Neva Manor Care Home

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This unannounced inspection took place on 13 and 16 December 2016. A previous inspection on 16 and 22 July 2015 found that not all the standards we looked at were met. We issued requirements in respect of unsafe recruitment practice, not upholding people's rights and insufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people.

This inspection found that people's rights were being protected and there were sufficient competent staff to meet people's needs. Recruitment practice was improved. However, checks on potential staff members were not comprehensive. Those checks were completed retrospectively following the inspection visits and the recruitment policy reviewed so practice would be more robust.

Neva Manor is registered to provide accommodation and personal care for older people. It is able to accommodate up to 14 people. There were 12 people using the service at the time of the inspection.

Neva Manor has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Individual risks were understood and there were detailed plans in place where a risk was identified. However, although risks from pressure damage were understood and met, there was no formal risk assessment in place. We recommend the service review their policy on protecting people from the risk of pressure damage.

People received their medicines as prescribed, taking into account their individual needs. A community pharmacist advisory visit in August 2016 advised a small number of actions, which had been completed.

People's care was planned with them and they received care which was centred on their needs and wishes.

People said they were very happy living at Neva Manor and that the care they received was how they wanted it to be. Their care needs were well met. Any health care support people needed was well provided because the staff worked closely with health care professionals.

There were sufficient numbers of staff for the number and needs of people using the service and staffing was flexible. Staff received training that equipped them for their work and they received regular supervision and a yearly appraisal. Staff felt well supported and said they could take any concern or question to the registered manager.

People were protected from abuse because the staff understood what to do if they saw anything which concerned them. People said they had no concerns and felt confident they could raise any complaint. A

complaints procedure was available for their use and small issues had been addressed as complaints and dealt with to people's satisfaction.

People were treated with kindness. People said the staff were kind and helpful one commenting "All very friendly and they take you as they find you. All very kind". People said they were treated with respect and their privacy was upheld. Staff engagement with people was observed to be very respectful.

People's views were sought throughout the day, through their care plan reviews and through yearly questionnaires about the service. Questionnaires were also sent to family members, staff and health care professionals. The results were followed up.

Comments about the food were positive. The menu was varied but flexible, in accordance with people's preferences. People said they could have anything they wanted and they were asked on a daily basis. Specialist diets were managed very effectively.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions, and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. The service had sought appropriate advice and was meeting people's legal rights in relation to MCA and DoLS.

People spent their time as they preferred. People regularly helped with food preparation and baking. They had crafts, exercise, music and puzzles/games available to them. There were a lot of visitors and staff and people using the service had formed friendships and shared social time together.

The premises was in a safe state of repair and there were arrangements in place for unforeseen emergencies.

People and their family members said the home was very well led by the registered manager, who led by example. There were quality monitoring procedures in place, which were under regular review.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Safety could be improved.

People's risk of skin damage was not assessed in order to remove or reduce risk but staff response to concerns about skin integrity was good.

Some areas of recruitment had been improved but some improvement was still required as pre employment checks were not comprehensive. Those checks were made immediately following the inspection.

The provider had systems in place to ensure that medicines were handled in a safe way.

There were sufficient numbers of staff deployed to meet people's care and support needs.

Staff were aware of the actions to take if they had concerns about abuse.

Is the service effective?

Good

The service was effective.

People's legal rights were upheld.

People's health care needs were met through contact with external health care professionals.

People liked the food and they received a healthy, balanced diet according to their preferences.

Staff were trained, supervised and supported in their work roles.

Is the service caring?

Good

The service was caring.

People lived in a homely and friendly environment.

People were treated with respect and dignity. Their privacy was

upheld.

People had made caring relationships with staff and other residents.

People's views were sought about every aspect of their lives.

Is the service responsive?

Good

The service was responsive.

People's care was planned with them and they received person centred care from staff who knew their needs well. Care files were not effectively organised and information was difficult for staff to find.

People led active lives and their independence was promoted.

People felt confident to raise any concerns or complaints and that these would be followed up effectively.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of the service provided. These included seeking people's views and audits and checks, which were under regular review of improvement.

