

Community World Limited

Hernes Nest House

Inspection report

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

Tel: 01299402136

Date of inspection visit:
25 July 2019

Date of publication:
13 September 2019

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

About the service

Hernes Nest House 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. At the time of our inspection there were 19 people living at the home.

People's experience of using this service and what we found

People at the home told us they felt safe and protected from harm. People were cared for by staff who understood how to protect them from abuse and harm and keep them safe. People had comprehensive assessments, care plans and risk assessments which included information about their care and support needs and preferences. Staff were provided with ongoing training to meet people's diverse needs and understood people's individual needs. People were supported with their medicines by staff using safe practice. Staff understood and followed infection control and prevention procedures. Incidents and accidents were investigated, and actions were taken to prevent recurrence.

People's care and support was planned and delivered in line with current best practice guidance and legislation. Care was delivered by staff who were well trained and knowledgeable about people's needs and wishes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised care from staff who knew their needs and wishes. People's concerns were listened to and action was taken to improve the service as a result. Where improvements were identified, there were plans in place to ensure these were made. People could remain at Hernes Nest House to receive end of life care, provided by the management team and staff, which was supported by external professionals.

The management team were open, approachable and focussed on providing person centred care. The management team and staff engaged well with other organisations and had developed positive relationships. The registered manager strived to continuously improve their own skills and knowledge. The provider had processes to monitor and improve the quality of the service and there was a culture of openness and of reflection and learning.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 April 2017).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Hernes Nest House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Hernes Nest House is a 'care home'. 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service, four relatives and a visiting professional about their experience of the care provided. We spoke with six members of staff including the provider , registered

manager, deputy manager, and three care staff. 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 a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, and complaints were also reviewed.

Is the service safe?

Our findings

Our findings - Is the service safe? = Good

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm .

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and protected from harm
- Staff had a good understanding of how to protect people from abuse and what actions to take if they needed to report any concerns. They told us they had received training and updates in regular team meetings.
- The provider had procedures in place to ensure they met their responsibilities to report any concerns.
- The registered manager was aware of the local authority's safeguarding processes. The registered manager showed they knew their responsibility to communicate and share information with relevant professionals and other agencies.

Assessing risk, safety monitoring and management

- People and their relatives were involved in completing risk assessments which gave clear guidance to staff. These documents were reviewed regularly and amended when required. Staff had a good understanding of people's risks and knew how to help them remain safe.
- People said staff supported them safely.

Staffing and recruitment

- People told us there were enough staff to support them with their personal care, and didn't feel rushed. However, the feedback from relatives was mixed. One relative told us "the staff team are lovely but thinly spread" and another relative said "Staffing levels are about right, there is always someone around, nothing is too much trouble.
- The registered manager ensured arrangements were in place, so people were always supported by sufficient, suitably skilled staff.
 - Staff told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. The management team had robust systems in place to ensure safe recruitment practice.
- Staff had been supported to provide good quality care and felt competent to support people safely .

Using medicines safely

- When staff administered medicines, they followed appropriate guidance and used an effective system to ensure people had their medicines.
- Staff were trained and had competency checks to ensure they followed safe practice. Medication records

were checked thoroughly by the management team and errors found were actioned straight away .

- Medication was safely stored and disposed of in the correct way.

Preventing and controlling infection

- People and their relatives said staff always followed safe practice and wore protective equipment when needed.
- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. Staff told us they always wore appropriate gloves and aprons when they should do.

Learning lessons when things go wrong

- Staff described how the management team were supportive and encouraged them to be open regarding any mistakes made. This promoted good communication and a learning culture.
- Incidents and accidents were monitored so any themes and trends could be identified, and action taken to prevent any reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this .

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us the management team had assessed their needs and preferences in relation to their care and had planned their support based on this.
- People and their relatives were involved in decisions about people's care.
- People told us their lives had improved since moving to the home. One relative told us they felt moving in to the home was the best thing for their family member, as they were now gaining weight and able to socialise more.
- Tools and information on best practice guidance were available for staff. For example, staff had a visual guide showing where people were on the Gold Standards Framework. The Gold Standards Framework (GSF) is a tool used by many GP practices, care homes and hospitals to enable earlier recognition of patients with life-limiting conditions, helping them to plan ahead to live as well as possible.

Staff support: induction, training, skills and experience

- All the people and relatives we spoke with said staff had good knowledge and skills to support them. We saw ongoing training updates were arranged for staff, and staff told us they had the skills to meet people's needs.
- Staff had completed training as part as their induction, then had regular refreshers. They said they shadowed experienced staff as part of their induction who shared best practice knowledge. One staff member told us how they were able to shadow experienced staff until they were confident in their role.
- The registered manager was developing the recruitment process to include people who live at the home joining in staff interviews. The registered manager asked people for feedback about how new staff were providing care to them.
- Staff had regular 'supervision' meetings with management where they could discuss issues in relation to their caring roles and personal development.

Supporting people to eat and drink enough to maintain a balanced diet

- The support offered to people varied dependant on people's individual needs and preferences. People were promoted to be as independent as possible and were offered discreet support if needed.
- Care plans recorded people's meal preferences, allergies and the support people required with dietary needs.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives gave us examples of when staff had helped them to access healthcare services,

so people were supported to meet their health needs.

- We saw appropriate professionals were involved when needed to ensure people's health and well-being improved.

