

Sammi Care Homes Limited

Himley Manor Care Home

Inspection report

133 Himley Road
Himley
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Tel: 01384238588

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19 July 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at this service on 05 and 06 January 2017. We found the service was in breach of two regulations. These related to the provider's quality assurance systems not being effective in identifying and addressing issues of concern that may affect people's safety. There was also a lack of involvement of people in their care planning and review and a lack of personalisation of the care and support that people received. Due to our concerns about the providers lack of oversight of the service and their continued lack of improvement from our inspection in April 2016 we met with the provider following our inspection. The provider was asked to demonstrate how these breaches of the regulations would be addressed; they shared with us what action they would take to meet their legal requirements in relation to the breaches.

We undertook a focused follow up inspection on 19 July 2017. The inspection was unannounced. This focused inspection was conducted to check that the provider had followed their action plan and to confirm that they had met their legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Himley Manor Care Home on our website at www.cqc.org.uk.

Himley Manor Care Home is registered to provide accommodation, personal and nursing care to 51 people. At the time of our inspection there were 43 people living at the home. People who lived there have health issues related to old age and/or dementia.

There was 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 provider had taken action and the legal requirements had been met.

Peoples care needs were being reviewed with them or their representative's involvement. People's feedback, our observations and conversations with staff provided evidence to us that people's needs were understood, including their preferences, likes and dislikes. The provider had made significant steps toward improving the availability of more personalised activities at the home.

The provider had made sufficient improvements to monitor the quality of the service provided. This included monitoring the safety of the environment and ensuring staff training was up to date. Care records had been updated to ensure staff had the information they needed to deliver support in accordance with people's individual preferences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

We found that action had been taken to improve how responsive the service was.

People or, where appropriate, those acting on their behalf, were involved and contributed to the review and planning of care.

People received care that was centred on them as an individual and met their needs.

The provider had met their legal requirements.

We could not improve the rating for Responsive from Requires Improvement because to do so requires evidence of consistent good practice over time. We will check this area again during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to improve how well-led the service was.

The provider had implemented audits to continuously monitor the quality of the service provided.

The provider had acted appropriately to address areas identified to them as requiring improvement in relation to the governance and quality assurance of the service.

The provider was had met their legal requirements.

We could not improve the rating for Well Led from Requires Improvement because to do so requires evidence of sustained good practice over time. We will check this area again during our next planned comprehensive inspection.

Requires Improvement ●

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.

We undertook this unannounced focused inspection of Himley Manor Care Home on 19 July 2017. This inspection was undertaken to check that improvements had been made to meet legal requirements the provider had confirmed in their action plan following our comprehensive inspection on 05 and 06 January 2017. We inspected the service against two of the five questions we ask about services: Is the service responsive? and is the service well-led? This is because the service was not meeting some legal requirements in these areas.

The inspection was carried out by one inspector 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 spoke with two people living at the home and seven relatives. We also spoke with the registered manager, the deputy manager, three members of care staff and an activities coordinator. Not all the people using the service were able to communicate with us so 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 looked in detail at the care records of three people living at the home, staff training records, and a number documents relating to the quality assurance of the service.

Is the service responsive?

Our findings

At our inspection of the service in April 2016 we found that care records had not been regularly reviewed with people and/or their relatives. At that time we spoke with the registered manager who said that the care records were not up to date and that people or their relatives were not routinely involved in reviews. They told us in the Provider Information Return [PIR] they had sent to us that they were planning to introduce reviews following feedback they had received from people requesting this. At our last comprehensive inspection in January 2017 we found that this planned work described by the provider had not been fully undertaken; the records we reviewed were inconsistent in relation to review, content and involvement of people in their development.

During this focussed inspection we found that improvements had been made in order to address the lack of involvement of people and/or their relative in their care planning. One person said, "I had a care plan review with [deputy manager's name]. I told him that the crockery is too heavy for me to pick up, so they [staff] sorted for me to have plastic cups. The girls [staff] know about my life and what I like". A relative said, "A couple of months ago they [staff] reviewed the care plan with us". We observed people were wherever able, supported and involved in making decisions about their care and what they wanted or preferred. Staff spoken with were clear about the importance of involving people and their relatives where appropriate in all aspects of their care. A staff member said, "We do whatever we can to get people to make choices and involve them in everything". Records we reviewed contained some evidence that reviews had been undertaken with the person or their relative. The registered manager told us they had planned in all the reviews that needed to be completed and we saw evidence of this. This meant that people's care needs were being reviewed with them or their representative's involvement.

At our inspection in January 2017 we found that an assessment was conducted prior to people moving to the home to ensure the service could fully meet their individual needs, this included their social and cultural needs. It was clear from our observations and speaking with staff that people's cultural needs were not always understood by staff or being met consistently. One person using the service had specific language needs, that could not be consistently met by the staff on duty and also cultural preferences that staff we spoke with were not clear about. We reviewed the person's care records and found that although the person had been at the home for a number of weeks, no guidance was available for staff about how to support this person such as care plans and risk assessments. This meant that the persons' preferences and needs could not be met effectively at all times. This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014.