There was a strong culture of putting people first and this was led by the registered manager.

Statutory responsibilities were being met.

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

This inspection took place on 13 and 16 December 2016 and was unannounced. One adult social care inspector undertook the inspection.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed this. We also looked at the information the provider had about the home on their website.

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 talked with five people living at the service who were able to tell us their views of the service and two people's family representatives. We looked at the care plans and records of care of five people and three medicine records.

We spoke with three staff members and the registered manager. We looked at records connected with how the home was run, including two staff recruitment records, records of resident and staff meetings, audits and survey feedback forms. We contacted the local 'Falls team', the residential care home support team and community nurses toward this inspection. We received feedback from one health care professional.

Requires Improvement

Is the service safe?

Our findings

Our inspection in July 2015 found that the registered provider had not ensured the protection of people from unsafe or suitable care through robust recruitment procedures being in place. Also, there were not sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people. This inspection found that the arrangements for recruiting new staff had improved. However, it was still not robust.

Some staff had started working at Neva Manor without appropriate checks being in place. Providers must receive satisfactory evidence of an applicant's conduct in previous employment, in particular if they have previously worked in a health or social care setting. One applicant who was now employed had previously worked in another care home. A reference had been received from the "former" acting deputy manager who stated they were now the applicant's friend. The registered manager said they had not followed this up, for example, by checking the applicant's conduct with the current manager for that service. A second reference was also from a friend, who was another care worker at Neva Manor. Therefore there was no satisfactory evidence of previous conduct. A second applicant had last worked for a charity. However, no reference had been requested from the charity lead. Again, a second reference was from a care worker at Neva Manor. Each potential new staff member received a staff interview as part of the recruitment process. These interviews did not include questioning about previous employment or reference choices. Information about an applicant's previous conduct had therefore not been satisfactory.

The registered manager accepted that sufficient weight had not been given to checking staff's previous conduct. Following the inspection the registered manager retrospectively sought the information about staff's previous conduct, reviewed the recruitment policy and ensured all staff were safe to work in a care home environment.

Other aspects of staff recruitment had improved and were completed. For example, the registered manager requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services. It was also confirmed that applicants who did not originate in the United Kingdom had leave to work in this country and there were no physical or mental health conditions relevant to their capability.

People had their skin checked regularly by staff and where there was an identified risk of skin damaged, such as "red marks" they immediately contacted the community nurses. The registered manager said this was their normal practice. A community nurse told us, "(People using the service at Neva Manor) very rarely have pressure sores…if staff identify someone at risk they will request a timely visit and they will put in appropriate prevention/treatment in place until we are able to visit." However, there was no recorded risk assessments in place to identify a level of risk from which actions could be taken to reduce a likelihood of skin damage. We recommend the service review their policy on protecting people from the risk of pressure damage.

Other risks were formally assessed. Care records contained detailed risk assessments identifying measures taken to reduce risks as much as possible. These included risk assessments associated with the environment when people were new to the home, their mobility and a 'night time plan' for personal safety and risk. People had sustained very few falls and there was a robust overview system for incidents and accidents used to assess how falls could be reduced.

People's needs were met by sufficient numbers of skilled staff. People said there were enough staff to meet their needs, their comments including, "By and large there are enough staff, there is always somebody about and they answer the bells pretty quickly". One person's family said, "There are always plenty of staff". A staff member said, "We have time to sit and spend time with people and to get to know people". The registered manager said they increased staff over busy periods. A health care professional confirmed that staffing numbers were increased when a person was receiving end of life care.

Staff were observed having time to work unrushed and people's needs were being met in a timely manner. For example, assistance with rising, meals and administering people's medicines.

People told us they felt safe at Neva Manor. One person's visitor said they had never seen anything of concern during their frequent visits.

People received their medicines as prescribed. One person said they had wanted staff to help them with their medicines because they had found it too difficult when they lived at home. People received their medicines on time. A staff member checked each medicine against the prescription before taking it to the person. Where a medicine was prescribed 'as necessary' the person was asked if they required it. For example, pain relief. One person, requiring an antibiotic, had this arranged immediately it was prescribed.

