

Broadening Choices For Older People

Neville Williams House

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

About the service

Neville Williams House is a care home providing accommodation for persons who require nursing or personal care. The service supports people aged 65 and over, some of whom may live with dementia.

Neville Williams House accommodates up to 50 people across three separate wings, each of which has separate adapted facilities. The home includes an onsite farm, pub and shop. At the time of inspection 48 people were receiving support.

People's experience of using this service and what we found

The staff team were highly motivated and equipped with the right skills to support people to achieve positive outcomes. The home was person centred and innovative in its design. Staff worked with health professionals to promote people's well-being. Staff placed a strong importance on making sure people ate and drank enough to maintain a healthy balanced diet.

People and relatives were supported with planning end of life and relatives spoke highly of the support they received. People were supported to participate in activities that were relevant to their likes and dislikes and were of interest to them. People had choice and control over the planning and delivery of their care. People knew how to complain.

The staff were compassionate and kind and promoted people's privacy and dignity. People's care plans contained information about their preferences and the support needed to maintain their individuality and independence. People were supported to express their views and be involved in decisions about their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People spoke highly of staff and felt safe. There were enough staff available to people and people felt staff knew them well. Staff were recruited in a safe way. People received their medicines as needed.

The registered manager had systems in place to ensure the service was meeting people's needs. Systems were effective for monitoring the quality and safety of the services provided. Staff knew how to raise concerns about poor staff practice. People's care plans and risk assessments contained information about their care and support needs and staff understood them well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Neville Williams House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a specialist advisor who has clinical knowledge of the needs of the people who used this type of service and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Neville Williams House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and seven relatives about their experience of the care provided. We spoke with thirteen members of staff including the head of care and quality, the registered manager, nurses, care workers, chefs and two visiting professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives felt their loved ones were safe. Comments included, "Yes, I do [feel safe]", and, "I used to worry all the time about [my relative]. But look at them now. The worry has gone. He couldn't be left on his own in his own home, so he is much safer now."
- There were effective safeguarding systems and people were protected from potential abuse and avoidable harm by staff who had safeguarding training. Staff understood safeguarding procedures and what to do if they suspected abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff and the registered manager were proactive in identifying risk to ensure people were safe. People's care plans and risk assessments informed staff about what to do to support people's changing needs and when to seek medical advice. These covered risks associated with people's weight, skin conditions and diet. This ensured people's needs were assessed by a medical professional in a timely manner and prevented health conditions deteriorating.
- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. Documentation was detailed and contained up to date information. Staff had a good understanding of people's needs and associated risks.
- Fire safety checks had taken place and regular maintenance of equipment was evident. All people who lived in the home had an emergency evacuation plan.
- The registered manager discussed how lessons had been learned in relation to previous incidents and things that had gone wrong in the service.

Staffing and recruitment

- The registered manager told us a dependency tool was used to determine the number of staff needed on each shift, to meet people's care and support needs. Staffing levels ensured people's needs were met in a timely manner. People, relatives and staff confirmed this.
- People had access to call bells and we observed people's needs being met in a timely manner.
- All pre-employment checks had been carried out before staff started work. This ensured that new staff were suitable to work with the people that lived in the home.

