Sammi Care Homes Limited

Himley Manor Care Home

Inspection report

133 Himley Road
Himley
Dudley
West Midlands
DY1 2QF

Tel: 01384238588

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28 April 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

Our inspection took place on 28 April 2016 and was unannounced. At our last inspection in March 2015, the provider was rated as Requires Improvement.

Himley Manor Care Home is registered to provide accommodation, personal and nursing care as well as diagnostic and screening procedures and treatment of disease, disorder or injury. They are registered to provide care to a maximum of 51 people. At the time of our inspection there were 46 people living at the home.

There was no manager registered with us. A manager was in post and had made an application to register. 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.

Quality assurance audits had not been completed to monitor the quality of the service. Medication audits had identified issues but the action taken had failed to address the issue.

We saw that staff had not received timely updates to their training to ensure they remained competent in their role.

Records kept about people's care had not been kept up to date and available for staff. We saw that one care plan had not been kept secure.

People were supported to take their medication. However records kept about people's medication were not always accurate.

People had been involved with an assessment of their needs before moving into the home but were not supported to be involved in reviews of their care.

People told us they felt safe at the home. Staff had an understanding of how to identify and report abuse and had a good understanding of how to manage risks to keep people safe.

The provider had undertaken checks to reduce the risk of unsuitable staff being employed. We saw there were systems in place to ensure there were sufficient numbers of staff on duty.

People were supported to make decisions and had their rights upheld in line with the Mental Capacity Act 2005.

People were given choices at mealtimes and were supported to have enough food and drink. People's

health needs were met as they were supported to access a range of healthcare support when required.

People were supported by staff that had a kind and caring approach. Staff treated people with dignity and respected their privacy.

People told us they had access to a range of activities that reflected their personal interests.

People and their relatives were aware of how to make complaints. Complaints made had been investigated fully by the manager. People were supported to give feedback on the service via resident meetings and questionnaires.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Records kept on medication was not always accurate. Where people had medication on an 'as and when required' basis, there was no guidance informing staff on when this should be given.

People were supported by staff who knew how to identify and report concerns of abuse.

Staff were able to identify and manage risks to keep people safe.

There were systems in place to ensure that there were sufficient numbers of staff available.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not all received training relevant to their role and training given had not been refreshed in a timely manner.

People had their rights upheld in line with the Mental Capacity Act 2005.

People were given sufficient amounts to eat and drink and were supported to make choices about their meals.

People had access to healthcare support when required.

Is the service caring?

Good

The service was caring.

Staff had a kind and caring approach with people and ensured they were treated with dignity.

People and their relatives were involved in their care.

People had access to advocacy services when required.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who knew them well.

There were activities available for people that they enjoyed.

People were aware of how to make complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance audits had not been completed to monitor the quality of the service. Where medication checks had identified issues, these were not responded too appropriately.

Records held about people were not always up to date or available for staff to view.

People were given opportunity to feedback on the service and this was acted upon by the manager.

Himley Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 April 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send to us about incidents that occur at the home. We also spoke with the local authority for this home to obtain their views.

We spoke with five people living at the home, one relative, four members of staff and the manager. As some people were unable to tell us their views of the service, we used a 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 also looked at four people's care records, three staff recruitment files and 13 medication records. We also looked at records kept on complaints and accidents and incidents.

Requires Improvement

Is the service safe?

Our findings

People told us they were happy with how their medication was managed. One person told us, "What [medication] I have to take, the staff gives me and it is always on time". Another person said, "They always bring my tablets to me and I take them". We saw staff support people with their medication. Staff explained to people that it was time for their medication and were patient whilst people took these. We looked at medication records and saw that some people required medication on an 'as and when required' basis. We saw that some people did not have protocols in place informing staff of when these should be given. This meant that people were at risk of receiving these medications in an inconsistent manner. However, staff we spoke with knew when these should be given. We observed that there were gaps and incorrect recording in some people's Medication Administration Record (MAR). This meant the amount of medications recorded as being available did not match what was stored. As the MAR was not accurately completed, staff could not be sure that medication had been given as prescribed. We saw that the errors in recording had been identified previously by the manager, but these errors had continued occurring.

People told us they felt safe at the home. One person told us, "Yes, I am definitely safe. I don't go out because I feel safer here". Another person said, "Oh yes, I do feel safe". A relative we spoke with said, "There is nothing that makes me think [person's name] is not safe, secure and well loved".

Staff we spoke with understood how to recognise signs of abuse and knew the procedure to follow if they suspected someone was at risk of harm. One staff member told us, "If I was concerned, I would tell the manager and document it all. If the manager didn't resolve it then I would go higher".

