

HC-One Oval Limited

Himley Mill Care Home

Inspection report

School Road
Himley
Dudley
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Tel: 01902324021

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection visit took place on the 10 April and following further information of concern we also inspected this service on 1 May 2018 this was unannounced.

Himley Mill is a nursing home. People in care homes receive accommodation and 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. Himley Mill is registered to accommodate up to 86 people in three separate households, Beech, Kingswood and Woodlands. Within each household there are communal areas including a dining room and garden area for people to access. This is the first inspection since the provider changed in 2017.

There was a registered manager in place on the first day of inspection, however they have since left their post and a new manager is now 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.

All risks to people had not been fully considered to ensure they were safe. We asked the provider to take immediate action and after the inspection and they offered us the necessary reassurances within the 72 hour timeframe. We found people were not transferred in a safe way and guidance for staff to follow was not always in place.

For some people when needed capacity assessments were not in place and decisions were not always made in people's best interests. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

There were some audits completed by the provider however these had not always identified when improvements were needed in relation to people's risk and areas of concern we identified during out inspection. People did not receive always receive care that was timely or responsive to their needs. The provider had not fully considered how to support people who were unable to verbally communicate their needs and wishes.

People were protected from the risk of abuse. There were sufficient, suitably recruited staff available to offer support to people. Staff were trained and supported to meet people's needs. There were systems in place to ensure medicines were managed in a safe way. Staff followed infection control procedures to ensure the environment was clean and safe for people.

People enjoyed their meals and had the opportunity to participate in activities they enjoyed. When needed, people receive support from health professionals who the home worked jointly with. People were happy

with the care they received and were encouraged to be independent. People's privacy and dignity was promoted and they were encouraged to make choices over how to spend their day.

The provider had a complaints procedure in place. Staff felt supported by the management team and were happy to raise concerns. People were encouraged to give their feedback on where the service could be improved. There was a registered manager in post and they understood their responsibility around registration with us.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This is the first time the service has been rated Requires Improvement.

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 not always safe.
Some risks to people were not always fully considered. Staff understood how to recognise and report potential abuse. There were enough staff available to meet people's needs. There were procedures in place to ensure people received their medicines as prescribed. Infection control procedures were in place and followed.

Requires Improvement ●

Is the service effective?

The service was not always effective.
When needed people did not always have capacity assessments in place or decisions made in people's best interests. Staff received an induction and training that helped them support people. People were supported with meal times and to access health professionals when needed.

Requires Improvement ●

Is the service caring?

The service was not always caring.
People were not always supported in a dignified way. People were happy with the staff that offered them support. People were encouraged to remain independent and make choices. People's privacy was maintained.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
People did not always receive care that was responsive to their needs. The provider had not fully considered how to support people who were unable to verbally communicate their needs and wishes. People's cultural needs were considered. Complaints were not responded to in line with the provider's procedure. Activities that people enjoyed were available for them to participate in. People knew how to complain and there were systems in place to manage complaints.

Requires Improvement ●

Is the service well-led?

The service was not always well led.
There were some audits completed by the provider however these had not always identified when improvements were

Requires Improvement ●

needed in relation to risk. Feedback was sought from people and relatives. Staff felt well supported and listened to by the registered manager. The provider worked alongside other agencies. The rating was displayed within the home in line with our requirements.

Himley Mill 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 visits took place on the 10 April and 1 May 2018 and was unannounced. The inspection visit was carried out by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service, this included an incident that occurred in relation to choking. We reviewed the last quality monitoring report completed by the local authority. We also used information the provider sent us in the Provider Information Return. 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 used all of this information to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with 20 people who used the service. We also spoke with eight members of care staff and the activity coordinator. We also spoke with the clinical lead, three registered nurses and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met. The area quality lead, the area director and the regional quality director were also present during the inspection and available for feedback on the first day. On the second day of inspection the new manager was also present.

