

Bupa Care Homes (CFHCare) Limited

Himley Mill Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

Overall summary

We inspected this service on 16 December 2015 and it was unannounced. At our last inspection in November 2014 compliance actions were issued as we identified that improvements were needed regarding consent to care and treatment. The provider sent us a report in February 2015 explaining the actions they would take to improve. At this inspection, we found improvements had been made since our last visit.

The service was registered to provide nursing care for up to 86 people. The service is split into three separate units: Beech, Kingswood and Woodlands. At the time of our inspection 79 people were using the service.

There was a new manager in post who is in the process of registering with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

The provider did not always provide personalised care that met people's preferences. When people had cultural needs the provider did not demonstrate this as part of their assessment. Some systems that were in place did not ensure that when people's care needs had been assessed they received it as they should.

People told us they felt safe and staff were able to recognise and report potential abuse. Risks were managed in a way to keep people safe. There were safe systems in place to manage medicines. There were enough staff available to meet people's needs in a timely manner. Staff received training and induction which supported them to have the skills to meet people's needs.

When people were unable to consent mental capacity assessments had been completed and decisions were

made in people's best interests. The provider had considered when people were being unlawfully restricted and Deprivation of Liberty Safeguarding (DoLS) applications were in place. Staff knew their role and how to protect people with this.

People told us they enjoyed the food and were offered a healthy balanced diet. People and families told us they were involved with reviewing their care and when needed people were referred to relevant healthcare professionals.

People's privacy and dignity was promoted and they were treated in a kind and caring way. People were encouraged to be independent and make choices about their day. Families told us they were free to visit throughout the day.

Staff felt listened to and were given the opportunity to raise concerns and suggest improvements. The provider used feedback from people, staff and relatives to bring about improvements to the service.

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?

The service was safe.

People felt safe and risks were managed in a way to keep people safe. There were enough staff to meet people's needs. Staff knew how to recognise and report potential abuse. Medicines were managed in a way to protect people from the risks associated to them.

Good



Is the service effective?

The service was effective.

The principles of the Mental Capacity Act 2005 were followed. When people lacked capacity decisions were made in people's best interests. When people were being restricted this had been considered and authorisations were in place. People enjoyed the food available. Staff received training and an induction that helped them support people. Referrals were made to health professionals when needed.

Good



Is the service caring?

The service was caring.

People were treated kindly and compassionately. People made choices about their day and were encouraged to be independent. Family and friends were free to visit throughout the day.

Good



Is the service responsive?

The service was not always responsive.

People did not always receive care in their preferred way. Care needs were not always recorded to ensure people received support when they should. People participated in activities they enjoyed. There were systems in place to deal with complaints.

Requires improvement



Is the service well-led?

The service was well led.

There was a new manager in place who was bringing about positive changes. The provider completed quality checks and sought the opinions of people and relatives to bring about changes. There was a whistleblowing procedure in place and staff knew how to whistleblow.

Good



Himley Mill Nursing 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 is 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.

We inspected this service on 16 December 2015. This was an unannounced inspection. The inspection team consisted of three inspectors 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.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

Each inspector spent time in one of the three units. Collectively we spoke with 12 people who used the service, four friends and relatives, twelve members of care staff and the manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We looked at the care records for seven people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People told us they felt safe. One person said, “Nothing makes me feel frightened”. Another person told us, “I feel safe when I have a shower as the carers keep an eye on me”. We saw when people needed specialist equipment to keep them safe it was provided for them and used in the correct way. For example, we saw a pressure relieving cushion in use and specialist moving and handling equipment being used. One person was prone to falls. They had a bed sensor, padded mat, and their bed was lowered to the floor when they used it. This demonstrated people were supported in a way that kept them safe.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. One staff member explained how they had training on how to recognise and report abuse and said it was about, “Reporting incidents that shouldn’t be happening to the right people, like the manager, local authority or the CQC”. Procedures were in place to ensure any concerns about people’s safety were reported appropriately. We saw when needed these procedures were followed.

Staff we spoke with knew about people’s individual risks and actions they would take to keep people safe. For example, staff told us about a person who had behaviours that challenged and how this person could be redirected to their bedroom to reduce the risk to other people. We saw staff support the person to do this. In the care plans we looked at we saw risks had been assessed to support people’s care and wellbeing. Where risks had been identified, the care plans showed how this could be reduced. This demonstrated staff had the information available to manage the risks to people.

People told us and we saw there were enough staff available. One person said “There are enough staff about”. A relative told us, “There are staff around all the time, I think there are enough to keep [person] safe”. Staff we spoke with confirmed there were enough staff to meet the needs of people. The manager told us how they had temporarily increased the staffing levels on one unit due to the current needs of a person. We saw this had happened. We saw staff were available in communal areas and people did not have to wait for support.

