

Neva Manor Care Home

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Inspection report

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Date of inspection visit:
06 July 2021
08 July 2021

Date of publication:
02 August 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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 10 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

Improvements had been made at the service to address previous shortfalls identified in areas such as safeguarding, accidents and incidents, medicines, infection prevention and control and risk assessments.

People were supported by caring staff who knew them well. There was a pleasant and welcoming atmosphere at the home.

Overall, governance systems had improved. We found improvements were needed in parts of the recruitment process and associated auditing of these systems. Further areas which were being improved such as staffing assessments needed to develop. Staff had received training they required for their roles. Further identified training was planned.

The provider had sought feedback from people, relatives and staff. Communication systems were in place and had been reviewed to be more effective. Positive feedback was received about the improvements made at the service. The provider was approachable and had engaged with making required changes to ensure people were safe and well supported.

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 found and a warning notice was issued. We followed up the warning notice in a targeted inspection (published 25 June 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since 22 April 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 11 and 18 January 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions; Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Neva Manor Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to Regulation 19 (Fit and Proper Person Employed) at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Neva Manor Care Home

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.

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 one inspector 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

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 five people and six staff members which included the registered manager and provider. We spoke with two health and social care professionals. We reviewed a range of records. This included two people's care records and seven medicine records. We looked at three staff recruitment files and staff training records. A variety of records relating to the management of the service, including policies and procedures, audits and health and safety checks were reviewed.

After the inspection

The Expert by Experience spoke to five relatives. We continued to seek clarification from the provider to validate evidence found. We looked at training data and staff rotas.



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. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment processes were in place to assess new staff. This included applications and interviews. However, we found one staff member's proof of identity had not been verified in line with published guidance, and another staff member did not have evidence of name changes nor a reference from their last employment in health and social care.

This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A Disclosure and Barring Service check (DBS) was completed for new staff. A recruitment checklist was completed on staff files and recruitment audits were in place but these had not identified these shortfalls.

At our last inspection we identified the provider did not have sufficient oversight of staff training. Staff did not always receive training relevant to people they were supporting in the home. The provider was not using a systematic approach to determine how staff were deployed across the service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, there was further improvements to be made.

- The provider had made progress in facilitating the training staff required. For example, in safeguarding, infection prevention and control, and the duty of candour. There was outstanding training to be completed to ensure staff could support people's needs effectively including emergency first aid, mental health awareness and dementia. The provider ensured these were booked after the inspection for the upcoming months.
- The provider had oversight of staff training and was regularly monitoring this. Further improvements to monitor training due dates was in progress.
- A staffing level assessment tool was being developed. This would monitor people's support needs against staffing levels and how staff were deployed across the service. The provider acknowledged this was in the early stages of implementation.
- People and staff said that staffing was now sufficient. One staff member said, "Plenty [of staff]. Someone new is also starting." Relatives commented, "Always at least three staff," and "Yes [enough staff], the carers are great."

Systems and processes to safeguard people from the risk of abuse

At our last inspection we identified the provider had failed to ensure people were always protected from the risk of potential abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems were in place to report and record safeguarding concerns, including unexplained bruises. After the inspection the provider implemented an overview to ensure the actions, they had taken were easy to identify and monitor.
- Staff we spoke with were clear what their responsibilities were in recognising and reporting potential safeguarding concerns. One staff member said, "I would report concerns." Staff had received training in safeguarding in February 2021. A staff member said, "I have completed this training."
- The provider knew how to report safeguarding concerns to the local authority and Care Quality Commission.
- One person in a recent survey said, "I am very happy with the support I get." A relative commented when asked if they felt their relative was safe, "Safe absolutely, healthiest they look, staff are lovely and very good."

Assessing risk, safety monitoring and management

At our last inspection comprehensive inspection in January 2021 we identified the provider had failed to ensure risks were adequately assessed and managed. There was no analysis of accidents and incidents in the service. Medicines were not managed safely and we found evidence one person had been harmed. There was a lack of effective infection prevention and control measures in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place and gave guidance on how to support people safely whilst retaining people's independence. For example, in health conditions, mobility and falls.
- One person's risk assessment in regard to eating needed updating, which the provider promptly addressed.
- Accident and incidents were reported and recorded. These were reviewed by the registered manager to ensure actions were implemented to reduce reoccurrence. A monthly analysis was completed to monitor patterns or trends.
- Environmental risk assessments were completed to ensure safety measures were in place and risks were reduced within and around the home.
- Internal and external checks were conducted on the premises and equipment. Such as electrical, gas and mobility aids.
- Fire safety was regularly assessed and monitored. People had clear individual plans to support them in case of an emergency situation.