Staff understood the risks posed to people and how to manage these. We saw that one person had poor mobility and was at risk of falls. We spoke with staff about how they supported this person and all staff knew the procedures in place to manage the risk. Staff explained that they risk assessed the person's ability every morning and then adapted how they supported the person accordingly. All staff were aware that if the person's mobility was a concern, then a staff member should support at all times. If the person was walking confidently, then alternative support was given, including encouraging short breaks whilst walking. This meant that staff were able to adapt the support they provided to ensure that risk was managed whilst ensuring the person's right to take risks was maintained. We saw that where accidents and incidents occurred, action was taken to minimise the risk of these reoccurring. Actions taken following these incidents included; medication reviews, provision of new equipment and increased observations.

Staff told us the prior to starting work at the home they were required to complete checks to ensure they were safe to work with people. This included references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS would identify if a person had a criminal record or had been barred from working with adults. Records that we looked at confirmed these checks took place.

People we spoke with told us that recently there had not been enough staff on duty to meet their needs. One person told us, "Normally there is enough staff, I have had to wait [for staff] recently as they have been short staffed". Another person told us, "There isn't enough staff, you ring your buzzer and they do not come

for 15 minutes or so". We spoke with the manager about this who told us that due to an outbreak of illness, a large number of staff had been off work sick and that this had left the home without its full team of permanent staff. We saw that the manager had taken appropriate action to ensure that during this time there were sufficient numbers of staff available for people. This included; the manager supporting with care and the use of bank care staff. People and staff we spoke with told us that prior to this recent issue, there had been enough staff available. One person told us, "I think there is enough staff". A staff member we spoke with told us, "There is enough staff on shift, some days are busier than others but I am not rushed". We saw that staff were visible throughout the day and that where people required support, they were responded to in a timely manner.

Requires Improvement

Is the service effective?

Our findings

Staff we spoke with told us they had received training to support them in their role. However, records we looked at showed that this training was not given to all staff consistently and where staff had completed training this had not been refreshed in a timely way. We saw that only small numbers of staff had completed training in areas including Moving and Handling, Safeguarding and Dementia. Those staff that had completed these training courses had not attended refresher courses for extended periods of time. The manager had identified that further training was required for staff but action had not yet been taken to address this. We saw that staff had gone long periods of time without having basic training provided to ensure they remained competent in their role. However staff we spoke with displayed a good understanding of their role and responsibilities.

Staff told us that prior to starting work, they were given an induction to introduce them to the home and their role. The induction included completing training and shadowing a more experienced member of staff. One staff member told us, "For induction, we went through what happens if there is a fire, a tour of the home, confidentiality and I shadowed another member of staff". Records we looked at confirmed an induction took place for new staff.

We saw that staff received handover's before starting their shift to ensure they had the information required before starting work. One member of staff told us, "We come in for a handover and get told what's happened on the previous shift, it's our responsibility to read the notes and catch up on what's happened". We spoke with a bank member of staff who confirmed they were given the information they needed prior to starting work. The member of staff said, "There is always a full handover when I come in and they are very thorough if it has been a few weeks since I last came here".

Staff told us they received regular supervisions with their manager in which they could discuss their role. One member of staff told us, "We have supervisions every three months but I would just go to the office anyway if I had a problem". Records we looked at confirmed that staff had access to supervisions with their manager.

People and their relatives told us they felt that staff had the skills to support them with their care needs. One person told us, "The staff are good, they are a good pack". Another person said, "The staff are very good, I have no criticisms".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us that staff sought their permission before supporting them. One person told us, "They ask if you want to go to bed, if you don't they won't force you, you can do things when you are ready". Another person said, "You can shower and things when you like, we have no restrictions on anything". Staff we spoke with understood the ways in which they can gain consent from people before supporting them. One member of staff told us, "I get people's permission by asking them. If they are unable to communicate, then we can use pictures or write things down for them". Staff understood the principles of the mental capacity act; however, staff had not received training in this area. We saw that some people living at the home had Deprivation of Liberty authorisations in place and that applications for these had been made appropriately. Staff we spoke with had an understanding of DoLS and when these safeguards would be required. However, training in DoLS had not been provided for staff.

People told us they were supported to have enough to eat and drink. One person told us, "The food is very good. You get two choices and if you don't like it then you can say and staff will get what you want". Another person said, "The food is good, I get a choice". We spoke with kitchen staff who displayed a good understanding of people's dietary needs. We saw that there was a folder available for kitchen staff advising them of people with specific dietary needs and the food they could and could not have. The kitchen staff knew how to support people to make their own meal choices. The kitchen staff member told us, "If they have capacity, we ask what they would like to eat [from the menu], but for those who can't verbalise, we will show them the meals on offer and let them choose". We saw that lunchtime was relaxed and people had appropriate support from staff where required.

