



Enter and View Report
Neva Manor Care Home
28/04/2016



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Visit Overview

Service Name and Address: Neva Manor Care Home, 4 Neva Road, Weston super Mare BS23 1YD

Registered Provider: Brinda and Dan Bungaroo

Type of Service: Care Home (Residential Care) Ages 60+

Specialisms: Alzheimer's Disease • Hearing Impairment & Deafness • Parkinson's Disease • Stroke • Visual Impairment

Registered Manager: Brinda Bungaroo

Date and Time of Visit: 29th April 2016, 2-4pm

Enter and View Team: Jane Towler, Karen MacVean

About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset are independent, transparent and accountable.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

Enter & View

In order to enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch North Somerset representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch North Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch North Somerset to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care Homes and day-care centres).

Key Benefits of Enter & View

To encourage, support, recommend and influence service improvement by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care Home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences

- Engaging carers and relatives
- Identifying and sharing ‘best practice’, e.g. activities that work well
- Keeping ‘quality of life’ matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a ‘critical friend’, outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning

Purpose of the Visit

Healthwatch North Somerset is carrying out a series of visits to Social Care/NHS funded accommodation/services in North Somerset to ascertain the quality of life and experience and opinions of residents. The Manager at Neva Manor Care Home invited us to visit the Home.

This report relates only to this specific visit and feedback we have received directly at Healthwatch North Somerset during the same time period. It is not representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

How the Visit was Conducted

The visit was an announced visit with the Manager being given 2 weeks’ notice. We sent letters, posters and leaflets to the Home to inform residents, relatives/carers and staff about our visit and about the role of Healthwatch North Somerset. We observed the condition of the premises, the interaction between the staff and residents and we talked with 6 residents and 4 staff who were on duty at the time of the visit. Though we did not get chance to speak to any visitors directly as none were present during our visit, we did observe the interaction between the Manager, staff and some young visitors who arrived just as we were leaving. We also spoke with the Manager at the start of the visit and at the end to clarify any questions that had been raised.

Observations and Findings

Neva Manor Care Home provides accommodation for 14 residents in a large Victorian house situated in a residential road, it is located within walking distance to the town centre, bus and train station, seafront, local parks and nearby attractions. There are 12 single rooms and 1 shared room which is often used for couples. The Manager told us that she has a waiting list of 5 people who want to come and reside at Neva Manor Care Home specifically.

Even though it is an old building we got the impression of a light, airy Home and a welcoming atmosphere. The décor, furniture and soft furnishings in the sitting rooms, kitchen and the bedrooms that we were invited into, all made the Home feel very homely, cosy and warm.

On arrival at Neva Manor we received a good welcome from the Owner/Manager Brinda Bungaroo. We introduced ourselves and though our Identity badges were not checked

directly, we were clearly expected and taken on face value as to who we said we were. We did however get asked to sign in and out of the building.

General impression of the Home

The General impression of the Home was of a clean, bright, warm, calm unit with every attempt being made to meet residents' needs. The accommodation is set over 2 floors, as it is an old building there is no lift and we were told by the Manager that there is no potential for one to be installed, however we observed there was a stair lift connecting the 2 floors.

The Manager was very welcoming to us visiting her Home and spent the afternoon showing us around and introducing us to all the staff and most of the residents who were not in their rooms for an afternoon nap. The staff were very friendly to us and we observed that the staff spoke to residents in a very polite and friendly way.

In the hallway was a notice board with general information about the Home displayed upon it. There was a copy of the latest Care Quality Commission (CQC) inspection report that had been produced following the inspection on the 24th of December 2015. The CQC report advised that Neva Manor Care Home needed to make improvements in 4 of the 5 standards assessed. The Managers advised us that in her view it was best to be open and honest with residents and families about the CQC report and had held a meeting to explain the results and the actions the Home would be taking as a consequence.

Although the Home's specific Complaints Procedure was not displayed on the notice board, there were details of how to complain to the Health Service Ombudsman, and how to feedback to the Care Homes website. The Manager told us that she held regular meetings with staff, residents and families and encourages them to bring any suggestions or upsets to her attention so she is able to deal with them immediately and she said she has found this to be very successful.

The Manager advised us that the Home is affiliated to the local college and regularly takes apprentices who are undertaking health and social care training courses, so that they can gain experience and skills in the role of care worker.

The lounge/dining room was bright, homely and spacious, with a television and pictures of the residents on the walls. The Manager told us that at the moment the room was decorated with Union Jack flags as the residents had been celebrating the Queen's birthday and St. George's day with afternoon cream teas. We saw an organ in the room which the Manager advised us was used for the resident's entertainment and also for the monthly Religious Services. There were doors opening onto a secured patio and small garden. The Manager explained to us that in the warmer weather these doors remained open for residents to use the garden as they wished.

