

Community World Limited

Hernes Nest House

Inspection report

Herne's Nest
Off Park Lane
Bewdley
Worcestershire
DY12 2ET

Tel: 01299402136

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14 February 2017

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 14 February 2017 and was unannounced.

The service is a care home without nursing which is registered to care for 21 people.

Accommodation and personal care are provided to older people requiring support with Dementia, physical disabilities and sensory impairments. There were 21 people living at the home when we visited and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered provider of this home was also the registered manager.

People told us they felt safe in the home and that they were comfortable around staff that they knew and felt at ease around. Staff understood how to keep people safe. Staff explained they had received training but also felt able to speak with the registered manager about any concern they had. Staff understood the risks to each person's health and wellbeing and what steps were needed to keep them healthy. Staff demonstrated how they transferred people from one chair to another safely using specialised equipment. People had access to help and support from staff when they required it and staffing numbers were continually monitored to ensure people had the support they required. Recruitment process included background checks on staff to understand whether the staff were suitable to work at the home. People were supported to take their medicines according to their individual needs.

People felt confident that staff understood how to support them. Staff had access to training and supervision to enable them to support people. The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. People were able to support people to access further medical advice and support if they required. People were supported to attend amongst others, hospital appointments, dentist and GP appointments. People were encouraged to maintain a healthy diet through the choices they were offered.

People liked the staff supporting them and felt able to engage in friendly chats. Staff understood the people they were supporting and their individual preferences. People were included in choices about their care and how they were supported. People felt cared for in way that promoted their independence and dignity.

People were involved in planning their care so that it best reflected how they wanted to be cared for. People were involved in planning their admission to the home, the activities and interests they wanted to be involved with and deciding how to spend their time within the home. People and their families were involved in regularly reviewing their care so that people were happy with their care and that it met their needs. The registered manager understood people's needs and had a strong sense of wanting people's

individual personalities reflected in how they were cared for. The registered manager also actively worked to understand people's expectations of care so that people did not feel the need to complain.

The registered manager had an open and accessible relationship with people and staff. The registered manager understood people's care and what was needed to ensure their experience of care was positive. Communication with staff was regular and staff were clear in their understanding of the registered manager's expectations of care. People's care was regularly reviewed and monitored and systems were embedded that ensured staff understood what action was necessary to meet people's individual needs.

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.

People felt safe and comfortable around care staff. Staff understood how to protect people from harm and how to support them maintain their health and wellbeing. Staffing numbers were monitored so that people were able to access the care they needed. People received help and support with their medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had access to training and supervision. Staff understood how to care and support people that were not able to make decisions for themselves. People were supported to make choices about their meals and maintain a healthy diet. People were also supported to have access to health care professionals.

Is the service caring?

Good ●

The service was caring.

People liked staff and felt they included them in day to day discussions about their care. People felt respected and cared for with dignity, and staff demonstrated empathy towards people.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were known to staff. People were involved in making decisions about their care and checking that the care they received was still appropriate to their needs. People understood they could complain if needed by preferred instead to discuss their care needs and help plan the care they needed. The registered manager worked with people and staff to ensure people's expectations of care were understood.

Is the service well-led?

Good ●

The service was well led.

People were supported by a team that understood the registered manager's expectations of care. People's care was reviewed and updated based on their personal circumstances. The registered manager clearly defined roles and responsibilities to staff and offered staff the opportunities to discuss people's care.

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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.

There were two Inspectors in our inspection team and the inspection took place on 14 February 2017.

Before our inspection we looked at and reviewed the provider's information return. This questionnaire asks the provider to give some key information about its service, how it is meeting the five key questions, and what improvements they plan to make. We also looked at the notifications that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as an accident or a serious injury.

We asked the local authority if they had any information to share with us about this service. The Local Authority is responsible for monitoring the quality and funding for some people who use the service.

During the inspection, we spoke with six people who lived at the home. We also spoke with four care staff, two kitchen assistants, four relatives, one visiting health professional, a registered manager from the one of the provider's other homes and the registered manager.

We looked at three records about people's care, newsletters, minutes of staff meetings, three staff files, care plan audits as well as four applications to deprive someone of their liberty.

Is the service safe?

