Care Quality Commission

Bupa Care Homes (CFHCare) Limited

Himley Mill Nursing Home

Inspection report

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Himley
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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

The inspection took place on the 11 November 2014 and was unannounced.

At our previous inspection on 19 May 2014 we found that the provider did not ensure that people consented to their care, treatment and support, that planned care was not always delivered, there were insufficient staff to meet the needs of people who used the service and the systems to monitor the quality of the service were ineffective. We had issued compliance actions and had begun enforcement action and issued a warning notice.

We found at this inspection that the provider had made improvements in the care delivery, staffing levels and quality monitoring systems. However there continued to be concerns that people were not being involved in the decision making about their care and welfare. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

Himley Mill is a registered nursing home which has three separate units (Woodlands, Beech and Kingswood). Each unit accommodates approximately 30 people who may require nursing care. At the time of the inspection 70 people were using the service.

There was a new manager in post and they were in the process of registering with the Care Quality Commission (CQC). 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 2008 and associated Regulations about how the service is run.

The provider did not follow the principles of the Mental Capacity Act 2005 (MCA) and ensure that people had consented to their care, treatment and support. People were not supported to make decisions for themselves.

Staff knew what constituted abuse and reported it appropriately through the provider's and local authority safeguarding procedures.

Recruitment processes were robust and ensured that prospective staff were fit to work.

Medicines were stored and managed safely. People had their medication at the prescribed times.

Staff had received training and supervision to ensure they were effective in their roles. New staff had a period of induction to ensure they were competent.

People had a healthy choice of food. When people required more support to meet their nutritional needs, plans were put in place to monitor and ensure that people received adequate food and fluids.

People's health care needs were met. Records showed that people were supported to see a health care professional when they became unwell or their needs changed.

People were treated with dignity and respect. Interactions between staff and people were kind and compassionate.

There was a complaints procedure and the provider responded appropriately when people complained about the service.

The new manager was implementing systems to improve the service to people. Staff told us that the management was approachable and had a 'hands on' approach.

We found areas for improvement in how the provider responds to people's individual needs. Some people did not benefit from care that was personal to them.

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.

Safeguarding procedures were followed if there was suspected abuse. Staff knew what constituted abuse.

There were sufficient staff to keep people safe. New staff had been checked to ensure that they were fit to work.

People's medicines were managed safely.

Good

Is the service effective?
The service was not consistently effective.

The provider did not follow the principles of the Mental Capacity Act 2005 (MCA) and ensure that people had consented to their care, treatment and support.

People had a healthy choice of food and their nutritional needs were met.

People's health needs were met with the support from the appropriate health care professionals.

Requires Improvement

Is the service caring?
The service was caring.

People were treated with dignity and respect.

People's right to privacy was respected.

Relatives were free to visit people at anytime.

Good

Is the service responsive?
The service was not consistently responsive.

People did not always receive care that was relevant to their individual needs and preferences.

There was a complaints procedure and people were regularly asked their views on the service.

Requires Improvement

Is the service well-led?
The service was well led.

There was a new manager in post who had begun to make improvements to the quality of service being delivered.

Staff were supported to fulfil their roles.

Good

Summary of findings

There were quality monitoring systems in place and action plans for improvement.	

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 checked 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.

This inspection took place on 11 November 2014 and was unannounced.

The inspection team consisted of three inspectors.

Prior to the inspection we reviewed information we held about the service, including looking at information the provider had sent us telling us how they planned to improve following their previous inspection.

Each inspector spent time in one of the three units. Collectively we spoke to eight staff, four relatives, the manager and clinical services manager and area manager. We spoke to six people who used the service and observed their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed eight care records, staff rosters, training records, recruitment procedures and the systems the provider had in place to monitor the quality of the service.

Good

Is the service safe?

Our findings

At our previous inspection we had found that the provider did not have was sufficient staff to meet the needs of people who used the service. The provider had sent us an action plan which informed us that they had increased the staffing in all three units.

At this inspection we observed people's care in all three units and saw that although staff were busy, people did not have to wait for an unacceptable amount of time before having their needs met. We discussed staffing levels with the new manager who informed us that they had recently completed assessments for all the people who used the service with a new 'dependency tool'. The dependency tool was designed to inform the provider what staff hours were necessary to meet the assessed needs of all the people within the service. The manager was in the process of collating all the information to share with the provider to agree the appropriate staffing levels for all three units.