We witnessed a member of staff sat with a resident carrying out a manicure and painting the lady's nails, when she had finished this task she sat amongst the residents in the lounge chatting with them. We noted that the residents were very comfortable and happy with the Manager as she showed us around. Three residents told us that "Brinda and Dan really look after them" and were "really nice people".

In the dining area of the living room we observed that there were jugs of squash and fresh fruit on offer and we were told by a member of staff that the residents were encouraged to help themselves to both during the day.

There was a separate front room with a piano. The Manager advised us that this room is used for private conversations with families and visitors or for residents who don't want to be sat in the main sitting room where everyone tends to congregate (we observed that all residents not in their rooms or on outings were sat together in the main sitting room).

We noted that the residents name plates on the doors of their rooms were quite clinical and impersonal apart from one which was more personalised.

Personal Care and Dignity of Residents

The residents we saw were dressed appropriately and looked well cared for. They had clean clothes, some ladies were wearing their jewellery, and some had their nails painted. Everyone seemed to be dressed in their own clothes to suit their individual personality and choice. One gentleman was wearing a jacket, shirt, braces, trousers and highly polished shoes, the Manager told us "he always likes to look smart".

The Manager told us that the residents were able to choose the time of the morning they got up and where they wanted to spend their time throughout the day.

A resident told us that there are regular visits to the Home from the hairdresser and from a podiatrist.

We were invited into some of the residents rooms and observed that they were decorated with the residents own personal possessions. One resident's room whose hobby is to draw cartoon characters was full of coloured pencils, drawing paper and pictures he had drawn. Some of the rooms we saw had a sensor pad by the side of the bed for safety so that if the resident got up at night an alarm would be triggered and a member of staff could attend.

The Manager told us that Home receives visits from two local churches who conduct services for the residents. There was an Organ in the main sitting room which is used for sing- a-longs and also for religious services that are held regularly.

The Manager advised us that Community Therapists and Nurses visit the Home as and when needed for the residents care. The Manager also told us she believes she has a good rapport with the Health and Social Care teams based on the positive feedback she has received from the health care professionals about the care given to residents.

At the time of our visit we observed five staff on duty, this included the Manager and her husband. The staff ratio to residents appeared sufficient to meet the needs of the residents.

Independence of Residents and Control over Daily Life

From talking to the Manager and the residents it appeared to us that the residents have control over their daily lives, deciding when they get up and go to bed and when and where they eat their meals. The Manager and residents told us that they can choose to have their meals on a tray in the lounge or in their own room, but most residents chose to eat their main meals in the dining area together. The Manager went on to tell us that one

of the residents likes to stay in his room until 10.30 in the morning before going to the dining room for his breakfast.

There is a full week's activity programme advertised on the wall. On the day of our visit we witnessed two members of staff taking two residents out in wheelchairs to the local park for tea and cake.

We were invited to visit a resident's small suite which consisted of a small lounge area as well as a bedroom and en-suite bathroom. The Manager explained to us that this particular resident on occasions "felt low" and liked to stay in their own room. The Manager also explained that before coming to the Home the resident had owned two dogs who were now living with relatives. The Manager went on to tell us that Mr Bungaroo (joint Home owner) had surprised the resident by having two photos of the dogs framed, she told us that the resident had expressed great delight at this gesture. We observed the photos taking pride of place in the sitting room.

We saw that a resident who had Downs Syndrome sat in the main lounge with a basket of toys and picture books next to him, which we witnessed him playing with.

We observed afternoon tea being served and saw the former mentioned resident being given his drink in a special cup to meet his physical needs

Staff Behaviour and Attitudes and Relationship between Residents and Staff

We witnessed staff being kind to the residents and spending time to ensure care and consideration was given. A couple of the residents did not speak, the Manager told us that all the staff had learnt some sign language in order to communicate. We observed a basic sign language booklet displayed on the notice board, but it appeared to us that as the staff were very familiar with the residents they were able to anticipate their needs which we felt from what we observed were very well managed.

Staff appeared to have a good relationship with residents and we observed the staff as being confident caring and capable. Staff talked about their own situations with the residents e.g. we met a staff member whose daughter recently had a baby and who was visiting the residents in her own time to show them her new grandson.