Adapting service, design, decoration to meet people's needs

- People had the choice of seating in a number of different areas depending on their preference. There was a quieter lounge and people had access to two different outdoor spaces where they could sit with their relatives if they wished.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA & DoLS, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People said staff listened to them and respected their wishes. They told us staff explained what care options were available, and asked their permission, before carrying out personal care.
- Staff understood the Mental Capacity Act principles and knew who would be involved to support people with decisions when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt well cared for and treated with respect. One relative told us "There is a lovely togetherness about the place, they [people] all look out for each other and are shown a lot of kindness by the staff".
- Staff had a good rapport with their family members. One relative told us that their whole family felt supported by staff during the time their family member lived at the home. Another relative told us about staff's approach and said, "Nothing is too much trouble".
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people they supported. The ethos of the management team was inclusion, to ensure all the people they supported felt included and valued when staff supported them. One person said, "It's an ideal spot here with beautiful views, they [staff] do everything to make it positive for me and perfect".

Supporting people to express their views and be involved in making decisions about their care

- People we spoke with explained they made decisions about their day to day support. Families told us staff listened to their family member's wishes.
- People and their families were regularly asked for feedback to ensure they were happy with the support staff provided. We saw results from satisfaction surveys were shared with people and their families and there were on-going action plans to make improvements.
- There were regular reviews of care plans which involved and focussed on what people wanted in relation to their care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and supported them to be as independent as possible. One relative told us that their family member was, "Always treated with dignity and respect and they [staff] are always kind and compassionate".
- Staff were respectful of people's needs. All the staff we spoke with were passionate about the people they supported and spoke of respecting their wishes and constantly looking at how they can improve people's well-being.
- People's rights to privacy and confidentiality were respected. One relative told us about the support they received from staff during their family member's final days. The relative said, "We were offered privacy and food when requested. They let us stay with [family member] until they passed away".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they felt in control of plans for their daily lives.
- People who used the service, and their representatives, were involved in reviews of their care. One relative told us, "Communication is key, they [staff] keep me updated especially as [person's] condition can fluctuate rapidly."
- Records contained detailed information for staff on how best to support people with all aspects of their life. They also included detailed information about their health needs and the care people required to manage their long-term health conditions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs had been assessed and recorded to enable staff to promote effective communication with each person .
- Staff knew how to communicate with people to understand their wishes. Staff found different ways to ensure they understood people's needs, for example, understanding facial expressions and body language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access the community when agreed as part of their assessed care needs. People were supported to attend their local church or receive monthly communion in the home.
- For those people who would prefer not to go out of the home, the management team arrange activities to take place at the home, inviting relatives and the local community to join in. The registered manager told us they had recently arranged a 'sea and sand afternoon' with ice cream, family days / BBQs and seasonally themed tea dances.
- Some people living at the home do not have family living nearby so the registered manager supported them to maintain long distance relationships using technology such as video calling.
- Staff also worked with people to personalise their rooms with photos of recent trips and activities. The registered manager said this gave people, "Happy memories to look at".

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy in place and outcomes of any issues were used to drive continuous learning and improvement in the care delivered.
- People knew how to raise concerns if they needed to. One person said, "I feel I have an open and honest relationship with the [registered] manager and can raise concerns if I need to." Relatives told us if they made suggestions these were actioned by the management team, and they felt listened to.

End of life care and support

- People and their relatives were encouraged to talk about their wishes and choices for end of life care upon admission to the home. This information was documented, periodically reviewed and updated as required.
- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes.
- The management team explained they would involve other agencies to support people who chose to remain in their own homes at the end of their life.
- We saw thank you cards from relatives of people who had sadly passed away, which included comments such as, "The whole family felt supported by staff during the time my [family member] was a resident" and "We are very thankful for the overall care that [relative] received during their time at Hernes Nest. It made their last few months happy and comfortable."
- The registered manager told us the home has accreditation for the Gold Standards Framework and the management team encourage people to think about five things or wishes staff could assist them to accomplish before they die. Staff told us that the wishes of one person was to go to the pub for a lunch with their family so this was arranged.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us they were well-supported and valued by an approachable management team who listened to their views.
- The management team completed a range of quality audits on a regular basis and we saw actions were identified and addressed to bring about improvements.
- The management team were open and honest and understood their responsibility to meet the duty of candour. When improvements were needed these were investigated and shared with people, and their families, and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People gave positive feedback about the care they received.
- The service was led by a supportive management team. Staff understood their duties and the leadership structure had clear lines of responsibility.
- The management team were clear about their responsibilities for reporting significant incidents in the home to the Care Quality Commission [CQC] and regulatory requirements. Risks were clearly identified and escalated where necessary.
- The registered manager constantly reviewed their practice to ensure they were up to date and following best practice guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who live at the home, and their relatives, told us they felt included in developing the home.
- The provider used different systems to seek feedback to ensure people's voices were heard. People and their relatives were encouraged to contribute their views through questionnaires and review meetings. Where improvements were identified there was an action plan in place to ensure improvements were completed.
- There was a culture where people and staff were valued and listened to and had access to the support they wanted.

Continuous learning and improving care

- The management team regularly audited all aspects of their care delivery to constantly keep the support provided under review.
- Accidents and incidents were reviewed, and learning used to improve the quality of care provided.
- The management and staff team were committed to providing care centred around each person which respected people's diversity, personal and cultural needs.

Working in partnership with others

- The management team had developed and maintained good links with healthcare professionals and the local community which people benefitted from. The registered manager regularly arranges for social events to take place at the home and invites people from the local community and relatives to join in.
- Other professionals told us that staff and the management team had good relationships with them to support positive outcomes.