Our findings

People we spoke to told us that they felt safe. One person when asked whether they felt safe replied, "Oh yes." Three relatives we spoke with told us they did not have any concerns for their family members safety and that they regarded their family members as safe in the home.

Staff understood what it meant to safeguard people from harm. They explained they had received training and that if they were unsure of anything they could speak with the registered manager for clarification. The registered manager understood her obligations and knew to speak with the local authority if they had concerns for a person's welfare and to notify the CQC of incidents that they were required to. New staff at the home also explained that the training was an essential part of their induction and had helped them understand the signs of abuse and how to report their concerns.

Staff understood how to manage risks to the health and wellbeing of the people living at the home. We saw staff use specialist equipment to transfer people from one place to another. Staff gently guided people and helped move them in a safe manner and offered them reassurance. Staff were also able to describe the health risks that people lived with. For example, staff could describe which people lived with diabetes or lived with allergies. Staff were able to explain the action they would take if a person became poorly and the symptoms they needed to be aware of. They told us they could always check with the registered manager and that further information was available in people's care plans. We saw in the three care plans we reviewed that information was up to date and was available for staff to refer to about people's health and the risks that staff needed to be aware of.

The registered manager described to us how she monitored staffing levels to ensure she had the correct number of staff to support people. We saw people had access to help from staff when they needed it. One person told us, "If you press the call button, they do come." Another person told us they sometimes preferred to stay in their room and that staff "Pop in and check we're alright." The registered manager was currently recruiting a new deputy manager as well as care staff in order to supplement staff numbers to ensure staffing levels were at the level they expected so that people continued receiving the support they needed.

Staff explained to us how the registered manager completed background checks before they commenced employment at the home. Two staff that we spoke with confirmed they underwent Disclosure and Barring Service (DBS) checks before starting work. We reviewed three staff files that contained confirmation the necessary checks had been completed to minimise the risk of harm coming to people who lived at the home. The registered manager also explained how they included people living in the home as part of the recruitment process. They told us they asked people for their feedback on staff whilst they were on their induction in order to assess their suitability for working at the home.

We observed a medicine round and saw that the registered manager had a system that staff adhered to, to ensure people received the support they needed. We saw staff understood how each person preferred to be supported. One person was known to staff to require extra time and support to take their medicines. We saw

staff patiently wait for the person to take their medicines and staff explained the purpose of the medicines. We saw that medicines were checked regularly by the registered manager to ensure people received their medicines correctly. A system was in place to dispose of medicines that were unused as well as store medicines for people ready for their use. Staff competency was reviewed to ensure they had the necessary understanding to support people with the medicines correctly. We also saw that medicines were checked by the pharmacy supplying medicines to the home, in order to assure the registered manager that medicines were managed correctly.

Is the service effective?

Our findings

People told us they enjoyed living at the home and they were well looked after by staff. One person told us about staff, "They're all good here."

Staff spoke about the support they received through supervision and training. They told us they had access to regular meetings where they discussed people's care needs. Staff told us they also used supervision meeting to clarify people's care needs, if they needed further guidance.

Staff that were new to the home told us they underwent a detailed induction that included a mixture of training and shadowing more experienced staff. Staff told us they were allowed to work independently once the registered manager was assured that they had understood the registered manager's expectations of care. The registered manager told us they preferred to employ staff that understood care work was "hands on." They told us they preferred to employ staff who were proactive with caring for people living at the home.

The registered manager explained that staff training included training about people's capacity to make decisions for themselves and the Mental Capacity Act 2005 (MCA).

The 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). We checked whether the service was working within the principles of the MCA.

Staff understood what it meant for a person when they were the subject of a DoL. Staff we spoke with understood the purpose of a DoLS and who and how they were affected. Staff could also explain how a decision was made in a person's Best Interests. We saw that the registered manager had a system in place to assess whether people had the capacity to make a decision for themselves. Where people were not always able to make decisions for themselves and they were deprived of their liberty in some way, we saw the registered manager made the applications to the local authority and regularly reviewed applications to monitor their progress. Care records were updated with information for staff to refer to about people's capacity to make a decision. Staff we spoke with understood which people could make decisions for themselves, and who would need further support with their decisions.

