

## Neva Manor Care Home

# Neva Manor Care Home

### Inspection report

4 Neva Road  
Weston Super Mare  
Somerset  
BS23 1YD

Tel: 01934623413  
Website: [www.nevamanorcarehome.co.uk](http://www.nevamanorcarehome.co.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Neva Manor Care Home is a residential care home providing personal care for people aged 65 and over. The service can support up to 14 people. At the time of the inspection 12 people were living at the home. 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 access to a rear garden and car parking to the front of the home.

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

People gave positive feedback about living at Neva Manor Care Home. Staff were kind, caring and knew people well.

We made a recommendation about the management of Legionella. The provider was working through requirements made by the fire service in relation to fire safety.

Governance systems had been developed to be effective in identifying and actioning improvements. The service was well led and managed. Staff received regular training and supervision.

The home was clean and tidy. People enjoyed their individual rooms and the outdoor space at the home. There was a friendly and relaxed atmosphere where people had good relationships with the managers and a small, consistent staff team.

People enjoyed the food provided and mealtimes were sociable. People were supported to maintain good health. The service had developed positive relationships with local health teams.

People's feedback and opinions were sought through surveys and meetings. There were good systems of communications within the staff members and with relatives. Care plans explained how people preferred their care and support to be delivered.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 3 August 2021). The provider had completed an action plan to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 19 (Fit and Proper Persons Employed).

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the previous inspection.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of 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](http://www.cqc.org.uk).

#### Enforcement

We have made a recommendation in relation to the management of legionella.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# 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 Health and Social Care Act 2008.

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 personal care as a single package under one contractual agreement dependent on their registration with us. Neva Manor Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with six people living at the service and seven relatives. We spoke with seven staff members which included the registered manager. We spoke with six health and social care professionals. We reviewed four people's care records and five people's medicine records. We looked at a variety of records relating to the management of the service, including policies and procedures and audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection of the service in June 2021 we identified the provider had not ensured recruitment procedures and checks were fully effective. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection improvements had been made and the provider was no longer in breach of Regulation 19.

- The service had reviewed and improved recruitment processes to ensure all checks were fully completed. This included checks on identity, previous employment and name changes. Disclosure and Barring Service (DBS) checks were conducted. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Rotas reviewed demonstrated staffing numbers were kept at the level deemed safe by the provider. A staffing dependency tool was used to assess staffing levels required in line with people's changing needs.
- People told us there was staff available to meet their needs. A staff member said, "We are OK at the moment staffing wise. All the jobs get done and we don't rush. We all take our time with people."
- People were supported by a small, consistent staff team. We observed staff respond promptly to people, completed personal care when needed and checked on people regularly who chose to be in their bedrooms. A relative said, "Always plenty of staff." Another relative said, "Carers are all aware of all the residents' needs."

### Assessing risk, safety monitoring and management

- A Legionella risk assessment had not been conducted, in order to assess and manage potential risks from legionella to people. The registered manager arranged for this to be completed immediately.

We recommend the service reviews and follows national guidance on the management of Legionella in care homes.

- A fire assessment conducted by the fire service identified a number of required actions. The service had completed an action plan and actions were in progress or had been completed. The fire service was due to return later in the year to check completion.
- Regular checks were conducted on the environment and equipment and included external servicing. A continuity plan was in place to ensure unforeseen events were managed.
- Risk assessments provided guidance for staff about how to keep people safe in areas such as mobility, skin integrity and medicines. A health professional said, "They are quick on pressure areas and escalate

when needed."

- Protocols were in place around health conditions. For example, on how to manage a person's diabetes. A health professional said, "Staff follow our instructions."