We looked at the care records for fourteen people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home, staff rosters and actions plan that were in place. We also looked at staff files so we were able to review the provider's recruitment process. After the inspection we asked the provider to send us an action plan to offer us reassurances about some people who we identified to be at risk. The

provider sent us the information as needed.

Is the service safe?

Our findings

Before the first inspection we received information that raised concerns about when people may be at risk of choking. We checked this during our inspection. We saw that all people had a choking risk assessment completed. When most people had been identified at risk the provider had started to take action, for example some people had been referred to or been seen by the speech and language therapist (SALT) for assessments. However, for some other people further action was needed. For two people who had been identified at risk of choking, neither person had been referred to SALT for consideration nor had no interim measures such as soft diets been considered for these people. This meant the provider had not always taken the necessary action to ensure people were safe. We discussed this with the provider during our inspection. We asked the provider to take urgent action to ensure these people were safe. After our inspection we received the necessary written reassurances from the provider that action had been taken. At the second day of inspection we saw that people we were concerned about previously had all been referred to SALT as requested, we saw the new guidance that had been recommended other professionals was in place. Staff were aware of this and we observed these recommendations were being followed during our inspection.

We saw that another person was transferred between their wheelchair to the chair. Two staff did this by standing either side of the person and holding the person under their arms and lifting them to a standing position. We asked the unit manager to intervene as this was not safe practice. The unit manager offered support to this person by holding their hands and guiding them. These practices were unsafe and do not meet the guidance from the health and safety executive for moving and handling in care homes. We looked at records for this person and the mobility care plan stated 'can sit and stand independently'. Later during our inspection we saw a second incident involving this person. The person was mobilising independently and was unsteady; a staff member was concerned about this so was guiding the person. Another staff member intervened and supported the person in a different way to the first staff member, meaning staff were not offering a consistent approach. The person then attempted to lower themselves to the floor on two occasions. The staff member caught the person and stood them back up. A third staff member then brought a wheelchair for the person and the person was lowered into this. There was no guidance in place for staff to follow and the staff and records confirmed that this person did this regularly.

When people had behaviours that may challenge themselves and others there was not always guidance for staff to follow. For some people all behaviours had not been considered. For example, we saw documented that a person would 'take themselves to the floor'. There was no risk assessment in place identifying this was a potential risk, or any action taken to reduce the risk of this reoccurring. We spoke with the unit manager who confirmed this was not in place. This demonstrated that risk or potential risk had not always been fully considered.

This is a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "It's observing for any issues. For example, if someone has come to harm or maybe at risk of harm".

Another staff member said, "It's looking out for people to make sure they are safe from abuse. I would report my concerns and I am aware of local safeguarding procedures". We saw there were safeguarding procedures in place and when needed, concerns had been raised appropriately by the provider and safeguarding referrals had been made. This was in line with the provider's procedures.

People received their medicines as required. One person said, "They are very on the ball with my tablets". We saw staff administering medicines to people. The staff spent time with people explaining what the medicine was for. When people had medicines that were on an 'as required' basis we saw this was offered to them first. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them.

There were enough staff available to meet people's needs. One person said, "Mostly there are enough. If staff go off sick they can be a bit stretched but mostly its fine". Another person told us, "I never have to wait". We saw staff were available to offer support to people when needed, staff had time to spend with people and would chat with people throughout the day. Staff we spoke with and the registered manager confirmed there were enough staff available for people. The registered manager told us how staffing levels were based on the needs of people and how these could be changed if needed.

There were systems in place to ensure infection control procedures were followed within the home. For example, staff told us and we saw personal protective equipment including aprons and gloves were used within the home. One staff member commented, "We always have enough gloves and aprons, that's never a concern". We saw the provider had a policy in place and when needed this had been followed. We also saw the provider had been rated a five star by the food standards agency and the cook confirmed to us they had received the relevant training needed to work within the kitchen environment. The food standards agency is responsible for protecting public health in relation to food.

We looked at six recruitment files and saw pre-employment checks were completed before staff could start working in the home. We saw there were systems in place to ensure nurses had the correct registration and this was up to date. This demonstrated the provider completed checks to ensure the staff were suitable to work with people in their homes.

