

Neva Manor Care Home

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

About the service

Neva Manor Care Home is a residential care home for people aged 65 and over. The service can support up to 14 people. At the time of the inspection 11 people were living at the home.

Neva Manor Care Home is located in Weston-Super-Mare. The home provides accommodation across two floors. The first floor is accessible by stairs and a stair lift where there are bedrooms and two communal bathrooms. To the ground floor there are bedrooms, a kitchen, communal lounge, lounge-diner and a communal bathroom. There is level access to the garden and car parking to the front of the home.

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

The provider had made improvements to the service and had met the warning notice in relation to Regulation 12 (Safe care and treatment).

Risk assessments and care plans around moving and handling, skin integrity, catheter care and modified diets had been reviewed to ensure accuracy and consistency.

Staff had received additional training and competency assessments in relation to infection prevention and control (IPC) measures and medicines storage. We made a recommendation around protocols for as required medicine.

Systems were in place to check, identify and improve outcomes for people in areas such as accidents and incidents, skin integrity, medicine management and IPC.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 22 April 2021). Four breaches of regulation were identified at this inspection.

We served a warning notice in relation to Regulation 12 (Safe care and treatment). At this inspection we found improvements had been made.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns.

They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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.

Special Measures:

The overall rating for this service remains 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Neva Manor Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by two inspectors.

Service and service type

Neva Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four staff members which included the registered manager and provider. We spoke with one relative. We reviewed a range of records. This included four people's care records and five medicine records. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We spoke with two staff members and one health professional.

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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely

- Protocols for 'as required' (PRN) medicines had all been reviewed. Information included the time between doses. However, protocols still lacked detail for some people in relation to how people may communicate or demonstrate the medicine was required.

We recommend the provider reviews best practice guidance in relation to 'as required' medicine protocols.

- Medicine stored in the medicine fridge were in a locked container. However, the fridge remained unlocked. The fridge was in a communal lounge, accessible to people and visitors. The provider said this would be addressed.
- The temperature of the medicine fridge was regularly monitored and was within the recommended minimum and maximum range. Staff had received training and a competency assessment to ensure checks were carried out correctly. Guidance was visible on what actions should be taken if temperatures were out of recommended ranges.
- Medicines that required additional storage in line with legal requirements were stored appropriately. Systems to check the stock and administration of these medicines was regularly undertaken.
- Senior staff meetings had been introduced to review and improve medicine management. We observed a meeting taking place. An action plan in relation to medicines management monitored progress on improvements.
- People who had high risk medicines, such as blood thinners, now had an information sheet with detailed guidance. This included what the medicine was for and when further action may be required.

Assessing risk, safety monitoring and management

- Accidents and incidents were reviewed monthly. This monitored for any patterns or trends. We highlighted to the provider where further consideration of actions taken to prevent reoccurrence would be beneficial. The provider said this would be included going forward.
- COVID-19 risk assessments for individuals were in place. Staff had received refresher training in donning and doffing personal protective equipment (PPE). Staff we spoke with, and training records we reviewed, confirmed this.
- The risk to people from hot surfaces had been mitigated as two uncovered radiators identified at the previous inspection were now covered.

- Risk assessments and care plans in relation to moving and handling, skin integrity, catheter care and modified diets had been reviewed and amended. More details were now included and care plans were generally consistent throughout as out of date information had been archived.
- However, one person whose health had recently declined did not have all information updated and matched throughout their care plan. The registered manager was liaising with other health professionals to rectify this.
- Systems were now in place to monitor skin integrity in people at high risk of pressure ulcers. Revised body maps were in place to identify marks found by staff. They were reviewed during the management audits to ensure appropriate action was taken. For example, contacting other health and social care professionals. A health professional commented, "I am happy with care provided. Concerns are escalated straight away."

Preventing and controlling infection

- Guidance was displayed around the service and within the contingency plan in relation to effective handwashing. Shared towels had been replaced with paper towels for individual use. Soap dispensers were in place and working.
- Areas identified at the previous inspection which were unclean or could not be cleaned effectively had been refurbished, other items such as chairs and a toilet seat had been replaced.
- The home smelt clean and fresh.
- Foot operated bins were now in place to safely dispose of PPE. Staff we spoke with were clear about these processes. A risk assessment was in place for a designated bin in a communal bathroom.
- There were now dedicated staff to clean on the weekends. Constant touch surfaces were regularly cleaned throughout the day and this was documented.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. After the inspection the provider ensured social distancing was more effective in the lounge area.

We have signposted the provider to resources to develop their approach in terms of ensuring face masks are worn effectively and in line with guidance and the wearing of PPE when unintended contact between staff and people may occur. For example, in times other than during personal care.