Neva Manor Care Home

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Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection was undertaken on 16 and 22 July 2015, and was unannounced. The service was last inspected on 11 August 2014 and was found to be in breach of regulation in relation to safety and suitability of premises and cleanliness and infection control. At this inspection we followed up on the breaches, we found that these issues had been addressed. However, we found other breaches in the service which are described in the safe, effective and responsive sections of this report.

Neva Manor Care Home is registered for up to 14 older people, some of whom are living with dementia related conditions. The home is situated near the town centre of Weston Super Mare and is close to local amenities. At the time of this inspection there were 13 people using the service. There was a registered manager in place. 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.

There was not a safe system in place for the recruitment of staff and some staff had started without appropriate checks being in place. There were also insufficient staff to

Summary of findings

meet people's needs. Staff told us they felt busy and did not have time to spend with people. They also felt the staffing levels had been set without looking at people's needs.

Although care plans contained information about people's needs and wishes they were not comprehensive. They did not contain specific or sufficient detail, to enable staff to provide personalised care and support in line with the person's wishes. The manager could not show how people gave their consent to care and treatment or how they made decisions in the person's best interests. Some people had decisions made on their behalf without the relevant people being consulted. Staff had not received sufficient training to provide a safe and appropriate service that met people's needs.

People felt safe and told us they liked living at the home. Care staff told us they were confident about recognising and reporting suspected abuse. People were complimentary about the staff and felt staff did their best to support them in a friendly and caring way. People's privacy and dignity was maintained during care tasks.

Staff supported people to make some choices about their care but care records showed the principles of the Mental Capacity Act 2005 Code of Practice had not been followed because there were no capacity assessments for assessing an individual's ability to make a particular decision.

We saw staff supported people with care and encouraged them to do things for themselves. Staff knew people's likes, dislikes and needs. They provided care in a respectful way. People received adequate food and drinks and we observed people being offered choices of what food they ate. However, people and their relatives told us that the choices were limited.

Staff supported people to access health care professionals, such as doctors, dietician, district nurse and optician.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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

The service was not always safe.

Staff recruitment was not robust and did not ensure people had support from staff who had received satisfactory checks prior to commencing employment.

There were not sufficient numbers of staff deployed to meet peoples care and support needs.

Staff were aware of the actions to take to reduce the risks of harm to people living in the home.

The provider had systems in place to ensure that medicines were administered and disposed of safely. Medicines were stored securely and accurate records were kept.

Is the service effective?

Requires improvement

The service was not always effective.

The staff had not received all of the training needed to ensure they supported people safely and competently.

Care records showed the principles of the Mental Capacity Act 2005 Code of Practice had not been used because there were no capacity assessments for assessing an individual's ability to make a particular decision

People were supported by staff to eat and drink sufficient amounts to meet their needs. But improvements were needed to ensure people received a balanced diet.

Is the service caring?

Good

The service was caring.

People were happy about the care they received and care provided was responsive to people's needs.

People told us staff knew them well and we saw staff knew people's likes and dislikes.

Staff worked in a kind and caring manner with people and demonstrated a kind and caring attitude. People had care provided in a dignified manner that met their needs.

Is the service responsive?

Requires improvement

The service was not always responsive

There were some activities on offer but these sessions depended on care staff having the time to organise them.

Summary of findings

Some people's records were not person centred.

Arrangements were in place to manage people's concerns and complaints. However the system used to record complaints did not show how trends were identified.

Is the service well-led?

Requires improvement 

The service was not consistently well led.

The provider's systems to assess the quality of the service were not always effective in identifying areas where improvement was required.

There were systems in place to ensure people, relatives and professionals were sent an annual survey. We found there was no overall analysis of actions taken for the comments made.

Staff and the registered manager felt there were good communication and a positive culture within the organisation. All staff felt well supported.

Neva Manor Care Home

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 was 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.

The inspection took place on 16 and 22 July 2015 and was unannounced. It was undertaken by one inspector and an expert by experience. An expert by experience is someone who has used this type of service or knows about this because their relatives have received this type of care or support.

We looked at information we held about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The provider supplied us with a range of documents, such as copies of internal audits, action plans and quality audits, which gave us key information about the service and any planned improvements. We also made contact with the local authority contracts team.

We observed how the staff interacted with people living at Neva Manor and how they were supported during their lunch. We spoke with 6 people who used the service and two visiting family members. We spoke with six staff; including 4 care workers, the cook, and the cleaner.

