Hummingbird Care

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Inspection report

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 23 October 2018 and was unannounced.

Since the last inspection the home has been expanded from 10 beds to 18 and the domiciliary care service has been added to the registration.

Hummingbird Care is a care home and domiciliary care service.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The domiciliary care agency provides personal care to people living in their own homes in the community, within a five-mile radius of the care home.

The service specialised in providing personal care to older people, some of whom were living with dementia. The home also provided day care and respite care to people. The home is not registered to provide nursing care.

At the time of the inspection there were 12 people living at the care home and 11 people were receiving a service in their own homes.

There is 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 2008 and associated Regulations about how the service is run. The registered manager was not available at the time of the inspection.

Improvements were needed to make sure the care home was well led. Quality monitoring systems had not always been robust and effective in identifying shortfalls in the record keeping and identifying possible risks to people. The provider had not informed the Commission of notifiable incidents in line with their legal responsibilities.

Some people at the care home were living with dementia and it was not always clear how they had given consent, or received care in their best interests. We have recommended that the provider makes sure all staff are aware of current legislation regarding people who lack capacity to make decisions.

People living at the care home and receiving care in their own homes felt safe with the staff who supported them. People told us staff were always kind and caring. Comments about staff included; "The carers are very punctual, respectful, caring, effective and careful" and "Staff are quite polite and friendly. I have no

complaints."

People's healthcare needs were monitored and the staff worked with other professionals and care providers to make sure people received the care and treatment they required to meet their needs.

People received their medicines safely. Clear records were kept showing when medicines had been administered or refused which enabled the effectiveness of medicines to be monitored.

People received their care from a small number of staff who they had been able to build trusting relationships with. Staff helped people to maintain their independence where possible.

The risks of abuse to people were minimised because the provider had a safe recruitment procedure and staff knew how to report concerns.

People had opportunities to take part in activities according to their interests and abilities and continued to be valued members of their community.

People were happy with the food they received. One person said, "Lunch is always nicely cooked. The veg is good." Another person told us, "The food is pleasant."

People could be confident that if their needs changed the service would adapt to meet their changing needs. The service also responded to the needs of the local community.

People told us the management for the service was open and approachable and they would be comfortable to raise concerns or make a complaint.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009.

Further information is in the detailed findings below.

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 told us they felt safe at the care home and with the staff who supported them in their own homes.

People were supported by adequate numbers of staff to keep them safe and meet their needs.

Risks of abuse to people were minimised by the provider's systems and processes.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs were not always fully assessed and their ability to consent to areas of their care and support was not always considered.

People's healthcare needs were monitored and treatment was provided according to their individual needs.

People received food and drink in accordance with their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People were treated with respect and dignity.

People were cared for by a small stable staff team who they were able to build relationships with.

Is the service responsive?

Good

The service was responsive.

People received care and support which was responsive to their

needs and preferred routines.

The service people received in their own homes was flexible to accommodate their lifestyles and needs.

People felt comfortable to raise their concerns with a member of the management team.

Is the service well-led?

Requires Improvement

The service was not always well led.

The systems in place were not always effective in identifying and addressing shortfalls in record keeping or making sure risks to people were minimised.

The provider had not notified the Care Quality Commission of significant incidents in accordance with their legal responsibilities.

There were ways for people to share their views and make suggestions.

Hummingbird Care

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.

This inspection took place on 23 October 2018 and was unannounced. It was carried out by one inspector.

We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with seven people who lived at the home, four visitors and five members of staff. Staff spoken with included the deputy manager at the home and senior care co-coordinator for the agency. The registered manager was not available at the time of the inspection.

Following the inspection, we spoke with one person who received care in their home and four relatives of people receiving this service. Two of the relatives we spoke with said their family members had also stayed at the care home for respite care. We also received written feedback from two relatives of people.

During the inspection we were able to view the premises and observe care practices and interactions in communal areas of the care home. We observed lunch being served in the dining room. We looked at a selection of records, which related to individual care and the running of the home. These included three people's personal files, three staff files, records of compliments, medication records and health and safety records.

Good

Is the service safe?

Our findings

People who received care at the home and in the community told us they felt safe with the staff who supported them. One person told us, "I know I am safe here. I had falls at home but here I am better." A visitor said, "I know they are safe and well looked after." One relative of a person who received care in their own home told us staff used a key safe to gain entry to the person's property. They said, "They make sure everything is locked up safe and secure."