Is the service effective?

Our findings

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 or 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 to see if the principles of MCA were followed and found that the Act was not consistently applied. We saw when needed some capacity assessments were in place and decision had been made in people's best interests however some areas had not always been assessed or considered. For example, when people were using bed sensors or bed rails there were no individual capacity assessments in place for these. Staff did not always demonstrate an understanding when people lacked capacity. For example, one staff member discussed a person with us they told us they had capacity however records and observations confirmed this person did not always have capacity.

When some people had restrictions placed on them to receive care and treatment in their best interests, we saw the provider had made referrals to the local authority for authorisation under DoLS. When approvals were received, the registered manager notified us as required by their registration with us.

Staff received an induction and training. One member of staff told us, "We have just had some mandatory training and the rest is due soon so I have some dates coming up. We have to have refresher training each year which is good as it's a reminder". The provider told us there was an induction in place when new staff started within the home and staff confirmed this to us. One staff member said, "When have to show the new staff how to do things, they are extra to the numbers for a few weeks". This demonstrated staff received training that was relevant to meeting people's needs.

People enjoyed the food. One person said, "The food is marvellous. I have two choices if you don't like them you can ask for something else". At lunchtime we saw people were offered a verbal choice and had a range of different meals. Throughout the day people had cold drinks available to them and hot drinks and snacks were offered. Records we looked at included an assessment of people's nutritional risks.

People received support from health professionals when needed. During the inspection we saw that the GP was available within the home. The clinical lead told us they worked jointly with health professionals to ensure they delivered effective care and support. Records we reviewed also confirmed people had access to health professionals including dentists and GPs.

We saw the home was clean and decorated in accordance with people's preferences. People's personal belongings were in their room, including photographs of people who were important to them. One of the rooms was being transformed into a sensory area at the request of people living at Himley Mill. There was a

large garden area that was suitable for people to use and in the summer people confirmed to us they liked to go outside.

Is the service caring?

Our findings

People were not always treated in a dignified way. We saw during our inspection that one person was in wet clothing. The person was freely walking around the home and this was noticeable. The person was not offered a change of clothing until we informed the staff of this. Another person had a cold and their nose was running. Staff did not offer any support with this for example offering tissue. We saw a relative intervene and asked if a staff member could support this person.

People were happy with the staff that supported them. One person said, "They know me now so they are careful and on the whole they are very good". A relative told us, "Overall brilliant the staff are welcoming caring and sensitive. My relation is impeccably clean always". The atmosphere in the three homes was relaxed and friendly.

People told us and we saw that their privacy was promoted. One person said, "Very respectful in every way". Staff gave examples of how they offered support to people. One member of staff explained how they would always knock on the doors of people's bedrooms before entering. We observed staff did this. They also gave examples how they supported people in a discreet way with personal care. This demonstrated that people's privacy was upheld.

People's independence was promoted. One person said, "I like to try and be independent as I can, the staff know me well enough now to only offer as little support as possible. They know it is important to me." We saw people had access to their walking frames so they could walk around the home independently and in line with their care plans.

People were supported to make choices about how to spend their day. One person said, "They always ask if I would like to go to the communal area, which is nice but they know the answer will be no. I am happy in my room and staff are respectful of the quiet I like." Another person said, "I spend time between the lounge and my room, I am able to choose, I just press my buzzer when I need a hand moving". Staff told us they offered people choices about what clothes they would like to wear, where they would like to sit and if they would like to take part in activities or not. We saw during our inspection people were offered these verbal choices.

People were supported to maintain contact with their friends and family. People told us their relatives and friends could visit whenever they wanted and were welcomed and acknowledged by the staff who were familiar with them. One person told us, "They can come whenever they like. I have lots of visitors all day every day; it's never been a problem".

Is the service responsive?