We looked at five people's care records and documentation in relation to the management of the home. This included four staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices, including the administration of medicines.

Requires improvement

Is the service safe?

Our findings

At the last inspection the provider was in breach Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the home was found to be poorly maintained and in some cases potentially unsafe for people. The décor, carpets and furnishings were worn and soiled. There was also a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had not been protected from the possibility of cross infection.

At our inspection in July 2015, we found that the provider had made improvements to meet requirements of the regulations. There were improvements in the decoration of the home, the carpets had been changed and the service now employed a cleaner. We also observed that staff were very careful regarding infection control, aprons were regularly changed and gloves worn when handling food and providing any care.

Although people and their relatives said they were safe, we found systems and actions of the provider did not ensure people were fully protected from the risk of abuse. For example adequate recruitment checks had not been completed prior to the staff starting work. We reviewed three staff files relating to their pre-employment checks. There were no Data and Barring Scheme (DBS) checks completed by the provider available since their start date. A completed DBS is important as it ensures the person is checked for their suitability to work with vulnerable adults. This meant the provider did not have safe recruitment procedures which operated effectively to ensure that persons employed were of good character and had satisfactory checks in place. This placed people's safety and wellbeing at risk.

This is a breach of regulation 19 3 (a) of the Health and Safety Act 2008 (Regulated Activities) Regulations 2014.

We found there were not sufficient numbers of staff on duty; people's needs were not always being met in a timely way. There were two care staff, one cook and one cleaner on duty.

Care staff were also responsible for the administration of medication and completing and updating the Medicine Administration Records (MAR). Staff told us "We desperately need another member of staff. We can see what we need." One stated "We are just waiting for something big and awful to happen".

During the inspection the call bells were heard to be regularly ringing and took a long time to be answered. We observed a call bell being attended by a member of staff, who was not part of the care team due to lack of care staff being available. The member of staff, tried to tell the person to sit down and that someone would be with them soon. It was clear the staff had difficulty trying to explain what was happening to the person who appeared confused and distressed. We then observed the cleaner coming to the aid of the same person and then soon afterwards a carer (who also was at the time trying to assist another person).

We also observed people were left in lounges for up 25 minutes without a member of staff to assist them. Due to staff assisting other people. We asked staff about this and they stated "We are too busy for at least one of us to stay in the lounge" and "There is no time to socialise with them and chat."

One person told us: "I don't see much of the staff but they speak to me alright". Another said: "It would be nice if they [staff] had a bit more time to talk but they are really busy." One person had missed a medical appointment because no staff were available to take them. The person's care plan and home diary confirmed this. A member of staff said there were not enough staff to escort people to appointments. We were told this happened twice for the same appointment. The registered manager told us that they had informed the family of the appointment but they were unable to assist their relative to attend.

This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People said they felt safe and they did not have any concerns about the way staff treated them. One person told us: "Oh yes, I feel safe". Another person said: "I have not had anyone shout at me". One person when asked if they felt safe and if staff were kind, responded positively by nodding and smiling. Many people told us they did not have any concerns about the way they were cared for. One person said, "I am happy here and I feel safe", another person told

Requires improvement

Is the service safe?

us “There are some people who are not very calm but the staff are very good with them”, “and “I feel safe and well looked after.” During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was safe, kind and patient.

Staff confirmed they had access to policies and procedures. They said they had had training and knew who to contact should they have any concerns about potential abuse to people. The home had appropriate policies and procedures to inform and advise staff about how to keep people safe. For example, the provider had policies in relation to safeguarding adults, bullying and harassment and whistle blowing which contained relevant information and guidance for staff to follow.

People’s risks were well managed. Risk assessments had been written with details on how to reduce the risk of harm occurring to people, such as moving and handling, pressure risks and concerns regarding choking and malnutrition. For example, one person had risk assessments in place in relation to their mobility and this said ‘encourage use of stick to prevent falls’. We saw staff gently reminding the person that they needed to make sure they used their walking stick as they had forgotten. This ensured the person remained as safe as possible when mobilising round the home.

Staff confirmed they had received training in medication administration. People told us they received their medication regularly. One person said “I am asked if I require any pain relief”. Medicines were stored securely and at the correct temperature. People were offered pain relief and it was accurately recorded. Appropriate arrangements were in place for the recording of medicines including their disposal. We observed that medication was given to people in a gentle manner and the staff member would wait with the person until it was taken. However, staff told us that “It was not always easy to take so much time with the residents when they were short-staffed”.