#### Using medicines safely

- People told us they were supported to receive their medicines as prescribed. One person said, "I take five tablets in the morning and staff give me these."
- Medicines were managed, stored and administered safely. Temperatures of medicine storage areas were monitored. Protocols were in place for as required medicines.
- Topical medicine administration records (TMAR) gave visual and written guidance on medicine application
- Medicines that required additional storage in line with legal requirements were stored appropriately and systems for stock checks were in place.
- Systems were in place to regular check and audit medicine management. Regular meetings took place with senior staff so information could be shared.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe here." A relative said, "[Name of person] is close to the carers and feels safe at Neva Manor."
- Staff had received training in safeguarding adults and knew how to identify and report concerns.
- People told us staff were responsive if they required assistance. One person said, "I use the call bell. I have one by the bed."
- The registered manager knew how to report safeguarding concerns to the local authority and Care Quality Commission as required.

#### Preventing and controlling infection

- The home was clean. One person said, "The home is kept clean and tidy." A relative said, "The home is always clean and tidy, the bedroom is very clean."
- 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 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.

The provider was facilitating visiting in line with government guidance. A visiting procedure was in place.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. A monthly analysis was undertaken to review for patterns and trends and ensure actions taken to prevent reoccurrence were effective.
- The registered manager and staff reflected specifically on events when things had gone wrong. This ensured lessons were learnt and practice improved.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction aligned with the Care Certificate when they started at the service. The Care Certificate is a set of standards that define the knowledge, skills and behaviours expected by care staff. One staff member explained their induction process including training, shadowing experienced staff and orientation to the home's policies and procedures.
- Staff received regular supervision from a senior staff member. A staff member said, "I am well supported." A relative said, "Staff seem to be well motivated."
- Regular training was completed which included areas specific to people's needs. For example, dementia care, diabetes monitoring and stroke awareness. A staff member said, "We get a lot of training here."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported in their healthcare needs. Care plans gave guidance to staff on health conditions. One person said, "GPs often won't come out, but I go when needed."
- We received positive feedback from health professionals who regularly visited the service to support one person with their health needs. Comments included, "Staff are good at picking up changes, "Staff are professional. They are always ready when we arrive and communicate all information to us," and "Staff know people really well. Anything we ask gets done. Staff escalate things when needed."

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

- People were happy with the home's décor and their bedrooms. People had personalised their rooms with pictures, furniture and ornaments. One person said, "I'm happy with my room." Another person said, "My room is nice." A health professional said, "It has a lovely homely feeling."
- People had access to the rear garden when they wished. We observed people enjoying sitting and utilising the garden area.
- Signage was in place around the service to orientate people to different rooms and areas.

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

- People told us they mainly liked the food provided. One person said, "I enjoyed my lunch." Another person said, "They would give you something else for lunch if you didn't like it. The menu changes [With the seasons]." A health professional who regularly visited the service said, "The meals look really good."
- Mealtimes were relaxed and sociable. People chose where they wished to eat their meals. Hot and cold drinks were served throughout the day and people could also help themselves.

- One relative who had not been eating well previously, told us how their relative had improved since being at Neva Manor Care Home. They said, "[Name of person] is already stronger than they were before going in."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had a system to oversee the application, progress and authorisation of peoples DoLS.
- People's capacity had been considered in care plans for specific areas when appropriate. We highlighted where assessments needed reviewing at appropriate intervals. The registered manager said this would be addressed.

#### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were conducted prior to admission to ensure the home could meet people's needs.
- People told us they made their own choices. One person said, "I get up when I want." A relative said, "[Name of person] makes choices. For example, if [Name of person] does not want to get dressed." We observed staff offering people choices and respecting people's decisions.
- People's protected characteristics under the Equality Act 2010 were identified and respected in care plans. This included people's wishes in relation to their religion, culture and gender preference of carer.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Activities were displayed in a communal area so people could see what was on offer for the week. For example, a quiz, pampering sessions and board games. People's care plans explained the individual activities they were interested in. Such as gardening, religious reading and singing. A relative said, "They make parties on birthdays and celebrate things like Easter and the Queens Platinum Jubilee."
- People could contribute activity ideas in meetings held and surveys conducted. People were supported to be involved in household jobs if they wished. A relative said, "[Name of person] goes and helps wash up and puts clothes away."
- People fed back they would like to do more activities out of the home. One person said, "I would like to go out. I don't get to go out much." The provider told us this had been acknowledged in the activity survey and was part of the action planned.