At this focussed inspection we found that the provider had taken the necessary action and made the required improvements to ensure they were now meeting that regulation. We reviewed the care provided and communication methods used to support people and found these had been improved; this included information available in care records and staff knowledge of people's individual needs. People and relatives feedback we received also demonstrated that staff knew people well and understood their preferences, likes and dislikes. Relative's comments included, "They [staff] know everyone's name here, mums only been here a short time but they know her well. They always try to make sure she is wearing matching clothes and that

she looks nice everyday", "They [staff] know that [person's name] illness varies from day to day. Yesterday she was sitting up and they made such an effort with her, making sure they put a pillow on her side to make her more comfortable", "[Person's name] doesn't communicate any more, but they [staff] know she likes sweet things and know what she will eat. They offer her things and if she won't eat it they offer her something else; they know she will always eat strawberries", "[Persons name] always looks well presented, they [staff] know him pretty well, that's the impression I get. They know he won't wear his hearing aids so you have to speak up for him to hear you, which is how they approach him" and "I think they know [person's name] well". We observed that staff were able to support, provide comfort and ensure people's care needs were met through their familiarity with how to interact effectively with them and gain their trust.

The provider had made significant steps toward improving the availability of more personalised activities at the home. Activity coordinators had been employed to provide both one to one and group activities that met people's preferences and interests. Relatives told us, "[Persons name] likes it when the singers come in. We think [person's name] is being stimulated here and encouraged to do things she likes", "There are more activities, they [staff] do a lot more in there [pointing to the lounge]. The activities girls [coordinators] have made a big difference" and "I know that [activity coordinators name] wants to take them [people using the service] out. She has brought different types of music in too. There was an Elvis tribute, which [person's name] really enjoyed. [Activity coordinators name] is always trying to do things" and "The activities lady has organised for [person's name] to meet up at the pub with his friends. They [staff] are getting him to do what is physically possible as long as it is possible; they do everything they can for them".

We spoke to one of the activity coordinators and it was clear from their knowledge that they had taken time to get to know people well. They said, "[Persons name] needs reassurance and she doesn't like a lot of noise, so I do nail care on a one to one basis and hand massage. You have to catch people depending on how they are on the day. I find it better to do one to one because people's needs are different". She went on to tell us about how they [herself and staff] had supported people in relation to their cultural needs and preferences through communication aids, food, music and also religious by attempting to engage a local Pentecostal minister to come in to do a service. We saw that a garden project had been organised and completed with staff support by one person. Fundraising was continually taking place to fund some of the activities being provided or planned which people and their relatives were actively encouraged to be involved in.

Is the service well-led?

Our findings

At our inspection in April 2016 we found the provider to be in breach of the law in relation to the lack of good governance of the service. We returned to inspect the service in January 2017 and found that the necessary improvements to monitor and ensure the quality and safety of the service had not been fully implemented. We found that the checks and audits being undertaken did not consistently identify the issues we identified with medicines management and safety within the environment. Records of audits and checks being completed that we reviewed varied in the quality of their analysis and evidence of actions taken. There were deficits in areas of staff training and care records were not up to date. The investigation of incidents was not comprehensive and the provider failed to demonstrate any learning as a result. The Provider Information Return [PIR] was fully completed and returned to us however the information provided for some key questions did not reflect what we found at our inspection. This was a further breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

At this focussed inspection we found that the provider had taken the necessary action and made the required improvements to ensure they were meeting Regulation 17.

At this our most recent inspection we found that effective checks and audits to monitor the safety and quality of the service were undertaken both by all levels of senior staff. A staff member said, "[Deputy managers name] has shown us how to audit the medicines properly, making sure everything is signed for and all the box contents and counts are correct. I record and let him know if there are any omissions". Records we reviewed confirmed effective action was taken as required when issues were identified; for example when incidents had occurred these had been looked at in detail, for any learning, further action or trends before being signed off. We saw that as a result of analysis of recent incidents it had been identified that staff required training in how to manage behaviour that was more challenging. This had been shared with the provider for actioning. Staff training deficits had been addressed and all mandatory training had now been received or updated. The provider was visiting the service regularly and conducted some environmental and health and safety monitoring checks of the building. The registered manager had implemented a monthly whole service audit which covered all aspects of quality and safety to ensure compliance. Care records we reviewed were up to date and had almost all now been rewritten to a higher standard. Guidance for staff was clear in the records we reviewed about how people should be supported by staff in line with their individual care needs. This meant the provider had acted appropriately to address areas identified to them as requiring improvement in relation to their quality assurance processes.