Requires improvement

Is the service effective?

Our findings

People were not always cared for by suitably skilled staff who had kept up to date with current best practice. Staff had been provided with some training in the Mental Capacity Act but could not give us examples to demonstrate their understanding of the training they had received. We found examples where the principles of the Mental Capacity Act were not always being applied in practice. For example we saw a reference in one person's care plan that they lacked capacity to make decisions. There was no recorded evidence this decision had been reached through an assessment of the person's mental capacity. We discussed this with the senior carer who stated they did not know if currently there were any mental capacity assessments in place.

Though staff talked positively about respecting people's choices and supporting them to make their own decisions they did not fully understand the key principles of the MCA and DoLs. For example, having formal capacity assessments and best interest's decisions. However staff did say that if they felt anyone was not able to make a decision they would not make any decisions on their behalf and they would ask for further advice. Staff were aware of the importance of ensuring people were supported properly with making decisions.

Not obtaining people's consent to care and treatment in accordance with the Mental Health Act (2005) is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**.**

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. We saw no evidence of any DoLs applications in the care plans we reviewed and the senior carer could not confirm that any applications had been made.

People who lived at the home gave us good feedback about the effectiveness of the care and support they received. We asked people if they felt staff were suitably skilled to meet their needs. People's comments included: "I think so, they're mostly youngsters but they're always on the move, I think once a week they have a meeting", "Yes they do, I have a lot of faith in the staff", "Most of the time", "Yes they're nice", "I assume they know what they are doing" and "They carry out their duties very well."

Staff told us they had supervision, which meant management checked training was being put into practice. One staff said "We have training on a regular basis". Staff received appraisals which gave them an opportunity to meet their line manager on a one to one basis to discuss progress in their role, any training requirements or to discuss any concerns they may have.

The majority of people told us the food could be a lot better. One person said "There is not often fresh meat – a lot of beef burgers, all frozen. On Sunday we get frozen turkey joints. Sometimes we get a home-made shepherd's pie, which is not good and often we get cake and custard. There is sometimes fresh vegetables." Another stated "To be honest, the food is not all it should be. For example, savoury minced meat. I would love a roast, we have one on Sundays, but it is always a roll turkey or frozen pork medallions from the freezer. The veg is frozen and there is no choice of vegetables and there is no choice of menu either". A relative told us "'There isn't a choice of food for lunch, the food is appalling. Sausage roll mixed frozen veg and mashed potatoes for lunch. I don't think it is the fault of the chef, I think it is what they're supplied with". The registered manager showed us their weekly shopping list and there were fresh vegetables and fruit on it, however this was not people's experience of the meals in general.

The cook told us they were trying to improve the menu and had discussed this with the provider. More fresh meat and vegetables were being bought. They told us they discussed the menu with the residents every month to try and design better options and more choices. The cook also demonstrated that they knew about special diets and what residents needed, whether it was a gluten free diet or textured food.

We observed the lunchtime meal; the dining room was a relaxed environment. People were supported to make choices and care staff were constantly chatting and engaging with people which made a pleasant atmosphere. Staff explained, with the extra member of staff who came in today, everyone was served in a timely manner and

Requires improvement

Is the service effective?

supported to eat and drink sufficiently. We observed people being offered choices of what food they ate. However, people and their relatives told us that the choices were limited.

Staff told us that they took food up to those people who wished to remain in their rooms to have their meal. They said they did this before the meal was served in the dining room so that they could support them to eat and drink before those in the dining room had their meal.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. Records had been made of people's dietary and fluid intake. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

People were able to access health, social and medical support when they needed it. One person we spoke to said, "A doctor visits here regularly and keeps an eye on me". We saw visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. For example, people received support from district nurses to help manage their condition. One healthcare professional we spoke with felt there were good relationships with the manager and care staff followed any health care advice they gave. We saw evidence of liaison with community health professionals when required to ensure their involvement and input with changes in people's needs.

There were no systems to identify trends, patterns and review accidents and incidents which had occurred in the home. However action had been taken for one person who had had a number of falls. A referral had been made to the falls clinic. With the person's agreement changes had been made to their room to improve access and reduce the risk of falls. An additional call bell had also been installed which meant call bells were more available for this person in the event they required assistance.