Medicines were stored securely, the records were clear for staff to follow and had been completed accurately. There had been a community pharmacist advisory visit in August 2016 with a small number of actions advised, which the staff had completed. Medicines were audited by the service.

The registered manager told us, "Only staff trained in the safe administration of medication and deemed competent administer medicines. Regular supervised practice in the safe administration of medicines is carried out and recorded".

Staff talked about keeping people safe whilst not restricting them. One staff member said, "There is always ways to do things differently to make them safer".

There were several posters informing staff of the types of abuse and how to respond to protect people. Care staff were clear how they would act if they thought abuse had occurred. For example, telling the registered manager. They also knew they could take concerns to the local authority safeguarding adult's team. The registered manager was clear in their responsibilities of protected people from abuse and harm. They told us, "Our staff team is trained in how to identify abuse, and is aware how to raise a concern should they suspect any form of abuse. They are aware of our Safeguarding Adults Policy, which also refers to local policy 'North Somerset Safeguarding Adults Board- NS Multi-Agency Safeguarding Procedures-September 2015'."

This inspection found that the premises were in a good state of repair with regular maintenance and servicing arrangements. All rooms were now accessible via a stair lift. A new one had recently been installed. The registered manager said that each aspect of the home which they had identified as needing upgrading had been completed. We found that the home was clean and fresh, with no odour. People said they were

satisfied with the standard of cleanliness, one saying, "It's a very, very clean home".

There were arrangements in place for unforeseen emergencies. For example, there was an emergency grab file which included contact details for social services, the police, hospitals and a regional response team. A service contingency plan had been reviewed in July 2016. Each person had a personal evacuation plan in place. It had been decided to increase the information which was available by the end of 2016.

Good

Is the service effective?

Our findings

The inspection in July 2015 found that people's rights were not protected due to lack of capacity assessments and best interest decisions as required by the Mental Capacity Act 2005 (MCA).

This inspection found the registered manager and staff had a good understanding of how to protect people's legal rights. For example, a staff member explained how decisions should be time specific saying, "Today he is all muddled…tomorrow he will understand things a little better and so we will wait".

The 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 at Neva Manor had consented to their care where they were able to make an informed decision. Where people could not make an informed decision, based on a lack of capacity to do so, an assessment of their capacity had been undertaken. For example, where a person required a very specific diet. Where people's representative had Lasting Power of Attorney (LPA) authorised the detail of those authorisations were available for staff and health care professionals to reference. This meant that the care provided was as the person had wanted. Where people did not have capacity, assessments were in place. For example, for the use of a hoist. Where a person did not have capacity and there was no LPA in place the people that knew the person best were involved in making best interest decisions on their behalf. One person's family member said, "(The resident's) rights and wishes are definitely upheld. They want to know about the person".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberties Safeguards (DoLS).

The provider was following legal requirements in relation to the DoLS. Some people were not free to leave Neva Manor without support because of the risk this would pose to their safety. People were also under constant supervision as part of the care they required, which was a restriction on their liberty.

We discussed DoLS with the registered manager. At the time of the inspection, five applications had been made to the local authority in relation people living at the service but no authorisations had yet been approved. The registered manager understood their responsibility to uphold people's legal rights and they monitored the DoLS applications they had made.

The registered manager was very proactive in making sure people's wishes with regard to resuscitation were correctly recorded.

People and their family and visitors were very complimentary about the food provided. Their comments

included, "On the whole the food is very, very good. There is an alternative if you don't like something. I enjoy my food and am putting on weight" and "(The resident) said she has just had a drink and they offered her another one. She likes custard a lot and she gets it".

People were offered regular hot and cold drinks and snacks and they confirmed food and drink was available at any time. The cook had received training in fluids and nutrition. They had a good knowledge of people's preferences saying, "I know the people so well" and "People get what they want". They visited a person new to the home to ask them their preferences. They described one person's love of eggs and one's dislike of beef. There were records of one person's complex dietary requirements, following professional advice and relating to a health care condition which needed close monitoring. People's nutritional needs were assessed and reviewed with any concerns followed up appropriately, such as contacting health care professionals.

