

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: 29 May 2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Dr B A Odedra
Registered Manager	Mrs. Racheal Maponga-Mulvey
Overview of the service	<p>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.</p> <p>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.</p>
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'.

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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 29 May 2013, 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

We spoke with three people who lived at the home and one visiting relative. One person said "It's excellent here" and "They [the staff] help me when I need it". Another person said the staff were not "pushy", "always asked permission" before providing assistance and "respected" their wishes. The visitor we spoke with said their relative was "happy" living in the home.

People were consulted about their day to day care needs and we saw that they received respectful and supportive care from staff. The three care staff we spoke with demonstrated a good understanding of providing individual support to people.

People said the manager was approachable and they could voice a concern or complaint and be confident that it would be addressed.

The management of medication and staff recruitment practices were appropriate. Records were kept up to date and maintained securely.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with three people living at the care home. They told us that the staff involved them in their care. One person told us that staff respected their preferences regarding when and how their care was delivered. They told us that staff helped them to maintain their independence. One person said "They [the staff] always ask me how they can help me".

During our visit, we observed staff speaking with people, explaining how they wished to provide assistance and waiting for the person to agree to the offered support. We saw that people's decisions were respected. We saw that people were comfortable and able to move about the different parts of the home as they wished.

We looked at the care records of three people living at the home. These included care plans and risk assessments. These showed that people were consulted about their preferences regarding when and how their support was provided. Each care file we looked at contained information about the person's life before they came into the home. The staff we spoke with told us that they always gave people choices and waited for the person to agree to the offered support before undertaking any care task.

We saw that policies and procedures were available including policies for advocacy, the Mental Capacity Act 2005 and equality and diversity of people. The manager told us one person living at the home had an advocate, who supported them with decisions about their life.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The people we spoke with told us that they were satisfied with the support they received. One person told us "It's excellent here" and "They [the staff] help me when I need it". Another person said the staff were not "pushy", "always asked permission" before providing assistance and "respected" their wishes. A third person said "They [the staff] can't do enough for you".

When we arrived at the home there were social activities being undertaken. These included a sing-a-long and a quiz. We saw staff providing support to people in a patient and unhurried manner. People responded positively to the staff's guidance and support.

We looked at the care records for three people. These contained a comprehensive range of care plans and the appropriate risk assessments. These were reviewed regularly. Evidence was available that showed people, where able, had agreed to their plan of care.

The manager told us that two staff were receiving training on providing end of life care. This meant that staff had the skills to ensure people could remain in the care home at the end of their life. The manager told us that she had good working relationships with the local GP and district nursing services. This, we heard, enabled people to get the right care quickly.

We spoke with three care staff; all demonstrated a good understanding of how to meet the individual care needs of the people they supported.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People told us that care staff administered their medication to them. One person said they preferred this because they had to take a lot of medication.

The care staff we spoke with confirmed that they had received some training in handling medication. We saw that there were a comprehensive range of medication policies available and these referred to people's ability to consent to receiving their medication and to people's mental capacity to understand why they needed medication.

We saw that people's medications were stored in a lockable room with appropriate lockable storage facilities.

We looked at a sample of medication administration record (MAR) sheets. We saw that the MAR sheets were signed to say medication had been dispensed and administered at the correct time. Records were also available of medication received into the home and medication returned to the pharmacy.

Medication that was controlled under the Misuse of Drugs legislation was stored appropriately. We checked the controlled drug register. This listed the medication that was prescribed to each person and the remaining stock balance. We saw that the stock of controlled drugs matched the controlled drug register and the person's MAR sheet.

Some medication was kept in a refrigerator. A regular check was carried out to make sure the refrigerator was at a safe temperature.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We did not speak with people about the home's recruitment procedures. However, one person said "The staff are lovely. They all work together. They are a team". Another person said "The staff are quite good. They are jovial with you".

The manager told us that the home did not have a high turnover of staff and that many staff members had been employed for a number of years. The manager confirmed that all essential pre-employment checks were carried out for new staff before they commenced working at the home. We looked at three staff employment files and saw that appropriate procedures to ensure that new staff were suitable to work with vulnerable people were followed. This meant that that potential new staff were interviewed and records were kept of the interview.

We saw evidence that previous employment and character references were obtained; a criminal record bureau check (CRB) was carried out, as were checks on the person's identity.

We spoke with three care staff. They told us about the recruitment process, which included and interview, obtaining employment references and carrying out a CRB check before they commenced employment.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We saw that information about how to complain about the service provided at the home was available in each person's care file. A more detailed policy was available in the home's policy and procedure file.

Two people we spoke with told us that they would feel confident to raise a concern or make a complaint. One person said "[The manager] always said if I had any worries I must come to [them]". People said they believed their complaint or concerns would be responded to appropriately. One person said they would ask a relative to raise a concern if they had one.

The manager told us that they had not received any complaints. They said they operated an open door policy and dealt with issues immediately as they arose before people felt the need to complain.

We saw that feedback questionnaires were sent out to people and their relatives. The questionnaire asked people about complaints. The responses were all positive and two forms recorded "No complaints".

The care staff we spoke with had a good understanding about the procedure they should follow should they receive a complaint.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At this inspection visit, we examined a range of records including people's care records. These contained information about the care needs of people the home provided a service to. We saw that this information was regularly reviewed and updated as required. This ensured that staff had the right information to provide appropriate care and support.

Staff confirmed that they had the information they needed to provide care and support to people.

We examined a sample of staff employment records. We saw these records were up to date and stored securely.

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.

✓ 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. 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. We monitor the implementation of action plans in these reports and, if necessary, take further action. 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:

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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