Our findings

We saw that a person had lost weight. The provider had referred this person to SALT, who advised that this person needed to be referred to a dietician. This referral had not been made. We checked records for this person and no guidance had been put in place stating how this person should be supported whilst this action was taken. This meant the action the provider had taken was not always timely and responsive to people's needs.

There were people living at Himley Mill who had sore skin. We looked at wound management records for these people. For one person it was recorded their dressing should be changed on alternate days. During April 2018 there was only documentation that this had been completed on three occasions. The unit manager was unable to confirm this had been completed as required. For a second person we found the same concerns. There was no monitoring or reviews of these records taking place and therefore no action had been taken. This meant we could not be sure these people received a change of dressing to their wounds as required.

People's communication needs were not always considered. We saw guidance was in place for staff to follow when one person did not verbally communicate. The information stated this person would make choices by staff showing the person objects of reference and using pictures. We saw before lunch people were asked what they would like for their meal. We did not see and this person was not offered a choice or supported to make a choice using their preferred communication format. The staff we spoke with were unaware this guidance was in place. For people living with dementia we found the same concern. People were asked what they would like to eat before the mealtime but there were no pictures or prompts used to support these people to make their choices. The registered manager told us 'show plates' were used at mealtimes however we did not see this happen at mealtimes.

The provider had considered people's cultural needs and information was gathered from people as part of their pre-admission assessments. The local church came into the home and people had the opportunity to attend the service if they wished to do so.

People were given the opportunity to participate in activities they enjoyed. One person said, "Plenty to do if you want to". There were six activity coordinators who were employed to work in the three homes. We saw there were both individual and group activities taking place, including an exercise and singing session. Displayed around the home's three households, there were pictures of activities people had participated in. There was an activity planner in place for the next month which gave details about what was going on in the home for people to participate in. There was also an activity board displayed within the home with daily activities on. This showed us people had the opportunity to participate in activities they enjoyed.

People knew how to complain. One person said, "I would speak with the manager or staff if I was concerned about something". A relative told us, "I've no concerns but if I did I would talk to someone in the office." No one we spoke with had made a complaint so could not comment on how this had been dealt with by the provider. No complaints had been made since our last inspection. The provider had a complaints policy in

place. This demonstrated there were systems in place to deal with concerns or complaints.

At the time of inspection, the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

There were some systems in place to identify when improvements were needed within the home. For example we saw that the provider was completing an audit that covered areas within the home such as health and safety and infection control. When action was needed we saw an action plan was in place and steps were taken to drive improvements. However as the provider had not always identified when areas of improvement were needed. For example following the concerns in relation to choking incidents we could not be assured all audits were effective in identifying areas of improvement. For other areas of concern we identified during our inspection for example, wound documentation and moving and handling care plans not reflecting people's needs, there were no systems or monitoring in place to identify this.

There was a registered manager in post at our first day of inspection, however they have since left their post and a new manager is now in place. Both managers understood their responsibility around registration with us and we had received notifications when significant events had occurred within the home. This meant we could check appropriate action had been taken.

People and relatives had the opportunity to offer feedback on the service and this was displayed within the home. The provider had completed annual surveys. We saw the provider had received positive comments on the home from people and relatives and therefore had not needed to take any action. Resident and relative meetings were also taking place and this information was used to make changes. For example, the provider was turning one of the rooms into a sensory room and hair salon at the request of people who used the service. This was so people had a designated area to go when needed.

We saw the provider worked in partnership with other agencies, for example health professionals including the local district nurse team. The clinical lead told us how they worked with professionals who came in to the home to develop good relationships so that effective care and treatment could be delivered for people.

All the staff we spoke with felt the registered manager and managers of each home were approachable and would be happy to raise any concerns. One staff member said, "We can raise concerns, we have meetings and nothing is too much trouble. I feel we are listened to and the door is always open". Staff told us they had the opportunity to raise concerns and all the staff we spoke with told us they had the opportunity to attend staff meetings and individual supervisions with their line manager. Staff knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "It's about reporting any concerns and being supported with this". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to people were not always fully considered