People told us they were supported to access health care services to maintain their health and well-being. One person told us, "The staff get the doctor out if I need it". Another person said, "I have seen the optician while living here". Staff we spoke with had a good understanding of how to support people with their health care needs. One member of staff told us, "If I felt someone was unwell, I would report it to a senior who will then follow it up. If it was an emergency I would get help immediately and dial 999". Records we looked at confirmed that people had been supported to access a range of health care services including community nurses, opticians and dieticians.

Good

Is the service caring?

Our findings

People told us that staff had a kind and caring approach. One person said, "I have nothing detrimental to say, the staff have been very good". Another person told us how staff had supported them through bereavement. The person told us, "The staff really supported me through it, they were really helpful" and "The staff are my friends". Relatives also spoke positively about the caring nature of staff. One relative said, "I can't fault it, all the staff care for [Person's name] and love her". We saw that staff had developed friendly relationships with people and spoke about them in a caring way. We spoke with one staff member about the needs of a person living at the home. The staff member showed compassion towards the person's current health issues and displayed enthusiasm about how she was trying to support the person emotionally through these.

People told us they felt involved in their care. One person told us, "They [the staff] sit with me and ask if I am happy". Another person told us how they were supported to make their own choices. People told us they were able to choose what time they got up in a morning, what clothes to wear and what activities they would like to take part in. We saw people being offered choices throughout the day and that staff respected people's wishes when they had made decisions. Relatives we spoke with told us they felt involved in their family members care and were kept informed of any changes. One relative told us, "They [the staff] can't do anymore, we make suggestions and they go out of their way to try it for us" and "Staff have been so good and call me when [person's name] is not well". People told us that their relatives were able to visit them at any time and that there were no restrictions on when people could visit.

People told us their privacy and dignity was respected by staff. People told us that staff knocked their door before entering their room and gave them time alone when they requested this. Staff we spoke with had a good understanding of how to ensure people's dignity was maintained and we saw them put this into practice. We saw that staff were discreet when offering to support people with their personal care and ensured people had access to quiet areas so that they could have privacy when required.

We saw that staff supported people to maintain their independence where possible. We saw that one person was encouraged to transfer from one chair to another independently and that the person responded positively to this. We saw that other people were encouraged by staff to walk around the home as independently as possible.

We saw that the manager had supported people to access advocacy services when needed. We saw that one person currently had the support of an advocate and that this had previously been requested for another person. There was information displayed in the communal areas on how advocacy services can support people and how people can access this service if they wish.

Good

Is the service responsive?

Our findings

People we spoke with were unsure if they had been involved in reviews of their care. The care records that we looked at did not show that regular reviews took place. We saw that some records had not been reviewed for long periods of time. We spoke with the manager about this who informed us that the care records were currently being updated by senior care staff but that at present, care records were not up to date and that people were not involved in reviews. The manager told us they were planning to introduce reviews alongside people and their relatives following feedback they had received from people requesting this. However, people told us that staff knew them and their care needs well. One person told us, "Staff know a lot about me. They mostly know what I like and don't like". Another person said, "I think the staff know us well". Staff we spoke with knew the care needs of the people they supported and how they liked their care to be delivered. Staff we spoke with could explain about people's care needs, their likes and dislikes and their life history.

People and their relatives told us that prior to moving into the home, they were involved in an assessment to discuss their care needs. One person told us, "Before we moved in, we saw [the manager's name], who came to see us. We had a long chat with her". Another person told us, "They [the staff] came to see me before I moved in, I asked if I could spend the day here before I moved in [to see if I liked it] and they let me". Relatives we spoke with confirmed they were also involved in the assessment process. One relative told us, "All the way through, they were reassuring and caring; we spoke via the phone before [person's name] moved in, and they visited [person's name] in hospital and spoke with nursing staff". Care records we looked at confirmed these assessments took place.

People told us they were usually supported to take part in activities that they enjoyed. One person told us, "There is a lot that goes on, there was a choir recently". Another person said, "There are activities, the activities lady is very good". We saw that there had been events held that included a market style clothes sale, and planting vegetables in the garden. The member of staff employed to implement activities told us they held trips to the local pub and park and had plans to hold day trips further afield in the future.

People and their relatives told us they knew how to make a complaint. One person told us, "If I had any issues, I would go to [manager's name]". Another person said, "I would go to any of the staff if I had a problem". Relatives we spoke with had also been informed about how to make a complaint. Staff had an understanding of how to support people to make complaints. One staff member told us, "If someone told me they wanted to complain, I would ask if they wanted to speak with me about it or the manager. I would also get it in writing". We saw that one complaint had been received by the service and that this had been investigated by the manager and a response given to the person making the complaint. We saw that information was displayed in communal areas informing people of how they can make a complaint if needed.