Some people who lived at the care home were unable to fully express their views to us because they were living with dementia. We observed people looked comfortable and relaxed with the staff who supported them. People were actively engaged with staff and smiled and laughed with staff.

The provider made sure the risks of abuse to people were minimised. All staff were checked before they began work to make sure they were suitable to work with vulnerable people. The recruitment process included seeking references and carrying out a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personal files contained all required information to support safe recruitment practices. The application forms for new staff had recently been changed to include a full employment history, which would further help to minimise risks to people.

Staff received training in how to recognise and report suspicions of abuse. Staff spoken with told us they had never seen anything which concerned them but they would not hesitate to report any worries or concerns. All staff were confident that action would be taken to make sure people were protected. One member of staff told us, "I would report anything immediately. I am really sure they would do something."

Staff had information to support them to raise concerns. There was a poster on the notice board giving contact details for how people could contact outside agencies if they felt unable to raise concerns within the home. All staff who worked at the home and the agency were given information to read about how to report concerns when they began work. This helped to make sure everyone was able to raise concerns.

The staff carried out risk assessments regarding people's vulnerability in relation to falls, pressure damage and poor nutrition. We saw that where people had been assessed as being at risk of falls, equipment had been put in place to minimise these risks. For example, some people had pressure mats by their beds and door sensors to alert staff if they were moving around. This enabled staff to quickly support people and thus minimise the risk of them falling. Where people were assessed as being at risk of pressure damage staff applied prescribed creams to help to prevent pressure ulcers.

No one at the home administered their medicines themselves. All medicines were administered by senior staff. Records were kept when medicines were administered or refused to enable staff, and other healthcare professionals, to monitor the effectiveness of prescribed medicines. The dispensing pharmacy had carried out an audit of medicines administration in June 2018 and stated on their report "Excellent medication management."

One person received their medicines covertly (without their knowledge.) There were clear records to show that the person's mental capacity had been assessed and the decision had been taken with the person's doctor and family members to make sure it was in their best interests.

There were adequate numbers of staff available to meet people's needs and spend time socialising with them. During the inspection we saw people's requests for help or support were responded to promptly. People said they always had access to staff when they wanted help. One person said, "Certainly enough staff."

People who received their care in their own homes told us they were supported by a small and stable staff team. They said staff always arrived at the correct time and stayed for the right amount of time. One relative told us, "They always arrive when they say they will but they are flexible if we need things to change."

The risks of the spread of infection were minimised because all staff received training and guidance in infection control. Where appropriate, staff used personal protective equipment such as disposable gloves and aprons.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found people were receiving effective care to meet their needs and personal wishes. At this inspection we found improvements were needed because people who lived at the care home did not always have their needs and choices recorded to make sure staff knew how to effectively support people. We also found that people's capacity to consent to their care was not always considered and appropriately recorded.

People's needs were not always fully assessed and recorded. One person told us, "They did ask about what I did and what I wanted, but nothing else." A visitor said they did not recall any assessment taking place but their relative had a care plan from the surgery. Another visitor said they had been asked for some information about their relative when they had first moved in but they did not think this had been recorded anywhere. Following the inspection, the provider sent us positive feedback from relatives of people living at the home stating they felt their relative's needs had been adequately assessed. However, this was not reflected in the records we saw.

Care plans were very basic and did not give details of how people wanted to be cared for. People's personal files at the care home did not contain full assessments of their needs and choices. The deputy manager told us most people who moved to the home came for day care before moving in. They said this gave the staff an opportunity to see how the person would fit in.

Senior staff told us they did not usually carry out formal assessments but asked for people to provide information from their doctor about their healthcare needs. This meant there was no recorded information to enable staff to create care plans to show how their needs would be met in accordance with their wishes, preferences or known routines. A senior member of staff told us they were planning to carry out additional assessments of each person.

People's emotional needs were not fully assessed and met. During the day we saw one person was tearful and upset. A member of staff said the person sometimes expressed these emotions. This person had been at the home approximately five months. There was no care plan in place for this person to show how their care should be provided, what their wishes or preferences were or how staff could support them at emotional times. This placed the person at risk of receiving care which was inconsistent and could be confusing for them. We did see evidence that community mental health professionals had been monitoring this person's well-being which helped to mitigate the potential risks of them not having a care plan.