Lunch was a social occasion where most people met to eat together. Discreet assistance was provided where needed. Where diet was a concern this was monitored and followed up appropriately.

People's health care needs were met. The registered manager said, "We will continue to work closely with professionals to meet our service user's needs". One person said their GP would visit "usually the same day" if needed. Records showed regular contact with GP and district nursing services. Specialist needs were met through involvement with specialist health care professionals. These included speech and language therapists, epilepsy specialist nurses and, when necessary, a local falls prevention team. People told us they were supported to make health care visits, that eye, foot and dental needs were being met and that staff accompanied them to hospital appointments.

Staff received training so they were competent in their work. New staff received an induction to the service and the work. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. Staff said they shadowed experienced staff when new and completed a formal induction. The induction was aligned to the nationally recognised Care Certificate. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction.

Staff said they were happy with the training they received, one adding, "We are always offered any courses". Some staff's first language was not English. They confirmed they were adequately supported in their training. One said, "I take my time because of language difficulties".

The service used an external training provider for most training. The training staff had received included, food safety, moving and handling, fire safety, first aid and infection control. They also received training associated with specific conditions, such as Parkinson's disease. Quizzes were used to check staff knowledge. The registered manager told us, "Supervised practice is carried out regularly. Staff progress is reviewed during supervision on average every six to eight weeks and staff appraisal is carried out yearly or more often if necessary".

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team.

Good

Is the service caring?

Our findings

People were very complimentary about the caring attitude of staff. Their comments included, "All very friendly and they take you as they find you. All very kind" and "They'll get anything for you. They are lovely here".

There were frequent visitors to the home. Visitor's said, "Staff are always very polite and offer to make you a drink. They make you feel welcome" and "I absolutely love this place. (A named care worker) is an angel. She knows mum inside out".

Neva Manor was very homely in the way the communal rooms were arranged. The registered manager said in the Provider Information Return (PIR), 'Attention to details is evident in the way the environment is laid out, in doing so we aim to break environmental barriers associated with people's needs'. People's bedrooms were much personalised, containing things of importance to them and appeared comfortable. One person said, "I have everything I need".

People were living in a relaxed and very friendly environment. The registered provider said in their PIR, 'We provide a person centred service from the time of admission. This is based on our philosophy of care which includes respect and dignity, privacy, choice, independence, safeguarding, feeling valued and fulfilment'. Every engagement people received from staff was kind, friendly and respectful. People said the staff always treated them with respect and their privacy was upheld. We saw that the registered manager led by example.

One staff member said, "Staff are very, very caring. If a bell rings we go there straight away. Our residents are very happy". A health care professional said, "Whenever I have seen staff walking around the home they engage with the residents walking past and see if they need anything".

People's views were sought and acted upon. The registered manager said, "We have a good and open communication with our service users. We act upon comments and recommendations following our satisfaction surveys and audits". We observed that every aspect of care and support people received was first discussed with the person and their consent obtained. For example, how they wished to spend their day including what activity interested them. People's views were also sought as part of their care reviews from which objectives were planned, meetings and survey questionnaires.

Neva Manor provided end of life care with support from community services. A health care professional said, "(A person who received end of life care at Neva Manor) had a comfortable death."

Good

Is the service responsive?

Our findings

One person said, "Its lovely here. All the girls are very, very fair and help you a lot". They had chosen Neva Manor for long term care following a period of respite care. The person said they preferred to stay in their room, adding that they never felt lonely or isolated. They said they were always consulted about their care and had seen and agreed their care plan. Care plans are a tool used to inform and direct staff about people's health and social care needs. The plans were outcome based with each identified need having a goal and outcome.

People's care was planned in consultation with them or another appropriate person. For example, one person had very detailed plans for medical emergencies and to meet their dietary needs, which were produced by health care professionals. One person had authorised their family to act on their behalf and the family member said they were always consulted as authorised. A staff member said, "We always take the time to read (the care plans)".