Requires Improvement

Is the service well-led?

Our findings

We saw that the manager completed medication checks to ensure medications were managed safely. These checks had identified that there were gaps in staff recording. The manager had taken action in response to this by verbally re-enforcing to staff the importance of accurate recording. However, we saw that these errors had continued and been identified in further audits in the following three months but the manager had not taken any further action; other than speaking with staff, to address this. This meant that although the audits had identified issues, the action take to ensure this was resolved had not been sufficient in managing the issue.

At our previous inspection in March 2015, we identified that there were no robust auditing systems in place. This resulted in a rating of Requires Improvement. We checked to see if the manager had implemented systems to monitor the quality of the service and saw that no further audits had taken place. We spoke with the manager about this who told us they had plans to implement audits in areas such as care plans, kitchen, and the environment but these had not yet started. This meant that the provider had not taken action to improve and ensure that systems were in place to monitor the quality of the service.

We saw that a number of staff did not have up to date training to equip them with the skills and knowledge required to fulfil their role. We spoke with the manager who had identified that staff required updates to their training but had not taken action to ensure this had been provided. This had also been identified in our previous inspection in March 2015 and the provider had been given a rating of Requires Improvement in this area. This meant that the provider had not ensured appropriate action was taken to address this issue.

We saw that records with regards to people's care had not been maintained. The manager informed us they were in the process of implementing new care plans but had not managed this by ensuring that information about people's care needs was still available during this transition. We saw that people's new care plans had large sections that were not complete. Staff did not have access to the old care plans which meant they did not have access to the information they required to support people. This meant that where people did not receive support from permanent staff, they were at risk of not receiving personalised care that met their individual needs. Where care plans had been completed, the information included was not personalised or detailed to give staff an awareness of what support was required.

We saw that one person did not have a care plan in place. We spoke with the manager about this who informed us that a member of staff had taken this care plan home to update. This meant that the person's confidential personal information had not been kept secure. We informed the manager that this should be returned to the home as a matter of urgency and the manager contacted the staff member to arrange this.

The provider had failed to act on areas for improvement identified in their last inspection and had not ensured that the quality of the service was monitored and that an accurate record of people's care needs had been maintained.

This is a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

There had not been a registered manager at the service for over a year. It is a condition of the provider's registration with us that a registered manager is in post to manage the regulated activities. There was a manager in post who had made an application to register with us, however this had not yet been approved.

People and their relatives told us they felt the home was well led. One person told us, "I have been treated very well". A relative we spoke with said, "They [the management] can't do anything more, anything they can try, they do".

Staff we spoke with felt supported by the manager and able to approach her for support if needed. One member of staff told us, "[Manager's name] is easy to approach, I do feel supported. I will raise issues and she will act on them". Another member of staff said, "[Manager's name] is probably one of the best managers I have worked for. She is always around and will do a shift when needed". We saw that staff had access to regular staff meetings in which they can provide feedback on the home and make suggestions. One staff member told us, "We have staff meetings every three months, things can be bought up like any changes we would like around the home".

We saw evidence of an open culture at the home. Staff we spoke with knew how to whistle blow if needed. We saw that the manager understood their legal responsibility to inform us of incidents that occur at the home and that notifications had been submitted appropriately.

The manager sought feedback on the service via relatives meetings. We saw that these were held regularly. The manager had also advertised 'family surgery's' where people had a designated time every other week in which people could speak with the manager about any issues. However, the manager said that the number of people attending the meetings and surgeries had been poor. The manager told us, "It is because people see me as and when they need too". We saw that questionnaires had been sent out to people to gather their views of the service. We saw that where suggestions were made, these had been acted on by the manager. This included making adjustments to people's rooms and explaining the complaints procedure to people. We saw that these feedback forms had been made available in communal areas for people to complete whenever they had suggestions to make.

The manager had clear plans for the service. The manager informed us of their intentions to make the home more dementia friendly through a programme of redecoration. The manager informed us that this had already been agreed with the provider and that plans for this were underway.

Providers are required to display outcome of the previous ratings inspection within the home. We saw that the previous ratings summary had been displayed in the communal lounge for people to view.

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 17 HSCA RA Regulations 2014 Good governance Quality assurance audits had not been completed to monitor the quality of the service. Where medication checks had identified issues, these were not responded too appropriately. Records held about people were not always up to date or available for staff to view. Staff training had not been updated but action to address this was not taken in a timely manner.