We spoke with one resident who told us that they were "very happy at Neva Manor and the food was very good". He also went on to tell us about when he was in hospital how Brinda and Dan (Manager and Co-owner) visited him all the time. The Manager told us that this resident had had a stroke and the hospital staff had said they would not be able to return to the Home as they would need nursing care and would not be able to walk again. The Manager expressed she was determined to get the resident back to the Home and she and Mr Bungaroo had got the resident walking again, so the resident was then able to return to the Home. The resident kissed the Managers hand and appeared to be very fond of her and Mr Bungaroo, telling us "how good they were".

Activities for Residents

The Home does not have an identified activities coordinator, as it is a small Home the Manager told us that all members of staff participate in activities with the residents. The

Manager told us she has regular meetings with the residents where they discuss future activities that they would like to do. There is a weekly activity programme which is displayed on the wall, these activities are open to all residents who wish to participate and include cooking sessions. There is a dart board on the door and there was a half completed puzzle on one of the tables. There are films, activity boxes and puzzles, all easily accessible to the residents.

There were photographs of the residents displayed on the walls, there were also photos of staff members.

There was an enclosed garden area with chairs, benches and tables. The Matron told us the residents really like this area in the warmer weather.

We met a resident with paper and pencils whose hobby it is to draw cartoons, he did one for us depicting the Home owners (see appendix).

The Home has a piano and an organ for anyone who wishes to use them.

Food and Drink and Meal Times

The Manager told us that at lunch time residents are able to eat in their own room, on a tray in the lounge or in the communal dining room, two of the residents told us that the food was very good.

The Manager advised us that there is a choice of meals and dietary preferences are taken into account, as this is a very small Home the staff know the residents well and are aware of these preferences. We saw the days menu displayed on the wall, the Manager told us that if a resident fancied an alternative, e.g. a sandwich instead of the hot meal they would accommodate that.

Displayed on the wall in the kitchen were details of a special diet required by one of the residents with instruction of how this needed to be followed.

The Manager told us that all food is freshly prepared by the Home's cook. The Manager told us residents are involved in setting the tables at mealtimes, one of the residents agreed she did do this and told us she enjoyed being helpful.

The Manager told us they have special themed food for celebrations such as for St George's day and the Queen's birthday when they had a cream tea. The Manager told us she personally bakes cakes and had done one for the Queen's birthday celebration.

The Manager advised that the residents had a shop bought fish and chip supper each month.

Relationship between the Home and Relatives/Carers

Visitors are welcome at any time though we only saw one resident with visitors just as we were leaving the Home so did not get to speak to them directly. The Manager told us that the visitor had come with his girlfriend to visit a relative. We did witness how the staff and the Manager knew the visitor by name and chatted with him. We heard the visitor tell the Manager that they had really wanted to visit their relative the day before as they knew Wednesdays activity was baking and there would have been cakes for them to sample, but unfortunately they couldn't make it.

Staff Satisfaction

The staff we saw on the visit spoke to us freely and appeared to be satisfied and happy in their work. We met a member of staff who told us that she had worked at the Home for over 20 years and she viewed the Home and its residents as family.

Whenever we met a member of staff as we walked around the building, the Manager introduced each one to us and they did not seem worried about speaking to us and they came across as open and genuine.

The Manager told us the staff worked towards NVQ qualifications which 90% have achieved, they were also trained in administering medication and dementia care and that the Home has a training calendar to ensure training remains up to date.

The Manager told us that she has never had an occasion when agency staff were required, all shifts were covered by her permanent team.

Other Observations and Comments from Resident, Staff and Relatives

None Noted

Examples of Good Practice noted

- Neva Manor care Home really had a feel of being at Home and living in an extended family.
- Residents getting a regular opportunity to have a say in what activities they want to do at the regular meetings with the Manager and staff.
- Residents get the chance to discuss any issues that come up in the Home at the regular meetings with the Manager and staff.
- Residents get the opportunity to go out of the Home if they want to enjoy the local amenities.
- Residents enjoy celebrations such as the Queen's birthday with themed food such as a cream tea. They also have a bought fish and chip supper once a month.

Recommendations

- We would recommend that the Neva Manor complaints procedure is displayed in a prominent area for residents and visitors to view.
- We would recommend more personalised name plates on the doors of the residents own rooms.

Acknowledgements

Healthwatch North Somerset would like to thank Brinda and Dan Bungaroo and all the residents and staff of Neva Manor Care Home for their assistance in planning the visit and the preparation of this report as well as the provision of opinion and feedback.

We would also like to acknowledge the time and effort invested by our Enter and View Authorised Representative volunteers in visiting Neva Manor Care Home and producing this report.

Appendix 1: Sketch from Resident at Neva Manor Care Home





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