Safeguarding procedures were being followed to keep people who used the service safe. One person told us: "Yes I feel safe. I have no cause of concern". Two visiting relatives told us that they felt sure their relative was safe at Himley Mill. One relative told us: "Yes my (relative) is definitely safe".

Staff we spoke to knew what constituted abuse and what to do if they suspected a person had been abused. One member of staff we spoke with confirmed they had received training on how to recognise and report suspected abuse. They told us they were confident that any concerns they may have would be dealt with. They said: "I've not come across anything here that I have thought could be abusive. I would report it immediately".

The safeguarding procedure was clearly visible in the nurse's office area for staff to follow. The manager and clinical services manager demonstrated a good understanding of how to keep people safe and gave us examples of how they had managed a recent incident of suspected abuse. The manager showed us that they kept a record of all safeguarding issues, accidents and incidents and analysed the information. This information was passed on to the quality manager and action plans were put in place to minimise the risks of the events from happening again.

Some people were at risk of developing pressure ulcers, other people were at risk of malnutrition. People had individual risk assessments dependent on their specific needs. We saw risk assessments which informed staff how to minimise the risk of these events from occurring whilst promoting people's independence. Staff we spoke with knew what was in people's risk assessments and that they followed them appropriately.

We looked at three staff recruitment files and saw that checks to assess people's fitness to work at the home had been made. New staff we spoke with told us they had pre-employment checks before commencing work and had a period of induction.

We observed medication being administered to people in a safe manner. There was a locked medication room in all three areas of the service. We saw that medication was stored securely in a locked medication trolley within the room. The trolleys were compartmentalised into individual containers for each person. It was easy to see whose medication was whose and minimised the risks of medication errors. One person told us: "They [the staff], do my medication, because I have so much to take. I know what I have and what time I should have it. They [the staff] usually give me my medication at the right time".

Some people required controlled drugs. We saw that these were kept securely in a locked cabinet within the locked medication room. The administration records had been signed to show that two staff members had administered the medication as is required with controlled drugs. We saw that the remaining balance of medication was recorded on every administration.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in May 2014 we found that the provider did not always seek people's consent to their care, treatment and support by following the principles of the Mental Capacity Act. The Mental Capacity Act (MCA) is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. The provider had sent us an action plan informing us how they planned to make the required improvements.

Previously people with capacity to make decisions for themselves had not been involved in discussions around a Do Not Attempt Resuscitation order (DNAR). This is a legal order which tells a medical team not to perform CPR on a person. CPR is a first aid technique that can be used if someone is not breathing properly or their heart has stopped. We looked to see if improvements had been made and we saw a copy of a letter that was sent to one person's GP in July 2014 asking them to revisit the DNAR order with the person and involve them in the decision. We saw that this person had been assessed as having capacity to make decisions for themselves and there were clear instructions as to how to communicate with this person so that they would understand what was being said. This had not been followed up and the DNAR order for this person was still in place with only involvement from the person's relative and GP and not the person themselves.

We saw another person who was assessed as not having the capacity to make a choice, had a DNAR in place, we noted that it had been signed by the GP with the comment that it was 'continuous', there was no evidence in the record that the person's family had been consulted . We were told that the person had regular family involvement. This meant that the principles of the MCA had not been followed.

One person had been assessed by the unit manager as not requiring bed rails. Bed rails, also known as side rails are widely used to reduce the risk of falls. The assessment had concluded that the person did not require the use of bed rails to maintain their safety. We saw it was recorded that the person's relative had requested that bed rails were used on their relative's bed and that this had been actioned contrary to the outcome of the assessment.

We saw in another person's care record that relatives had requested that their relative had bed rails put in place and this had been completed without an assessment being completed. On this person's records it was also recorded that their relatives made all decisions on their behalf. This meant the provider was not following the principles of the MCA and ensuring that decisions were made with the consent of the person or through the best interest decision making process.

Several people were being cared for in their bedrooms. We asked a unit manager why people remained in their rooms and whether this was their choice or their assessed need. For two people we were told that it was because the person's family preferred that they remained in their room. We could not see that this had been discussed with the person or that there had been a best interest meeting to agree that this was in these people's best interests. This meant that the provider was not following the principles of the MCA.

