small car park and garden area. Local amenities such as shops, pubs and local health care services are close by and there are good transport links to Oldham centre. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 September 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

### What people told us and what we found

Neville House is a care home offering accommodation and support for up to 18 people. Five rooms were shared and eight were single. At the time of our visit there were 17 people living at the home.

The inspection was undertaken by one inspector. This summary addresses five key questions: is the service safe; is the service effective; is the service caring; is the service responsive and is the service well led?

This summary is based on a visit to the home where we spoke to the manager and observed staff interactions with people using the service. We looked at records and talked in private with four visiting relatives, three people using the service two health or social care professionals and three members of staff.

The full report contains the evidence to support this summary.

Is the service safe?

The people we spoke with at the inspection visit were positive about the care provided by the home. Visitors told us they thought their relatives were safe.

Staff who we spoke with told us they believed people using the service were protected from abuse or exploitation. Comments from staff included: "I couldn't work with poor care being delivered"; "[the best thing is] the way people are treated"; and "[safe?] very much so".

There was documentary evidence that staff had received training in the safeguarding of vulnerable adults. This was confirmed by staff who we asked. Staff also told us they understood the need to be vigilant and, to whistle blow if necessary.

We had a quick tour of the building. This included communal areas and a small selection

of people's bedrooms. No obvious hazards to people's health and safety were seen. Staff were provided with disposable gloves and aprons to help minimise the risk of cross infection.

Is the service effective?

Each individual's care needs were assessed and reviewed. A care plan was developed on the basis of the assessment. People who used the service and their relatives where appropriate could contribute to decisions about the best way to meet their needs. People who used the service and visitors who we asked, all told us they were listened to by the staff at the home.
Staff were made aware of the up to date needs of each individual. Staff told us that communication within the home was good.

Staff followed advice from health care professionals

Is the service caring?

Observations of interactions between staff and people using the service indicated a warm and caring atmosphere.

All people who used the service and their relatives spoke positively about the caring attitude and approach of the staff. Comments included: "[staff are] pleasant and interested in people"; "I feel comfortable with them [staff]. I don't feel embarrassed or shy because they put your mind at ease" and "Brilliant. Carers can't do enough for them [people who used the service]".

Is the service responsive?

We did not look specifically at the service's complaints procedure at this visit. However, people using the service and visitors who we asked during our visits said they believed they would be listened to if they had a complaint. Staff were confident that the registered manager would respond positively to any issues which were raised.

People who used the service and their relatives said that they were comfortable talking to staff and believed that their views were listened to. One person told us that amongst the best things about the home was "you can always go to anyone you need to and they will listen to you."

There were quality monitoring and quality assurance systems in place.

Is the service well led?

The registered manager provided strong leadership and gave staff a clear understanding of what good practice was. Staff told us that the registered manager was approachable, supportive and encouraged staff to further improve their practice by attending training.

Staff also confirmed that the registered manager provided good leadership. One staff member said "Rachel is clear and we know what we are meant to do".

Several visitors and people who used the service commented on how approachable the registered manager was. Comments included ""you can talk to Rachel [the registered manager]. She is very good and makes you feel happier" and "Rachel is absolutely

fantastic – can't praise her enough".

You can see our judgements on the front page of this report.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

### Reasons for our judgement

During this inspection we talked with the registered manager, observed staff interactions with people who used the service and looked at records. We also talked, in private with three members of staff, three people who used the service, two visiting health and social care professionals and four visiting relatives or friends. Everybody we spoke with was positive about the care and support provided.

The registered manager told us that treating people with respect and maintaining their dignity was an expectation of both her and the service provider. This was confirmed by our observations of interactions between staff and people who used the service.

A visiting health care professional, when asked if people were treated with respect and had their dignity maintained replied "definitely" and added that they thought it was "an all round happy and pleasurable place to come to".

Staff who we asked all said they thought the registered manager provided clear leadership and had clear expectations about how people should be supported. They also told us that they and their colleagues respected the people who used the service. One member of staff said "there is no routine as it is the resident's choice as long as they do not come to harm. We work around what they want."

We looked at a selection of files relating to the recorded assessments and care needs of people who used the service. These included people's likes, dislikes and preferences. This helped staff to respond to people as individuals which in turn was a demonstration of respect.

People who used the service, who we asked about dignity and respect, spoke positively about the staff's attitude. One person said "[staff are] pleasant and interested in people". Another told us "I feel comfortable with them [staff]. I don't feel embarrassed or shy because they put your mind at ease."

We also asked some visitors about their views on the way in which staff treated their relatives. Comments included, "Brilliant. Carers can't do enough for them [people who used the service]", "excellent, they are good people" and "I can't think of one criticism".

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

## Reasons for our judgement

We looked at a selection of files relating to the care needs of individuals using the service. Each had a written plan of care which was based on a range of assessments. Each care plan we looked at had been regularly reviewed. There was also evidence that assessment of risks relating to a variety of issues had been undertaken.

Staff who we asked, told us they were confident that they were fully informed of the current care needs of each individual living at the home. As well as the written care plan for each individual, staff were informed of people's changing needs by the verbal handover at each change of shift. A senior carer told us that the verbal handover was complemented by written notes. There was also a senior's communication book.