Using medicines safely

- Medicines were managed safely and in line with good practice guidance. Medicines were stored, administered and disposed of safely by trained staff, whose competency was checked by more senior staff.
- We looked at a sample of medicines records and audits. These showed medicines were given as prescribed with any errors dealt with promptly.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing, gloves and aprons to help prevent the spread of infections. People's rooms and communal areas of the service were clean and smelt fresh.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- There were many places in the home that had been purpose built, such as a shop, a farm and an outdoor tea room. There was a reconstruction of a train carriage with a screen behind the window which showed the train moving through countryside. Corridors had memorabilia displayed along with interactive sensory items to support people with dementia. We observed people using these areas throughout the inspection.
- People were able to choose to spend time, in private, with their relatives in the various locations around the home. This enabled people to have different experiences, improving their quality of life and promoted their independence.
- The registered manager told us families and people felt like they had been on a day trip when they could go out to the farm, have ice cream in the tea room then finish the day in the pub.
- The registered manager told us, "We aim to ensure people are in touch with reality and have real life experiences." People's bedroom doors were designed as front doors with door knockers. Due to a lot of people not being able to access local shops, the registered manager provided baskets of fresh fruit and vegetables in the communal areas which people could eat, reminisce over or use for sensory purposes.
- Electrical devices were used so that people were able to do their own online shopping. This benefitted people who were no longer able to access the community to purchase personal items. It helped people to maintain their independence and continue to carry out tasks they had undertaken prior to moving into the home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives consistently praised how the staff and registered manager supported people and their loved ones. For example, a person had been admitted to the service for end of life care. The care plan demonstrated a steady improvement in the person's health since being at the home.
- Staff managed people's health needs and supported them to access the necessary healthcare services. A relative told us their loved one had previously experienced confusion and anxiety. The registered manager and staff had sought referrals to health teams, they said, "[Person] was so confused when they first moved in, but now they are calmer. Their medication is managed better, and they really have settled down." Another relative said, "They are very good at putting people first, I would recommend this place to anyone."
- Staff had good working relationships with external professionals and this made sure people had access to appropriate healthcare. A health professional told us, "I can honestly say it's the most fantastic care home, the care is second to none", and, "They always respond when people are unwell, I'd like my relative to live here."

- Staff worked with guidance and information from health professionals such as speech and language therapists, community dieticians, district nurses, physiotherapists, tissue viability nurses and GPs. This promoted people's well-being and helped staff deliver effective care and support and achieve positive outcomes for people.
- The staff and registered manager ensured the service was tailored to meet individual's needs, choices and preferences and care was planned around the individual.

Supporting people to eat and drink enough to maintain a balanced diet

- The staff placed a strong importance on making sure people had enough to eat and drink. We observed people eating in various locations. This encouraged people, who were less interested in eating and drinking, to eat meals where they felt most comfortable. A health professional told us, "Staff always encourage people to eat, there are some staff that are especially good at it. Staff understand dementia and how it can affect people's appetite."
- The registered manager had been creative with people who required a soft diet, they had purchased food moulds which the softened food could be placed into and reshaped to look like its original form. This made food more appealing and encouraged people to eat.
- People were very complimentary about the food comments included, "You get the best food here. There is nothing you can find wrong with this place", and, "I have a cooked breakfast in bed every morning and that sets me up for the day."
- People were given a choice of what they wanted to eat in various formats. Where people did not want the main menu options for that day, there was a wide range of alternatives available.
- Where people had undergone assessments from health professionals in relation to their food and fluids, we saw staff were following the guidelines and monitored people's food and fluid intake along with their weight.

Staff support: induction, training, skills and experience

- People were supported by competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. Staff could tell us what training they had received, and we saw the certificates to evidence this.
- New staff had completed an induction process and the care certificate where needed. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff felt well supported and told us they had regular supervision. This meant staff practice was reviewed and they were given the opportunity for feedback and development.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had undertaken mental capacity assessments and in-turn best interest decisions where needed. Staff were trained in MCA and DoLS and supported people to have maximum choice and control of their lives. Staff were observed to involve people in choices, for example, what they ate, what activities they did and whether they spent time in the communal areas of their bedrooms. Staff understood how people's diagnosis could impact on their ability to make decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were extremely positive about the care and the commitment of the staff. A relative said, "I notice what they [staff] do for other people as well. It's in the little things, like picking things up if something is dropped and having a laugh. You see them cheering people up. It's in the detail. They go the extra mile. If the little things are right, then the bigger things are right as well. It gives me peace of mind."
- People were supported by staff who knew them well, A person said, "My husband lived here until he died. I was pleased with the way they looked after him. It was a long time ago, and it's different people work here now, but I knew that when I needed to, I would come to live here as well." Another person said, "Well, he's [pointing at staff member] brilliant. He is a smashing fella."
- Staff told us they worked hard to build and maintain relationships with people's loved ones. We observed positive interactions throughout the inspection between people, relatives and staff. It was clear staff knew people well, and people and relatives responded positively to staff interactions. Feedback from relatives included, "I can honestly say I had complete confidence that I was leaving [relative] in the care of the very best", another relative said, "I'd be lost without you."
- People's care plans contained information about their preferences and the support needed to maintain their individuality and independence. This helped staff to deliver the right support. We observed care and support that focused on people's individual needs, preferences and routines.
- There have been eight reviews on carehome.co.uk about Neville Williams House since the last inspection, one was good, and all others were excellent.