We sat with people as they enjoyed their lunch. People were complimentary about the food. One person told us the "the food is really good." Another told us, the food was "smashing". We saw people were offered choices in the food and condiments they were offered. Where people required a special diet, they were

offered this. For example, some people needed a softened diet or lived with Diabetes, and were offered choices. We spoke with two kitchen staff, who both understood people's individual needs and could explain to us how they prepared meals so that people were offered variety as well as a healthy meal.

People told us they accessed help and support from the GP when they needed. They told us they spoke to staff if they felt unwell and that an appointment was arranged with the GP. People told us they were also able to access other healthcare professionals such as the dentist and optician and had every confidence that if they needed additional help, this would be organised.

Is the service caring?

Our findings

People told us they felt well cared for. People spoke positively about their experience of care at the home. One person told us they had a period of stay in hospital, they said, "I was so pleased to come back." They explained that they were relieved to be back to where they regarded as their home. A relative we spoke with told they had previous experience of care at the home and had been so impressed they had wanted their own family member to be cared for there. They told us, "I chose for my [family member] to come here."

People spoke positively about the home and the staff supporting them. People knew the names of care staff and staff spoke affectionately to the people they were supporting. We saw staff acknowledge and smile at people as they walked past and that people initiated conversations with staff and staff responded warmly. We saw where people had difficulty hearing, staff bent forward and moved close to the person so that they could hear them clearly and communicate with them more easily.

Staff demonstrated an understanding of the people they supported. Staff could describe people's preferences in a way that showed they knew people well. For example, we saw staff prepare hot drinks for people and one staff member went back to the kitchen to get a person a mug for their tea. The person told us, "They know I don't like cups, I prefer a mug for my tea." On another occasion we saw one person mentioned that they had forgotten how to play snakes and ladders and they were offered the opportunity by staff to play snakes and ladders. The person was pleased to be offered the opportunity to do so.

People living at the home had key workers who relatives liaised with to discuss their family members care. One relative we spoke told us their family member was not always able to communicate for themselves. They told us how they often spoke with the key worker when they wanted a particular aspect of their family members care attended to, and the continuity in care was important to them. For example, they told us they had wanted their family member's nails trimmed and this was completed having spoken to the key worker.

Staff we spoke with understood how to support people and to protect their human rights. Staff told us they would support people to express the sexual preferences or personal faith if they wished to.

People told us they were cared for with dignity and respect. People told us staff helped them with their personal care in a sensitive way and that people were asked about the help they needed. One person told us sometimes they didn't need help, but they liked the reassurance of having someone available to help them when they needed. Staff explained to us how they supported people to maintain their independence.

People told us they were included in discussions in planning about what happens to them when they are nearing the end of their life. One relative told us they felt reassured by the discussion and that had felt they had made clear their wishes when it came to a point that their family member was reaching the end of their life

Is the service responsive?

Our findings

People felt confident that they were receiving care that best reflected their involvement with discussions they had with staff at the home. One person told us they met with the registered manager and they, "Did the paperwork and told them all about my likes and dislikes."

Peoples' transition to the home was managed in a way that allowed them to feel as though it was a home from home. One person told us they had recently celebrated an anniversary for the length of time they had been at the home. They told us they had regarded the decision to move the home as one of the best of their life. The registered manager told us as part of their assessment of people prior to moving to the home, they visited people at home to understand how they lived and how their bedroom had been set out. They did this so that their bedroom could be replicated as much as possible to make the person's move to the home easier. We spoke to people and their families who told us they brought furniture that was important to them and had their rooms decorated in a way that reflected the person's choice. One relative told us, "they even showed us samples of wallpaper to try and get my [family member] to choose."

The registered manager explained people's care was reviewed on a regular basis and where possible family members were also invited. We saw invitations were sent to family members inviting them to tea or lunch so that the relatives felt involved and encouraged to attend. We also saw that prior to reviews; relatives were also sent questionnaires to complete so that relatives felt they had an opportunity to discuss any issues in more depth. One relative told us they always attended the reviews and that the registered manager always said to them, "Do come and have a chat." They told us they valued this opportunity to contribute to the care planning process and that it made the decision for their family member to move here easier.