People told us they received their medicines. One person said, “They give me my tablets every day at the same time”. Another person explained that the staff looked after their medicines as that was what they preferred. We observed medicines being administered to people in a safe manner and staff spent time with people ensuring they had taken them. We saw staff administering medicines obtain consent from people before giving them. When people requested pain relief we saw this was administered to them. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were safe from the risks associated to them.

Staff told us a Disclosure and Barring Service (DBS) check was carried out before they were able to start work. The DBS is a national agency that keeps records of criminal convictions. We looked at two staff files and saw pre-employment checks were completed before staff were able to start working within the home. This demonstrated the provider ensured that staff were suitable to work with people who used the service.

Is the service effective?

Our findings

At our last inspection we found there was a breach of Regulation 18 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the HSCA (Regulated Activities) 2014. At that time the provider did not have suitable arrangements in place for obtaining and acting in accordance with, the consent of the service user in relation to their care and treatment. At this inspection we found the provider had made the necessary improvements.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found that some of the people living at the home lacked capacity to make certain decisions for themselves. We saw when needed people had mental capacity assessments in place. When people were unable to make decisions we saw decisions had been made in people's best interests. One person told us how they got confused with things they said they liked their relative to support them to make decisions. Staff we spoke with demonstrated an understanding of the Act and used their knowledge to assess people's mental capacity. We saw staff explain to people what they wanted to do and check they were happy for them to do this. For example, one person required an injection; we saw the staff explain to the person what it was and what it was for. The staff asked the person if they would like the injection and where they would like it administered. The person replied and said, "Go on if you're quick". This demonstrated that staff understood the importance of gaining consent from people. The provider

had considered when people were being restricted unlawfully. Twenty two DoLS applications had been made to the local authority and there were two authorisations in place. Staff understood the reasons behind these and their role in protecting these people. This demonstrated that the principles of the MCA were recognised and followed.

People told us staff knew how to support them. One person said, "I'm pleased with the care I get". Staff told us they received training that helped them to support people. In Beech unit staff explained how they were receiving specialist training to help them support people who lived there. One member of staff said, "It will give people increased skills and confidence to support people in the right way, and that is important". This showed us that staff were provided with specific training to meet people's needs when required. Staff told us they received an induction. One member of staff said, "The induction really helped me". A member of staff explained how as part of their induction they received training and shadowed other staff members. They said, "It was great to learn off others". This demonstrated that staff shared skills and knowledge to offer care and support to people.

People told us they enjoyed the food. One person said, "The food is really good and there is plenty of it as well". Another person told us that, "The food is very nice". We saw people were offered a choice of food and drinks at lunchtime and throughout the day. For example, one person asked if they could have a drink, they were offered a choice of hot and cold drinks. The staff member said, "You can have, squash, juice, orange, apple, blackcurrant, tea, coffee, hot chocolate, water, horlicks". The person laughed and said, "That's a lot of choices". We observed staff talking and spending time with people at mealtimes. We saw when people needed diets, such as soft diets they were offered food that was suitable.

We saw referrals to healthcare professional were made when needed. For example, one person had been identified as losing weight. The person had been referred to the relevant professional and they had been prescribed supplements. Records showed the person had put on weight following this and they were longer receiving the supplements due to their weight gain.

Is the service caring?

Our findings

People and relatives we spoke with told us they were happy with the staff. One person said, “The staff are very kind and caring”. Another person told us, “I like all the carers; they are kind and speak nicely to me”. A relative told us when they visited their relative was, “Always well presented”. The atmosphere was friendly and relaxed. People and staff were laughing and joking together. A person explained to us how they had to remain in bed. They said, “I like to have my door opened but sometimes it can be a bit drafty, the staff make sure I have my top clothes on to keep me warm”. This showed us people were treated with kindness and staff were caring towards them.

People told us they made decisions about their day. One person told us, “I stay in my room in the morning and then go into the dining room at lunch”. Another person explained how they had not long moved into the home. They told us, “I can’t be bothered to have a shower yet, the staff have asked me but I want to settle in first”. One member of staff told us, “We always ask people if they want to get up or go to bed, it’s what we have been told to do”. We saw staff asking people what they would like to do and where they would like to sit.

People told us their privacy and dignity was promoted. One person said, “When staff come to see me in my room, they knock the door and say who it is”. Another person told us, “When I have a bed bath they make sure the doors are closed and the curtains as well. It’s done so my privacy and dignity is observed”. We observed staff knocking on people’s doors and speaking to people discreetly about personal care. This demonstrated that people’s privacy and dignity was promoted.