Respecting and promoting people's privacy, dignity and independence

- People were treated with the utmost dignity and their privacy was respected. For example, personal care support was only delivered in private. A person said, "The staff are nice young ladies. They are very respectful." We observed staff using screens when moving people, so others could not see, this ensured people's rights to privacy and dignity were maintained.
- People were supported to maintain and develop relationships with families and friends. We observed a high volume of families and friends visiting throughout the day. A relative told us, "They [staff] go out of their way to create an extended family atmosphere, they go the extra mile to make everybody happy."
- Staff were sensitive and respectful when talking about the people they supported. People's care records were kept securely, and their confidentiality respected.
- Staff supported and encouraged people to be independent. One person told us, "I like to be independent, but I get help when I need it."

Supporting people to express their views and be involved in making decisions about their care

- Staffing levels enabled staff to take their time when completing tasks and enabled people to be involved in meaningful discussion. At numerous times throughout the inspection we observed people receiving one to one support from staff, this enabled people to be listened to and be involved in making decisions about their day.
- For people who were unable to make decisions about their care and support, best interest decisions had been made. Advocacy services were advertised on posters in the main reception area. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager had created a positive lively home with a wealth of activities and a warm welcoming atmosphere. The registered manager had arranged for a local primary school to visit weekly, so people could spend time with the children. A person said, "It's brilliant here, it's better the living on my own." A relative said, "They go out of their way to create an extended family atmosphere, they go the extra mile to make everybody happy."
- People's lives had been improved because of the diverse range of activities. We saw that one person's activities had been analysed over a three-month period. The person struggled to verbally communicate their likes and dislikes and they were not engaging in social interactions. Over a period of weeks, they had become more engaged and involved. Staff had reported the person's wellbeing had improved because they had been able to gauge what activities the person enjoyed and build on these.
- Relatives said they always felt welcome at the home and staff encouraged and supported people to have positive relationships. One person told us, "My sister lives here. We were both on a waiting list because we knew we wanted to be here. I see her every day for a cup of tea." A relative told us, "The first time I came, when I walked through the door I felt the warmth. It's not a care home, it's a home."
- The registered manager and activity co-ordinator told us about a fete they were holding. They had invited the parents of the nursery school children who visit every Friday, relatives and members of the local community. This showed people were supported to be part of the local community and be involved in special events.

End of life care and support

- The registered manager told us, "Person-centred end of life care, is what we are so passionate about." A relative said, "The endless care, compassion, patience and cheerfulness of all the staff has been much appreciated ... not having to worry about [relatives] care gave us the time, energy and head space to get used to the idea of losing [relative] and say goodbye", they went on to say "whilst most people wish to end their days in their own home, our experience of being with [relative] in their final week ... could not have been better. Not only was [relative] completely cared for in a way that we could not have replicated at home, but we were supported too ... we have fond memories of coming to visit [relative] and will miss you all".
- Peoples end of life wishes and preferences were recorded in their care plans, this enabled staff to have up to date information to ensure peoples end of life care was delivered in a way they wanted.
- The registered manager had gathered information and put together a file titled 'caring for me after death'. This included information about end of life care for people who may have religious and cultural needs. This enabled staff to have awareness of different religious and cultural approaches to end of life care and for people to be able to engage with their religious beliefs.