The registered manager and staff told us that people who used the service were involved in decision making about how their care needs were met. There was some documentary evidence that people were involved in their care planning.

The registered manager told us that they had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). Also some staff had received MCA training. This is legislation which helps to protect the interests of people who may lack the capacity to make decisions. The registered manager told us that at the time of this visit no one living at the home needed a DoLS to be in place.

The health care professional who we spoke with told us they were confident that people who lived at Neville House were effectively assessed and referred to their service in a timely manner. They also told us that good professional relationships were maintained by the staff. This helped to ensure that staff followed any 'instructions' that were left regarding specific detailed aspects of care. They said that from their perspective "care needs are being met" and that "staff are approachable and do what we suggest".

People who used the service, who we asked, were positive about the way in which they were supported. Not everyone could recall specific discussions about their care plan, but they all described relaxed and caring relationships with the staff. Comments included: "staff treat me well", "carers are really helpful, everybody is lovely" and "they look after

anything you need. If you want something you just have to ask."

Visiting relatives who we asked told us either they or another family member, were involved in the care planning process and that communication with the home was good. One visiting relative said "I can ask her [the registered manager] anything, she always has time". Another person said staff were "always talking about the care" and "if I wasn't happy about something I could talk to the staff". Another visitor said they had been involved, with their relative, in an end of life review and they believed their views "were listened to".

Several people commented on how approachable the registered manager was. Comments included ""you can talk to Rachel [the registered manager]. She is very good and makes you feel happier" and "Rachel is absolutely fantastic – can't praise her enough". Staff also said that the registered manager provided good leadership. One staff member said "Rachel is clear and we know what we are meant to do".

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

## Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Reasons for our judgement

We were shown a copy of the home's safeguarding policy. A copy of the local authority's Multi Agency Safeguarding policy was also available in the home.

The registered manager told us that there were no ongoing safeguarding issues at the home at the time of this visit.

We looked at the training matrix (chart) which indicated that all staff had received some safeguarding training. This would help to ensure that staff understood their responsibilities to protect people and what action to take if they were concerned about poor or unsafe practices in the home. The registered manager told us that further training had been planned to complement this, and would take place shortly after this visit.

Staff who we asked told us they had been trained in what to do if they were concerned about a safeguarding issue at the home. They all told us they understood the need to be vigilant to the possibility of poor practice occurring at Neville House. They also demonstrated an understanding of the process for whistle blowing. They told us they were confident that they would whistle blow if necessary.

Everybody who we asked said that they thought people who used the service were protected from abuse or mistreatment.

Comments from staff included: "I couldn't work with poor care being delivered"; "[the best thing is] the way people are treated"; and "[safe?] very much so".

Comments from visitors and people who used the service included: "staff treat me well"; "[safe?] very, the night carers come in and check"; "[I am] perfectly safe"; "[my relative] would tell me if anything was wrong" and "I've seen only kindness".

**Staffing** ✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## Reasons for our judgement

The registered manager told us that staffing was usually provided on the basis of one senior and two carers on the early shift and the same numbers on the late shift. Two carers were on duty during the night. Additionally the service employed two domestics, two kitchen staff and a general 'Handyman' on an ad hoc basis. We looked at the staffing rota for the week beginning 14 September 2014 which confirmed these staffing levels.

The registered manager told us that this level of staffing was usually sufficient to meet the identified needs of the people living at the home. However, she also said that if an extra staff member was required, for example if a person who used the service had a temporary need for additional support due to ill health, the service provider would allow her to provide that.

Staff told us that they thought there were enough staff available to meet people's needs in a timely way.

People who used the service also told us there were enough staff on duty. One person said "they [staff] come as soon as they can" and they said any delay was "reasonable". Another said they were "never kept waiting too long".

Some visitors said they thought people might benefit from more staff on duty. However, no one identified staffing levels as putting people at risk or resulting in people's needs being neglected. Visitor comments about staff availability included: "people are regularly checked"; "[there is] good staff interaction socially with people" and "[staff are] constantly visible".

We looked at the training matrix (chart) which indicated that staff had access to a range of appropriate training. Staff who we asked confirmed that they were encouraged by the registered manager to attend relevant training courses. One person said they were "always on training or refresher courses!" Another said "Rachel has supported me 100% [with training] and always asks about training in appraisals".

People who used the service and visitors who we asked, told us they found that the staff were competent at their jobs. One person said the staff "know what they are doing".

Another person said they thought the best thing about the home was that "all the people seem happy".

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

## Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

## Reasons for our judgement

The registered manager told us that she undertook a range of quality monitoring (QM) and quality assurance (QA) processes. These included medication audits, kitchen audits and repairs and maintenance.

We also saw evidence of questionnaires returned from people who used the service, relatives and health care professionals. These had been analysed and an action plan had been developed. The service provider may wish to consider sharing any QA action plan with appropriate stakeholders.

We did not address fully the complaints procedure at this visit. However everyone we asked said that they were confident anyone could complain if they were unhappy about any aspect of the service. People also said they thought any complainant would be listened to.

People described the staff and registered manager as approachable and friendly. One person said "[I am] listened to and I can go to Rachel or one of the carers and they will sort it out." Another said that amongst the best things about the home was "you can always go to anyone you need to and they will listen to you."

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

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|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact -** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact -** people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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