Using medicines safely

- Medicines were administered and managed safely. Temperatures of medicine storage areas were

monitored daily and regularly checked by the registered manager. A lock had now been fitted to the medicines fridge which was located in a communal area.

- At our last targeted inspection, we made a recommendation around protocols for as required medicines, 'PRNs.' The provider had reviewed and changed PRN protocols. They now gave clear guidance as to when a person may require this additional medicine and how they would communicate this.
- Information around topical creams had been reviewed. Pictorial and written guidance was clear about when and how these should be applied.
- Medicines which required additional storage in line with legal guidance were stored and checked appropriately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. We observed staff wearing face masks correctly.
- 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.
- The home was clean. One relative said, "[The home is] tidy, always spotlessly clean." A health and social care professional said, "Infection control standards are met."

Learning lessons when things go wrong

- The provider had taken steps to implement and develop systems to ensure lessons were learnt when things went wrong. This included reflective accounts of when things could have been done better.
- Regular meetings were held with different areas of the service. For example, care, domestic, kitchen, and senior staff who administered medicines. This was to openly discuss practice and systems, in order to improve the service.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service was still developing to achieve the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we identified the provider failed to ensure there was a robust governance system in place. The checks, audits and systems in place were not used effectively to identify shortfalls, errors and omissions. Peoples records were not stored securely. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made in the providers governance systems. This included audits in medicines, infection prevention and control, accidents and incidents and the environment. Audits were being reviewed and revised as necessary to keep developing and improving them.
- Further improvements were needed in recruitment audits due to the shortfalls identified. The provider made changes straight after the inspection to include further checks in these audits.
- Medicine records were now observed being securely stored as was other confidential information.
- Care plans and protocols had been rewritten, to keep handwritten updates to a minimum to ensure they were legible and clear.
- The provider had an action plan in place to identify and progress areas for improvement.
- The provider conducted health and safety checks and checks on individual's bedrooms. Following the inspection checks were included on communal areas and this was incorporated in the providers action plan to monitor refurbishment.
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service. Following the inspection this was made more visible.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform CQC of.
- There was positive feedback about the provider. One relative said, "[The registered manager is] very approachable."

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

- The provider and staff had completed training in the duty of candour. The registered manager could fully

explain what the duty of candour was and how this was applied.

- Records, such as accident and incident records, showed when and whom had been notified. Relatives we spoke with said they had been informed when their loved one had a fall or was unwell. One relative said, "Informed by care home [when relative had a fall]." Another relative said, "They rang straightaway, when [Name of person] had to go to hospital let me know."

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

- There was a happy, friendly and welcoming atmosphere at the home. A staff member said, "The team work well together." Another staff member said, "We pull together, there is a nice atmosphere."
- Staff knew people well and were observed chatting and laughing with people. When one person became upset, staff comforted and reassured them.
- Staff told us, "[The service is] improving the whole time." Changes needed were being explained and embedded.
- Relatives commented positively about communication and information from the home. One relative said, "Communication very good." Another relative said, Yes, every time I speak to the care home they call back and or ring me mostly to regularly update."

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

- The provider had conducted a survey with people, relatives, professionals and staff. Overall, there was positive feedback. One person had said, "The food is lovely," another person had written, "I am happy with my room." A relative said, "Neva Manor has a great care team dedicated to the residents. Very clean environment. The home is lovely and has a real family feel to it." One staff member commented, "There is ongoing efforts towards improvement." Actions had been identified from the survey around décor and lighting.
- The provider had engaged people in giving opinions about activities in a creative feedback session. People had talked about their individual interests and hobbies.
- Systems were in place to communicate and share information with staff, which included meetings and handovers. Written systems to communicate important information to staff about people had recently changed. Staff commented positively on this. One staff member said, "It is clearer what we need to follow up."

Working in partnership with others

- The service worked with local health professionals and had developed good relationships. A health care professional said, "Communication is good." Another health professional said, "Staff are knowledgeable. The home escalates any concerns and ask any questions."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 provider had not ensured recruitment procedures and checks were fully effective. Regulation 19 (1)(a)(2)