People told us they could be as independent as possible. One person said, “I’m very independent but the carers pop in on a regular basis to see if I’m ok”. Another person explained how they were going to start their own oral hygiene later that day, with the support of staff. We saw staff encouraging people. For example, one person was putting flowers in vases for the table decorations. We heard the member of staff say, “Come on you can do that yourself”. The person looked and put the flowers in the vase. This showed us people were encouraged to be independent.

Relatives and visitors told us the staff were welcoming. One visitor told us, “I feel well treated by the staff giving me a warm welcome and a drink when I arrive. Staff told us, “Anyone can visit anytime it’s no problem”. We saw relatives and friends visited throughout the day.

Is the service responsive?

Our findings

People were not always provided with personalised care which reflected their preferences. We saw on one person's pre admission plan it didn't state they had a specialist diet due to their culture. Staff told us they gave this person extra breakfast as they knew they would not eat their lunch. They told us this person did not like the food available to them. We saw that this person refused both of the meals at lunch time that were offered to them. None of the meals offered matched the culture of this person. We discussed this with the manager who explained there was an arrangement in place that the family supported this person with the meals they liked and would bring food in for this person. The provider could not be sure what the person was eating and when. This demonstrated that the provider was not meeting this person's cultural need. Furthermore we identified this person had lost a significant amount of weight. Staff explained this was due to a health condition and it was a positive action, however staff had not picked up that the person was not eating and therefore could not be sure it was due to the health condition.

People's care needs were not always recorded to ensure correct action was taken. For example we saw one person had a catheter that was changed on a monthly basis. The records showed the catheter had not been changed on the due date and therefore remained in longer than it should have. The catheter had been changed 24 days late. We discussed this with the staff who could not find any information recorded to see when it was next due to be changed. This demonstrated the systems in place were not

effective in ensuring people's care needs were met. We discussed this with the manager who showed us a new handover form that was being introduced, so staff would be aware when the change was needed.

People told us they were involved with reviewing their care. One person said, "I have a care plan". Another person told us, "Before I came here there was a meeting with my family, myself and the assessment people so everyone knows what I need". A relative told us they were updated and involved in their relatives care. We saw this was completed as part of the best interest decision. The care plans we looked at confirmed where possible people were involved with reviewing their care.

People told us there were activities at the home. One person said, "There are activities going on so it stops me from getting bored". Another person told us, "There are board games and things to do". We saw there were activities taking place. In one of the units a singer was performing. There was information displayed in the communal areas about activities that were taking place over Christmas. People and relatives spoke enthusiastically about activities that took place. A relative said, "It's great". This meant that people had the opportunity to participate in activities they enjoyed.

People told us they knew how to complain. One person said, "If I had any concerns I would chat with the manager who would put things right". Another person told us, "I would speak to the staff who I know would listen to what I was saying". We saw and people told us the provider had a complaints policy in place. One person told us, "There are posters about on that, they explain what to do". We saw when complaints were made the provider had responded to them in line with their policy.

Is the service well-led?

Our findings

People and staff we spoke with were positive about the manager. One person said, “The new manager is very good”. Another person told us, “Things seem to be changing for the better”. Staff told us since the manager had started they had the opportunity to speak directly with them on a one to one basis; they told us they felt listened to and were positive about the future. The manager told us they had been in post for three months and were in the process of registering with us (CQC). Our records confirmed this. We saw that the previous rating was displayed throughout the home as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

Quality checks were completed by the manager and provider. This included a service improvement plan that was in place and monitoring of falls. Where concerns with quality were identified, we saw an action plan had been put into place and changes had been made. For example, the manager told us how they identified through their monitoring of falls that a person had repeatedly fell, an action plan and risk assessment were put in place and a referral to a relevant professional made. The manager told us and records confirmed the person had no further falls. This demonstrated when change may be required action is taken to improve the service.

People told us the provider asked for feedback on the service. One person said, “They take their time and listen to me”. Another told us, “They ask me how things could be better for me, which is nice”. The manager told us satisfaction surveys were completed. The provider was in the process of collecting the information for this year. Relatives had suggested that a ‘snack table’ was introduced so people had snacks available. The manager told us they had listened to this and they were trialling it. We saw this was available. The manager told us they were looking at introducing a shop if this was successful. This showed us the provider sought the opinion of people and relatives.

Staff we spoke with were happy to raise concerns and aware of the whistleblowing process. Whistleblowing is the process for raising concerns about poor practices. One member of staff said, “I would whistleblow, I don’t think it would come to that here”. We saw there was a whistleblowing procedure in place. This demonstrated staff knew how to raise concerns and would be happy to do so.

Staff told us they had meetings and supervisions to bring about change. For example, one member of staff had told us how they identified that on one unit specific training was needed for the staff. They told us and records confirmed this training had been arranged. This showed us when staff made suggestions they were listened to.