People told us they spoke with staff and chose how to spend their time in a way that was special to them. People told us about their interests, about how they had spent their life and how their interests were still important to them. They told us they were supported to continue interests that had significance to them. One person had a keen interest in railways and told us they had recently been supported by staff to see "The Flying Scotsman" when it was in the area because staff knew they would enjoy that and had asked them if they wanted to go. Another person told us they had knitted for their family whilst growing up and we saw that the person was supported to maintain that interest. Staff we spoke with knew that the person enjoyed knitting and had helped them when the person sometimes needed extra support.

People's support was adjusted based on their needs. One person told us they had recently undergone a long course of treatment at hospital that required frequent visits to the hospital. They told us they initially had a staff member support them, but after a while they had gained confidence and preferred to attend appointments alone. They told us staff understood their needs and the achievements they had made in their health. They told us, "[Registered manager] was so pleased I had the all clear she arranged for me to have a day out."

People living at the home were invited share things that they wanted to do over the coming year that they had always wanted to do, called "Make a wish." Some of the people living at the home had expressed an

interest in visiting Africa and going on safari. Whilst it was not possible to transport everyone to Africa, people living at the home were supported to visit a local Safari Park and see the animals. People told us they had enjoyed the visit and told us how they were looking forward to the next trip.

People were also involved in making decisions that reflected their day to day care needs. One person preferred organic food and visited the supermarket or ordered grocery the kitchen staff prepared. We saw the person return from a trip to the supermarket and kitchen staff all understood how the person preferred their meals prepared. They also went on weekly trips into town and they were supported by the same staff member because the person preferred to go with them.

The registered manager told us they had noticed there had been an increase in the number of people requiring a softened diet and that they had wanted people to enjoy their meals as much as the rest of the people living at the service. We saw that had taken delivery of food moulds that reflected the softened food. We saw there were carrot and broccoli moulds so that once the food was softened it resembled the food prior to processing.

People we spoke to told us they did not have any complaints or concerns about living at the home. One person told us, "Overall it's a lovely place. Staff deal with any problems when they occur." They understood they could speak with staff or the registered manager to speak about any concerns they had. The registered manager told us they worked with people proactively to understand their needs and meet expectations to that people did not feel they needed to complain.

Is the service well-led?

Our findings

The home was managed by the registered provider who had become the registered manager in the recent months. People and their families knew the registered manager and felt reassured by her presence within the home. People felt able to access the registered manager and talk about anything that concerned them. One relative told us that they had confidence that they could approach the registered manager and discuss their family member's care. They told us the registered manager told them that were welcome to approach her and speak with about anything they needed to.

Staff felt able to approach the registered manager and discuss people's care. One staff member described the registered manager as "plain speaking" and easy to approach. All staff we spoke with told us they could speak with the registered manager about any issues they wanted to discuss. One staff member gave an example of needing to speak with the registered manager about a person's care. They told us they needed advice about the person's care and that the registered manager was helpful and encouraging. They told us Staff told us communication was good at the home and that information was shared with them about the running of the home.

The registered managed knew each of the people living at the home and understood their care needs?. The registered manager could explain to us what each person's individual requirements were and how they needed to be supported. The registered manager showed us how they monitored care and the quality of care on a regular basis to ensure people's experience of care was positive. We saw how care plans had been reviewed and anomalies identified and highlighted to staff so that staff could make the necessary checks. We also saw that staff confirmed they had made the necessary changes to people's care. Daily care records were also monitored so that the registered manager could assure herself of any trends in people's care.

The registered manager regularly sought the views of people who lived at the home as well as their family members in order to influence how care was delivered. We saw that questionnaires were sent to people and families regularly for their feedback and that the registered manager responded to suggestions that were raised. One issue raised was about how staff communicated to relatives and that more information was sometimes needed. We saw in the staff minutes for meetings, staff were then reminded to better communicate with families about their family members care. We asked families about communication and all told us that communication with the home was good.

The registered manager told us about a number of partnerships they had developed with other organisations in order to benefit the people living at the home. For example, the registered manager told us about the partnership with a local school and a letter exchange between people living at the home and local school children. The registered manager also told us about a partnership they had with a local hospice. One the day of our inspection, training was due to be held for staff to understand how they could best support people during their end of their life. Staff we spoke with told us they attended the training and found it helpful when supporting people during the end of their life.