Relatives whose family members were receiving a service in their own homes said the senior care co-ordinator had visited them before the service began to assess their needs. One relative told us the senior care co-ordinator had shadowed family members as part of their assessment and from this had written a care plan which everyone was happy with.

People said the care staff who visited them at home worked in accordance with the care plan which was in place. One person told us, "Oh yes I have a care plan, everything is written down and they fill it in every time

they come." One relative wrote "We feel reassured that Hummingbird carers are well informed, well trained and aware of care needs and wishes/preferences thanks to [care co-ordinator's name] excellent hard work, the care plan and the kind and positive attitude of the carers."

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.

The majority of people who used the service were able to give their consent to the care and support they received. During the inspection we saw staff asking people if they wanted to be helped and giving them the opportunity to consent or refuse. One person told us, "You choose what you do." Another person said, "They do exactly what I ask them to do."

Some people at the care home were living with dementia and may not be able to make choices or give consent to all aspects of their care. However individual care files did not show that people's capacity to consent to various aspects of their care had been considered. For example, some people had pressure mats in their rooms which alerted staff they were moving around. There was no information in their care plans to show they had consented to these being in place or that they had been assessed as being in the person's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications for some people to be cared for under this legislation.

People's health was monitored by staff and advice and support was sought from healthcare professionals to ensure their needs were met. Doctors from the local surgery carried out three monthly reviews for people to monitor their health and make sure they received the correct treatment to meet their individual needs.

Staff at the home regularly took and recorded health observations such as temperatures, blood pressure and pulse rates. There was no rationale for this in people's care plans and no evidence that people had consented to this or it had been carried out in their best interests.

We recommend the provider makes sure that all staff are familiar with, and practicing in accordance with, the Mental Capacity Act 2005

People told us the home arranged for them to see doctors, dentists and chiropodists. People's personal files contained good information about when people had been seen by healthcare professionals. One person told us, "They get the doctor if you need it. Very good like that." On the day of the inspection the registered manager had supported one person to attend a hospital appointment.

People had opportunities to take part in complimentary therapies such as aromatherapy and holistic massage. Staff told us a number of people enjoyed gentle massage and they felt this contributed to people's overall well-being.

People who received care in their own homes told us staff would help them to make appointments and all were certain that care staff visiting them would respond appropriately to any healthcare emergency. One

relative told us how the care staff had informed them when they had concerns about the person they had visited.

A number of people receiving care in their own homes received their support from Hummingbird Care as part of a larger package of care. People told us the care staff from the agency worked well with other staff involved in the person's care. One relative told us the staff from the agency were always flexible to fit in with other care providers to make sure all the person's needs were covered.

People had their nutritional needs assessed and met, however records kept were not always accurate. People's daily fluid intake was recorded on a form in their personal file. Drinks given were only recorded at set times and any further drinks were not recorded. In one person's daily records on several days staff had recorded the person had eaten and drunk well. However, their daily monitoring chart did not evidence this. When we met the person, they looked well hydrated and alert.

People were happy with the food they received. One person said, "Lunch is always nicely cooked. The veg is good." Another person told us, "The food is pleasant."

People were supported by staff who received training and supervision to carry out their roles. People felt confident with the staff who supported them. One person told us, "They [staff] know what they are doing." A relative of a person who received care in their own home commented, "All very competent and accommodating."

The care home was a large older style property which had been extended and completely refurbished. There were large communal areas with access to pleasant outside space. All bedrooms had en-suite wet rooms but there was also a bathroom with a jacuzzi style bath to ensure people were able to have a bath if they preferred this to a shower.

There were no regular audits of the building to make sure all areas remained safe for people. We found that one upstairs window did not have a working window restrictor in place. We also found that freestanding wardrobes had not been secured to the wall to prevent them toppling forward and causing injury to people. In some upstairs rooms there were large doors leading to Juliet style balconies. These doors were unrestricted and had thumb turn locks so they could be easily opened possibly placing people at risk. These issues had not been picked up by the provider's own monitoring systems and could potentially place people at risk.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. Comments about staff who were supporting people in their own homes included; "The carers are very punctual, respectful, caring, effective and careful" and "We feel the staff are very caring, kind and respectful."

At the care home we observed staff were kind and patient with people. We saw staff assisting people in a relaxed and unhurried manner. Staff sat with people and chatted and people were very relaxed and comfortable. One person said, "Staff are quite polite and friendly. I have no complaints."