- A professional told us, "Dignity here is fantastic especially for end of life care. Staff respond well and keep people comfortable", they went on to say, "When someone dies, the staff line the corridors out of respect and always make sure there are flowers."
- Staff told us, and records showed they had received end of life training from a local hospice. A staff member told us, "Everyone at the home feels very strongly about the people that live here, and we grieve at the death of each person, it's because we felt so close to them."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People felt listened to, valued and involved in the planning of their care. The staff supported people who identified as LGBT within the home. LGBT stands for lesbian, gay, bisexual, and transgender.
- Staff encouraged and supported people and relatives to contribute to planning their care, a relative told us, "[Relative's] care planning is always discussed with their family. I attend residents' meetings, they are very open. The home really gets residents involved." This meant that people were supported in a person-centred way and their needs and preferences were listened to.
- A person had moved into the home after becoming unwell. The person believed they were at the end of their life. The registered manager and staff had arranged for the person to have a private physiotherapist to aid with physical needs, supported the person to do their own online shopping and provided a consistent staff team as they identified unfamiliar staff caused the person anxiety. Since this has been put in place, the registered manager told us the person is much more positive and their wellbeing has improved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available in picture format, large print or alternative languages if required.
- Information about how people communicated was included in the initial assessment to ensure arrangements could be made to meet any identified needs. We saw staff using different forms of communication such as picture boards.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain. There was an opportunity for people to formally feedback about their experiences. The main entrance area of the home included an anonymous survey box and a compliments, complaints and suggestions box. The provider had a complaints procedure and we saw complaints had been dealt with appropriately. This enabled people to be able to give feedback at any point and share their views about the service. We saw positive feedback had been received.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff encouraged community involvement and supported people to maintain relationships. The service was preparing for their annual fete on the day of inspection. The fete involved families, friends, professionals and the local community. This supported people to feel part of the local community. All money raised was used for activities within the home.
- Systems were in place to ensure effective communication between the home, people and their relatives. There were notice boards displaying information about the service, local provisions and promoting LGBT rights. The service used monthly newsletter to ensure people and relatives were up to date with events happening in the service such as new admissions, starters and leavers within the staff team, activity schedules and planned events and resident and relative meetings took place.
- The registered manager told us how they organised a dementia café where relatives and local people could drop in. This helped families and local people to understand more about dementia and how it affects the people living with dementia.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team provided strong and consistent leadership and had a good oversight of what was happening in the service. The registered manager demonstrated an in-depth knowledge of all areas.
- The management team were passionate about the care that people received and had an open-door policy for people, their relatives and staff. Everyone felt the management team were approachable. A relative told us, "[Registered manager] is very helpful, I'd go to them if I needed anything", and, "The new care manager is very approachable and lovely, it's an open-door policy."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager told us, in the information they gave us before the inspection, audits were completed on a wide range of areas including care plans, catering and falls, we saw these were in place. Action plans were in place following audits, to ensure the management team were working towards the same goals. Information gathered from audits was used to develop the service. There was a strong focus on continuous improvement.
- Staff understood what was expected of them and had a good understanding of whistleblowing. They told us they received supervision and appraisal and we saw schedules that reflected this. This gave staff the

opportunity for learning and development.

- The provider had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the service and on their website.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

Continuous learning and improving care

- The registered manager told us the fully functioning pub had been built since the last inspection which demonstrated the service was continuously improving.
- The management team and nursing staff understood the duty of candour responsibility and supported people affected and staff if something went wrong.
- The registered manager was working closely with professionals to implement the six steps to end of life to improve and develop the care they offered. The six steps to end of life is an end of life care document that guides the steps needed to provide high quality care to the person in the last week or days of their life.

Working in partnership with others

- The registered manager and staff team had good working relationships with external teams. This included Admiral nurses, the local authority and the GP. Admiral Nurses are specialist dementia nurses who give expert practical, clinical and emotional support to families living with dementia.
- The provider had been audited by external professionals including, the local authority, environmental health and infection control teams. All audits showed high scores and positive feedback.
- The registered manager had student nurses and volunteers working on site. This demonstrated the registered manager worked with other agencies to improve the care delivered.