We observed much of the building had been redecorated to ensure people were provided with an environment that enabled them to feel comfortable and in control of their lives. We found slopes to people's bedrooms were not safely marked and people were at risk of falls. There was no clear signage on some of the doors to enable people to identify their rooms. As some of the residents had early stages of dementia, we found the environment was homely, but not wholly dementia friendly.

We recommend the registered provider follows national guidance about the provision of dementia friendly environments.

Good

Is the service caring?

Our findings

Staff interacted with people in a polite and caring manner. We saw a good rapport between staff and people that demonstrated staff knew people well and how best to support them. People said they were happy with their care. They told us "It's good and happy here" and "Staff are more helpful more laid back". Relatives all felt happy with how their relative was treated. They told us "[name] is happy at Neva Manor" and "Yes, [they] are happy" and "I feel [name] is happy and that is important". Relatives we spoke with also confirmed how satisfied they were with the care. They told us "It's fantastic" and "Quite happy" and "Very happy". All relatives felt staff were approachable and they could talk to them about any concern. They told us "Very friendly, they genuinely care" and "I can talk to them if I need them they are only on the end of the phone". This meant people and relatives were happy with the care and felt staff were approachable.

Staff interacted with people in a kind and caring manner. One relative confirmed how they felt people were always spoken to with respect even when staff were unaware they were in the building. We observed that though [name] was not able to communicate verbally the staff always talked to them, in a caring and affectionate way. Staff treated people with dignity and respect. One member of staff confirmed they provided a routine for one person to ensure they have dignity around their bathing. Staff showed respect and gave people time to respond when talking to them. When people needed a quite area to talk, we saw staff move to an area where they could not be over heard. During out visit we saw one person was in their room and we heard staff knock and wait for an answer before entering the room. We saw this on numerous occasions. One relative we spoke with felt everyone is treated with dignity. They told us "Staff treat people with dignity and [name] is leading their life in a way they want it, staff fit in with [name]".

People told us staff respected their wishes. We observed people were free to spend their time as they wished, for example, in their bedrooms. People personalised their rooms by bringing items of furniture and favourite possessions with them. Visiting relatives told us they were encouraged to visit and take part in the running of the home. One relative told us they visited twice a week but were free to visit at any time.

People were respected by staff who were respectful when speaking with them. They made sure the person knew they were engaging with them and were patient with people's communication styles. Staff understood people's needs and the support they needed, whilst providing an explanation of the support required. All staff we spoke with told us about the care they had provided to people and their individual health needs. Staff members told us about how they discussed people's needs when the shift changes in the staff handover to share information between staff members.

Requires improvement

Is the service responsive?

Our findings

People and their relatives told us that overall they were happy with the service provided. However, we found improvements were needed to ensure the service was better organised to meet people's individual needs more responsively.

People's care files contained little evidence of their participation in reviews and decisions about their support. When we asked people if they had been involved in their care plans and the reviews, one person said "I don't know what you are talking about". We asked staff about people's involvement and they told us that the registered manager "Sorted that out". Assessments about known risks to people had not been monitored on a regular basis. This meant that staff did not have the most up to date and accurate information about how to keep people safe from potential harm and the care plans were not fully person centred, for example not all of the care plans seen showed that people had received a needs assessment before they moved into Neva Manor.

Five care plans that we saw had not been reviewed since May 2015.One person's risk assessment for going downstairs had not been reviewed since March 2015 and for falls since April 2015.This meant people's care was not being reviewed regularly which could place them at risk of receiving inappropriate care and treatment.

We asked one staff member about someone they cared for and they told us, "We do know about people's past histories as lots of us have worked here for a long time" and were able to give us some information about this person, for example where they were from and about their family. Staff had some knowledge of people's backgrounds and preferences to assist them in providing personalised support to them.

People who used the service and visitors told us they knew how to make a complaint. They had confidence that action would be taken to resolve issues when this was required. One visiting relative told us they had no concerns, whilst another told us, "I don't think there's any chance of me making a complaint, they're always looking after [person's name]." People told us that overall they were happy with the service provided. One person said, "If I was unhappy, I would talk to [the Registered Manager] I'm sure they would do something." People told us "I don't like to complain" and " I don't see the point of complaining, they never believe me." One visitor said "I have complained in the past but had a conversation with the manager, nothing in writing". However, on our inspection we could not see how trends in complaints were identified and what actions had been take to resolve these.