These issues constitute a continued breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities 2010).

At our previous inspection in May 2014 we had concerns that people's health care needs were not always met and people were at risk of poor care. Staff were not following the instructions given by the health professionals or responding to a change in people's needs. The manager had sent us an action plan telling us how they planned to improve.

At this inspection we saw that improvements had been made. One person told us: "I have to have regular bed rest because of my pressure areas. I can reposition myself, but sometimes staff will help". In people's care records we saw that when people needed health care support they received it in a timely manner. We spoke with a visiting GP who told us they had no concerns about the care at Himley Mill and they contacted them in a timely manner. We saw that people were referred to the relevant agencies when changes in their health had been identified such as tissue viability nurses, dieticians and speech and language therapists. We saw that the recording of health interventions such as repositioning people who required pressure relief and the recording of the application of topical creams had improved.

In one unit all the staff we spoke with told us that they had received training in supporting people with dementia. Staff made reference to the fact that the some people displayed behaviours which challenged them. The acting unit

Is the service effective?

manager said that staff had received training in the management of challenging behaviour from the mental health nurses and psychology services. However, this training may have not included all the staff team as some of the staff told us said they had not received training to support people with challenging behaviour. This meant that people's need may not be responded to as not all staff on the units had the skills to manage the behaviour of people when they displayed challenging behaviour.

In another unit people had a mixture of needs including sensory, learning and physical disabilities and people living with dementia and other medical and mental health conditions. We asked if staff had received training in caring for people with a learning disability and we were told they had not. Some people with a learning disability were observed sitting in the lounge area for long periods of time with little or no stimulation. This meant that people were at risk of not receiving care that was appropriate to their specific needs.

People told us that the food was good. One person said: "It's good, they tell you what the choice is". Another person said: "I've had my breakfast; you can have what you like". Staff we spoke with told us that people could have an alternative to the two meal choices, if they wanted to. A member of staff told us: "We can ask the kitchen for something else, there is a range of choices". Some people needed to have their food and drink intake monitored to ensure they had sufficient to keep them well. We saw staff recorded the quantities people consumed; usually at the time they had them. We saw that some people had clear instructions about their fluid intake for example one person needed to have a specific volume of fluid to maintain their health. From the records we saw the described levels of fluid were provided. A relative told us their relative was prescribed, 'thickened fluid' because they were at risk of choking. They told us: "I always help to give [their relative] a drink and something to eat when I visit. They have thickened fluid and I can prepare it because staff have told me what I need to do".

Other people needed to have a diet that was of a softened consistency, to ensure they were able to eat it safely. We saw their meals were prepared by the catering team so that each food item was softened and served separately on the plate. This meant people were able to see each food item and to taste each flavour.

Good

Is the service caring?

Our findings

People we spoke to and their relatives told us that the staff were kind and caring and that they had no concerns. One person told us: "The staff care. I have a good relationship with them. It's a five star care home". Another person said: "They [the care staff] are very good, I'm happy enough, they treat me well".

One relative told us: "The staff are lovely". Another relative told us: "The staff are brilliant, they are all very caring and they look after my relative very well. I never really have any concerns". The relative went on to tell us how their relative had improved since being at Himley Mill.

We observed that the staff ensured everyone was supported to maintain their dignity. We saw that people who were going to the shower were well covered and warm. We saw staff knock on doors and ask to enter their rooms. The staff spent time when they were able, to talk with the people and regularly looked in to rooms where the people had chosen to stay in their room. We saw staff treated people with respect for example, we heard one staff member ask one person which TV programme they wanted to watch and how loud they wanted the volume. We heard staff asking people what they wanted to drink and if they wanted to be involved in an activity.

During the observations of care and interactions, we saw people's privacy being respected, we saw staff closed bedroom doors when providing personal care, and no personal care was given in communal areas. One person we spoke with told us: "I like to do as much for myself as possible. They [the staff] respect that". Another person told us: "I am able to self-care with some things and have been encouraged to do so".

We saw that all the staff spent as much time as possible speaking with the people as they assisted them with their personal care and daily activities. The staff spoke to people in a caring and friendly way, whilst showing the person respect and addressing them by their preferred name. We heard staff talking clearly with the people and repeating information in a slightly different way to gain the person's understanding where ever possible.