Care plans contained sufficient detail for staff to know what each person needed and wanted. For example, one person liked staff to spend time chatting with them. The person's family member said they always found a staff member with them when they visited. Staff knew people's needs very well.

Care plans were reviewed on a regular basis. Staff made daily records of people's care. However, these records were not very detailed, tending to report on what care staff had provided more than how the person felt, for example. In addition, when the registered manager was asked for specific information they spent considerable time looking for this in the person's file. They agreed the files would benefit from better organisation, so information was more readily available. An audit of people's records had been undertaken in May 2016. The registered manager said they would increase the frequency of record auditing.

People had a variety of activities available to them. During our two day inspection people prepared the fish for the fish and chip lunch. People said that the cook regularly involved people in food the preparation one person adding, "They encourage you to do things you don't think you can do. It's all very kind. Most Wednesdays is baking. We usually make cakes".

One person worked on a jigsaw puzzle which was left available for any person to continue. Another engaged themselves with their books, which were important to them. People spent a lot of time chatting to other residents, staff and visitors. One person said how they enjoyed reading and the large print books were changed so there was a variety. They said there were regular craft sessions, sometimes exercises and also movement to music. Records of the activities described people sharing memories, listening to music, making Christmas crafts, laying the table and doing board games. One person attended a regular club meeting and an organist played at a monthly church service.

Complaints or concerns were dealt with effectively. People were confident that any complaint or concern would followed up. A visitor said, "I would report any concern to (the registered manager). I'm sure they would act on it". One person said, "I am sure it would be okay to speak out if not happy". The registered

manager told us, "Carers and families are aware of our open door policy and are able to contact the home manager/senior member of staff at any time". There was a complaints procedure available to people and a comments and complaints leaflet displayed at the home entrance. The registered manager had recorded eight complaints in the previous 12 months. We saw the complaints were minor day to day issues and each had been investigated and addressed.

Good

Is the service well-led?

Our findings

The registered manager is also one of the providers. They were closely involved in the day to day running of the service and well known to people using the service.

People and their family members said the home was well-led. Comments included, "It's marvellous here" and "They always have time for people and that is led from the top". A visitor said, "(The staff) go that little bit further". A staff member said, "The owner is very good and checks and supervises us. There are high standards". A health care professional said the home was well-led and they could not think of any way the service could be improved.

There was a culture of person centred care, listening and acting on what people wanted. Individual needs were understood and met. It was a very relaxed and homely environment inclusive to people's family and visitors.

Staff said they felt very well supported. They said the staff meetings were "very useful". Records of the meeting dated November 2016 included a training update, a discussion about advanced end of life planning, reading material and resources and a reminder not to share personal information. This showed that staff practice was monitored and staff were kept informed of where improvement was needed and how to progress their knowledge. The registered manager said they had told staff, "If you don't know ask me. If I don't know I will find out" and "I work alongside staff but don't undermine them but support good practice.

The quality of the service was monitored through feedback. The compliments book included, 'This place is wonderful and the food is excellent'. There were yearly surveys of opinion including family and professionals. Comments were then discussed at meetings. For example, a resident's survey had included a comment about outings, another about food and drinks menus and these were addressed at the meeting dated 15 November 2016. Comments from the professional's survey included, 'Staff interact well with residents. Lovely home. Lovely staff. Happy residents'.

A programme of audits and checks was in place to ensure a safe and effective service and the standard of checks was reviewed. These included checking safety within the premises, such as monthly water safety checks, complaints, medicines management and records. However, audits had not identified that recruitment, although improved, was not robust. The registered manager had acted on our feedback following the inspection to ensure recruitment checks were comprehensive. They also reviewed their auditing arrangements for staff recruitment.

Accidents, incidents and near misses were under regular review according to the number recorded. The registered manager followed professional advice, such as from health care professionals.

The registered manager was meeting their regulatory responsibilities, such as informing us of incidents so that we can monitor risk.