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

- Care plans were being rewritten as a planned moved to an electronic care planning system. The format was being developed and the provider needed to ensure information and support direction was clear and concise.
- Care plans described people's previous employment, relationships and interests. Staff knew people's likes and dislikes and preferred routines. For example, one staff member said, "I know which cup people like, their individual choices, what they like and how they like to do it."
- People were supported by staff who kind, caring and knew them well. One person said, "The staff are nice, I know everyone." Another person said, "The home is nice and the staff are lovely." A health professional said, "They look after people holistically here. Staff are knowledgeable when you come through the door."

End of life care and support

- The service was not currently supporting anyone with end of life care. We received positive feedback about how the service had recently supported a person at the end of their life.
- A health and social care professional said, "The end of life care for one person was good, everything got implemented." A relative said, "Thank-you for the care of [Name of person]. To take her to hospital would have been so distressing and would not have allowed for the special time we were able to spend with her in the days leading up to her death."

Improving care quality in response to complaints or concerns

- People and relatives had access to the complaint's procedures. Complaints and concerns were

investigated and acted upon. One person said, "I have no complaints. I am happy here."

- Relatives said they were in regular contact with the provider and could raise any matters. A relative said, "The owners are amiable and easy to talk to. They are hands on managers. I have no complaints or suggestions."

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Documentation was displayed around the home in different formats, for example large print and easy read.
- People's care plan described people's communication needs. For example, one person had an individualised pictorial activity board.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits had been further improved since the last inspection in 2021. Governance systems were in place for areas such as medicines, care plans, infection control and also now included recruitment. Identified actions from audits were planned out, progressed and completed.
- A service improvement plan was in place which showed how the service was continually developing and making improvements. Progress of actions were regularly monitored.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform Care Quality Commission (CQC) of.
- The provider had clearly displayed their CQC assessment rating at the service, they did not have a website.

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

- Questionnaires had been conducted with people, relatives and staff, which gathered feedback around areas such as food, activities, care and the environment. A relative said, "I have filled in some satisfaction surveys."
- People's feedback was actively sought through meetings and surveys. Actions were taken as result and shared with people.
- There were effective communication systems within the staff team. This included meetings, handovers and written documentation. A staff member said, "Communication is good."

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

- Staff, relatives, people and health and social care professionals told us the home was well managed. A relative said, "I see the owners all the time and they are around and approachable. It is well-managed. The registered manager is easy to talk to, all the staff are."
- There was positive and uplifting atmosphere. A relative said, "It is relaxed and friendly, a nice feeling of tranquillity." One person who was on a short stay at the home said "Everyone here has been fabulous. I will never forget it here." A health professional said, "Residents are very content and happy."
- People told us they enjoyed living at the home. One person said, "I am very appreciative of being here." Another person stated, "I can only praise everything about Neva Manor Care Home. The lovely caring staff have always been so kind and considerate giving lovely smiles and gentle care, encouraging me to get

stronger every day."

- There was positive team culture, staff and managers worked together. A staff member said, "Things are running more smoothly." Another staff member said, "We are working well as a team."

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 registered manager fully understood the responsibilities under the duty of candour legislation, to be open honest when things had gone wrong.
- Relatives told us communication was good. One relative said, "I find the home very helpful, it is warm and inviting. They answer phone quickly and keep me up to date. They phoned when [Name of person] went into hospital." A relative said, "The registered manager is very good and keeps me informed, for example when [Name of person] is unwell or needs a blood test."

Continuous learning and improving care; Working in partnership with others

- The service had good working relationships with health and social professionals and relatives. A social care professional said, "The registered manager is positive and make things possible." A health professional said, "They handle everything before we get in and get things ready."
- The service had worked to be reflective and have systems to effectively make improvements.
- The service had supported linked with local educational providers to offer work experience.