Staff were considerate of people's needs and abilities. We saw that one member of staff helped a person to sit in a comfortable chair and then went to fetch them a blanket to cover their legs saying, "Just to keep you nice and warm if you need it."

There was a very stable staff team at the home which people had built trusting relationships with. One person told us, "The nice thing is the girls [staff] stay here, they don't come and go." Staff we spoke with knew people well and spoke affectionately about people.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people with us they were respectful and compassionate.

People who were receiving care in their own home only saw a small number of staff who they felt comfortable with. A number of relatives we spoke with said they valued the small staff team and felt this ensured their relative received consistent care and support. One person told us, "I have the same three carers. They are good company." People were always introduced to care staff before they supported them with care and they always knew who would be visiting them each day.

People were treated with dignity and respect. Everyone who lived at the home and those whose relatives were receiving care in their homes told us staff always treated them with respect.
Relatives told us care staff who visited their relatives were always considerate towards people's property and belongings.

People all appeared clean and well-dressed showing staff took time to support them with their personal care. One person told us, "They help me get washed and dressed. I can't fault them. They are respectful and I always have women to do personal care for me."

People's privacy was respected. At the time of the inspection all bedrooms were being used for single occupancy. Some rooms could be used for two people to share but we were assured this would only be for couples who choose to share a room. Some people liked to spend time in their rooms and one person said, "I like my room, they check I'm ok but they leave me in peace."

People who were able to, were involved in decisions about their care on a daily basis. People said they made

choices about the care they received. Visitors told us the staff spoke to them regularly and communicated well when things changed or people had been seen by other professionals.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs and flexible to meet their changing needs. There were no strict routines at the care home and people said they could choose what time they got up, when they went to bed and how they spent their day. Some people choose to socialise in the communal areas and others preferred their own company and spent time in their bedrooms. One person said, "You decide what you want to do each day. When I've had enough of people I sneak off to my room." Another person told us, "I choose what I do."

People who received a service in their own homes had visits according to their wishes and personal routines. One person told us, "Nothing could be better, they are helping me to stay independent." A relative said, "We haven't had to change anything they have fitted in with us."

As well as being responsive to the needs of the people already using the service, Hummingbird Care was responsive to the needs of the local community. The domiciliary care agency had been set up in response to local need. People were also able to visit the home for day care and respite care. This service supported people who were living in their own homes and also helped people to make their own decisions about whether residential care was right for them or their families. One relative of a person receiving care in their own home told us, "We have used Hummingbird for respite. They have thrived there and it has allowed us to have a break."

People could be confident that if their needs changed the service would adapt to meet their changing needs. For example; one person's mobility had reduced and the staff had ensured there was appropriate equipment to support them. A number of people said they had originally used the care home for day care but as their needs had changed they had moved in and made it their home. One person said, "I came for day care and then I couldn't manage at home so it was the right thing to do."

The deputy manager told us they aimed to provide a home for life and, when required, provided end of life care for people. They told us when people were nearing the end of their life they made sure they were cared for in a way that respected their choices and beliefs. The staff had good links with local healthcare professionals who supported the people who were receiving end of life care.

The domiciliary care service was also able to support people who wished to remain in their own homes at the end of their lives. We were told that due to the size of the service any palliative care was usually provided by the senior care co-ordinator who had the skills and experience to ensure people were supported with dignity and professionalism.

People were supported to take part in activities at the home and in their local community. Staff supported people to attend a local club for older people where they were able to meet up with old friends and acquaintances and continue to be part of the community. Children from a local pre-school group visited the home and we were told how much people enjoyed this. One person told us, "I like the children."

People were able to follow their religious and spiritual beliefs. A regular church service was held at the home for those who wanted to take part. The staff had received training in equality and diversity and said they would ensure everyone had their beliefs respected.

There were a range of activities available to people on a daily basis depending on people's interests and abilities. There were lots of musical activities including a weekly 'Mindful Music' session. On the day of the inspection an entertainer played the violin in the morning and at lunch time a pianist played music followed by a singalong which was very much enjoyed by people. Staff and people at the home also had a choir which met regularly. One person told us, "I like to sing." Another person told us they had been part of a choir before moving to the home and very much enjoyed this.

Other activities at the home included arts and crafts, quizzes and gardening. The home had a minibus which enabled people to access local facilities and take part in trips out.