We saw a number of people go to their rooms soon after finishing their lunchtime meal. We spoke to one relative about this, who said," There is nothing to do after lunch unless I take my relative out and they noticed others go upstairs and, they do not want to bother staff." The service did not have an activities person which meant the provision of daily activities was reliant on staff availability. Staff told us they would like to do more but did not have the time on a consistent basis to provide meaningful activities that were suitable for all the needs of the residents. People told us, "We get quizzes and exercises every two weeks, but have not been out on any trips recently." One relative told us whilst they were generally satisfied with the service, they wished more activities were provided. They were concerned their loved one did not always receive enough stimulation. People had commented in a questionnaire about activities in the home: "I would like to go out occasionally." The registered manager showed us the activity log that is kept to show what activities people have taken part in, but we did not observe this happening throughout the day.

One person told us how they regularly went out to the local coffee shop and pub as they were able to get there by themselves. Another person said they preferred to be in their room most of the time but occasionally "Go to an activity if it suits me." They also said how staff "Come and have a chat when they have time." Staff said they would like to do more but do not always have the time. One said how they were limited in taking people out because there were only two care staff on duty. We spoke with the registered manager about this and they said arrangements could be made to take people out and they were trying to do this so people could go out more with a member of staff.

We recommend advice is taken from a reputable source about the provision of appropriate social activities to enable and enhance the wellbeing of people living with dementia.

Requires improvement

Is the service well-led?

Our findings

Although the manager and provider had systems to assess and monitor the quality of service that people received. However these were not always effective. For example records of care plan audits which were meant to be completed monthly, had ceased three months previously and there was a lack of clarity around the identified actions; who they were delegated to and whether these had been completed. The quality assurance systems had not identified the lack of DBS checks for 3 staff, they had not identified the fact MCA principles were not always being followed. They had also not ensured there were enough staff to meet people's needs appropriately and safely.

On our inspection, we were not shown any system for dealing with people's complaints and the actions taken to resolve them. People told us "I don't like to complain". One visitor said "I have complained in the past but had a conversation with the manager, nothing in writing". We could find no evidence of this complaint or actions following it.

There were no systems to review accidents and incidents which occurred in the home to monitor trends. Records were kept of accidents and incidents which showed most accidents were falls. When people were identified as high risk of falls, the falls team were contacted. District nurses, ambulances and rapid response teams were contacted as necessary. Staff said they were informed of the outcome of any accident/incident investigation in order to prevent re-occurrence. They said they were informed through daily handover meetings and staff meetings.

The registered manager told us they wanted to have a service where "Residents feel involved, are cared for by familiar faces and feel free to say what they feel about the care they receive." We noted how residents' meetings had been held on a regular basis. Topics discussed included activities, staffing and people voicing their views. Staff told us how they felt the service was about creating a family environment and how this had been discussed with them by the registered manager.

Staff told us they found the registered manager "Approachable" and "I would definitely talk to them about any concerns and they would listen to what I had to say." One staff member told us "They are very approachable, they look after the residents and they look after us." Another stated "I feel listened to on certain things but not on staffing". One person told us "I like the manager they are always around and is someone you can talk too."

Questionnaires and surveys had been undertaken asking people about activities in the service, the quality of care provided in the service and satisfaction with the meals being offered. People said they wanted more outings and the registered manager told us they had arranged pub outings and trips out. As a result of comments people made additional menu choices for meals and changes to the tea menu had occurred. This was confirmed by one person who said "They have put on new things we said we would like for tea and dinner."

Prior to this inspection the registered manager and provider had submitted various notifications to inform us of certain events that occur at the service. The Care Quality Commission (CQC) request information about specific incidents occurring within services regulated by the Health and Social Care Act 2008. These are known as Notifications. Before we inspected the service we checked our records and found that the provider had notified the Care Quality Commission of these events through our statutory notification process.

We saw there were plans in place for emergency situations, such as an outbreak of fire. Staff understood their role in relation to these plans and had been trained to deal with them.

There was a system to ensure checks had been completed on gas, electric and Portable appliance tests and certificates confirmed these were in date, ensuring safety of the residents, staff and building.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered provider had not ensured the protection of people from unsafe or suitable care through robust recruitment procedures being in place.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **People's rights were not protected due to lack of capacity assessments and best interest decisions as required by the Mental Capacity Act 2005**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the needs of people.**