Relatives were free to visit people. We saw lots of visitors to the home. A relative told us: "I visit regularly. I am made to feel welcome and can help with [relative's] care if needed. It makes me feel useful. They [staff] are good at letting us know how things are" and "I can visit whenever I like and so can the rest of the family. That is reassuring".

Requires Improvement

Is the service responsive?

Our findings

One person told us told us they knew about their care plan, they said: “They asked me and my parents what I needed and met me in hospital before I came here”. We saw contact sheets which recorded when people’s relatives had visited or had been contacted. We saw that individual care plans had been reviewed monthly by staff and not with the person themselves. This was confirmed by staff when we spoke with them.

Some people may have had specific cultural needs. We were unable to see in people’ care records that consideration had been given to people’s race or cultural needs. We looked specifically at records that may provide us with information about the needs of people who had a learning disability, we found little reference to how people’s individual needs were to be supported. The unit manager told us how they had recognised that they were not meeting that aspect of the person’s needs but had sought advice from the local authority and community learning disability services. They told us: “They have been in today to look at what we do. We are hoping with their support to provide suitable activities which may include sensory activities”.

There were activity coordinators employed in each unit. In one unit we saw that in the afternoon a game was played with six people and their relatives. In another a religious ceremony was held. In the third unit we did not see anybody being engaged in a hobby or chosen interest. We did not see that people were engaged in activities dependent on their individual preferences. Group activities may not have been suitable for all people. We saw some people in all units which spent long periods of time with little or no stimulation.

The previous manager had held relatives meetings. One relative told us that they had attended the most recent meeting and because the manager had left the issues discussed had not been followed up on. We discussed this with the new manager who told us that they would find out what was discussed and action it. They also planned to hold future meetings with relatives and people who used the service.

The new manager told us that if people had an issue they tried to deal with it immediately. They gave us an example of where some people had complained about the quality of the food so they arranged a meeting with the cook on the same day so they could express their concerns.

The provider had a complaints procedure. Relatives we spoke to told us that they knew how to complain if they had any issues with their relatives care. One relative told us: “We have been happy so far. If we weren’t we would feel confident in speaking to the manager”.

Good

Is the service well-led?

Our findings

At the time of the inspection the new manager had been in post for seven weeks and was in the process of registering with us (CQC). During their time in post they had created and recruited to a new role for a clinical services manager who would deputise in their absence. We saw that they had begun to implement systems to help them monitor and track the quality of care throughout the service. They had been involved in putting together an action plan to tell us how they planned to make the required improvements following our previous inspection. We found that the planned improvements had been mostly made. We saw that people who used the service were benefiting from the changes.

Staff we spoke to told us that they liked the new manager and clinical manager and felt that things had improved. One member of staff told us: "She's very hands on, things are much better". The clinical services manager and manager conducted 'clinical walk around'. We saw records of these and issues identified within them. Staff were being supported through regular support and supervision, staff told us and we saw that morale was good within the staff team.

We saw that the new manager had begun to meet with all staff on a one to one basis. New staff had a period of induction, the manager told us that the provider ensured that staff completed the induction in full and were signed off as competent before being able to work alone. Staff we spoke to were knowledgeable about their role and our observations of staff found they were competent in their designated roles.

Regular meetings had taken place with staff to support them with the changes the new manager planned to implement. Every day the management and head of departments would meet for ten minutes to discuss any immediate issues that needed addressing. These meetings included the cook and domestic staff and covered all areas of the service delivery.

Plans to meet with residents and relatives were in place. The manager planned to formally review everyone's care twice a year. These reviews would involve all the key people involved in the person's life and care. This would mean that people would be involved in their care planning.

Care records were clear and comprehensive and regularly reviewed. When people required short term plans of care these were put in place. Plans and risk assessments were in place for people with specific health care needs. If people required their health monitoring for example; food and fluid intake we saw that this took place. These records were checked by the manager to ensure that the appropriate action took place if someone's needs changed.

Systems for monitoring quality of care were in place and included audits, records of accident and incidents and safeguarding analysis. All the information collated was analysed and trends were identified. We saw action plans were in place based on the information collected to minimise the risks of events occurring again.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered manager did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to their care and treatment that was provided to them.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.