People were supported to maintain contact with families and friends who were able to visit them at the home and attend social events which were open to families and local people. One visitor praised the social functions that the staff put on for them and their relative. One person who was receiving care in their own home told us, "They help me get out and about but mostly I appreciate the company of the girls [care staff] who visit me. We have become friends."

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The deputy manager told us they had some picture cards to help people who were unable to fully verbalise their wishes to express themselves. They told us if anyone had any language or specialist communication needs they would ensure appropriate measures were put in place to help them to communicate.

No one we spoke with had any complaints about the service they received but everyone said if they had any concerns they would feel comfortable to raise them. One person who lived at the care home told us, "I have no complaints but if I did I would speak with [registered manager's name] or one of the staff." A person who received care in their own home said, "Oh if anything wasn't right I would just ring [senior care co-ordinator's name.] They would be straight on it and get it sorted."

The provider had a complaints policy and procedure but no complaints had been made since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

Improvements were needed to make sure the care home was well led. Quality monitoring systems had not always been robust and effective in identifying shortfalls in the record keeping and identifying possible risks to people.

The provider did not have effective systems to assess and monitor the standards of care or to identify possible risks to people. There was no system in place to audit the quality of care plans. During the inspection we found that care plans were basic and did not include information about people's likes and dislikes. Care plans we saw had not been up dated since December 2017 and one person did not have a plan of care in place. The lack of up to date and comprehensive care plans could potentially place people at risk of receiving inappropriate care.

A number of people at the care home were living with dementia and there were no records of how they had given consent to some aspects of their care. This included the use of pressure mats and door sensors and the regular taking and recording of medical observations. The lack of recorded information had not been identified by the provider's own monitoring systems.

Monitoring systems had not identified some potential risks to people. These included unsecured wardrobes which could topple forward and cause injury to people and unrestricted doors and a window on the first floor.

The lack of effective systems and processes to assess, monitor and improve the quality of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not notified the Care Quality Commission of significant events which had occurred in the home. The provider has a legal responsibility to notify the Commission, without delay, of any deaths or other notifiable incidents which have occurred whilst a person has been in receipt of a regulated activity.

This is a breach in Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

There was a registered manager in place. 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.

People lived in a home where the management were open and approachable. The registered manager was supported by a deputy at the care home and a senior care co-ordinator for the domiciliary agency. The managers were well known to people. One person said, "I know who the managers are. It's home from home really, they treat you like family." Visitors to the care home and relatives of people who received care at home all said they could talk to the managers at any time and always felt listened to. One relative said, "They always make time for you."

The deputy manager told us they aimed to provide a holistic home which was person centred. They told us they made sure that everything was focused on the individual person. This philosophy was shared with staff through day to day discussions, meetings and one to one supervision. One member of staff said, "I definitely think people have a good quality of life. We do anything that you would do for your family."

There was a small, well-motivated, staff team who helped to create a warm and calm environment for people. The provider recognised the importance of the staff team and there were incentives in place when staff showed initiative or went over and above their job role to support people. This demonstrated staff were valued and well supported.

People and relatives were very happy with the care and support they received at the care home and in their own home. Comments included; "We are extremely happy with the quality of care provided," "I feel quite comfortable here" and "There is nothing they could improve on. I feel very lucky."

The provider sought people's views about the quality of the service provided. The management team were very visible in the home which enabled them to seek people's and visitors' views on a regular basis. The senior care co-ordinator for the domiciliary care agency visited people in their homes to seek their views and monitor standards of care provided to people. One relative told us, "The communication is good."

People were able to share their views through quality monitoring surveys. We looked at the latest returned surveys and found people were very happy with the service they received. The provider had systems to analyse returned questionnaires and address any issues raised within them.

The service was located in a small village. The provider had considered the nature of the area and had an emergency plan in place to make sure people continued to receive care in bad weather.

The service helped people to continue to be active members of their local community. They took part in, and hosted, events for people using the service and the local community. They provided a variety of care options in response to local demand. The staff at the home had also helped to raise money for a community defibrillator which was kept at the home. Staff and local people were trained in the use of the machine to make sure people locally received prompt treatment in an emergency situation.

The staff had good links with other healthcare professionals to make sure people received appropriate care and support to meet their needs. Where appropriate staff worked with other agencies to provide care to people in their own homes.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services The provider had not informed the Care Quality Commission of the death of a person receiving a regulated activity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems had not always been robust and effective in identifying shortfalls in the record keeping and identifying possible risks to people.