Hummingbird Care

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Inspection report

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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

This inspection was unannounced and took place on 02 March 2016.

Hummingbird Care is registered to provide care and accommodation for up to 10 people. The home specialises in the care of older people.

The last inspection of the home was carried out in April 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at Hummingbird Care told us they were happy with the care and support provided. They said the manager and staff were open and approachable and cared about their personal preferences and kept them involved in decision making around their care. One person said, "I am really happy living here, home from home. I can make my own choices and I feel I am listened to." One visiting relative said, "It is always welcoming and cheerful when I come."

Everybody told us they felt safe living in the home, one person said, "Yes I feel very safe living here, they are all very nice." One visiting relative said, "If I didn't think [the person] was safe I wouldn't leave them here."

People were supported by sufficient numbers of staff who had clear knowledge and understanding of their personal needs, likes and dislikes. Staff took time to talk with people during the day. The registered manager also ensured that when agency staff were used to cover regular staff, a regular team from an agency knew the home and people living there. One person said, "It is like living with family. If I need help they are there as soon as I ring the bell." Another person said, "They are all very kind, they know what is needed and get on with it."

People told us they received care from care workers who were knowledgeable about their needs and were appropriately trained to meet them. Care workers had access to training specific to their roles and the needs of people, for example they were receiving training in end of life care and dementia care. The registered manager explained the home was supported by a local college, visiting healthcare professionals and the local doctor's surgery to ensure staff had up to date training specific to the needs of the people in the home. All the staff understood people's needs and were able to explain to us how they would care for each person on a daily basis.

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care and/or a relevant representative. People's needs were discussed with them daily and adjusted as

necessary. All care plans included the person's written consent to care. Staff had comprehensive information and guidance in care plans to deliver consistent care the way people preferred. The registered manager had, for example sought support from a mental health expert to ensure care and support for a person who could sometimes display challenging behaviours was consistent.

The registered manager had a clear philosophy for the home. They said, "We aim to provide a holistic approach to care. Recognising the whole person rather than just their needs. We are family orientated and aim to involve people's families." Staff spoken with emphasised the aim to be family orientated and people said they felt like the home was, "Home from home" and "Like being with a family."

The provider had a robust recruitment procedure which minimised the risks of abuse to people.

People saw healthcare professionals as required such as the GP, district nurse, chiropodist and dentist. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people's physical wellbeing, such as changes in weight or mobility, effective measures were put in place to address any issues.

The service had a complaints policy and procedure which was available for people and visitors to view. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff and put into practice
high staff morale.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were adequate numbers of staff to keep people safe.

There were systems in place to minimise the risks of abuse to people.

People received their medicines safely from appropriately trained staff.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

People had access to meaningful activities, which reflected their personal preferences.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good

The service was well led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

Hummingbird Care

Detailed findings

Background to this inspection

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

This inspection took place on 02 March 2016 and was unannounced. It was carried out by an adult social care inspector.

Hummingbird Care is registered to provide care and accommodation for up to 10 people. At the time of the inspection there were ten people living in the home, as the upper floor was being refurbished to be reopened soon. The home specialises in the care of older people.

The last inspection of the home was carried out in April 2014. No concerns were identified with the care being provided to people at that inspection.

We reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection we spoke with five people who lived at the home, one visitor, two members of staff, the deputy manager and a visiting healthcare professional. The registered manager was available throughout the inspection.

We spent time observing care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included three care plans, three staff personnel files, the records related to the administration and storage of medicines, minutes of meetings and records relating to the quality monitoring within the home.

Good

Is the service safe?

Our findings

People said they felt safe living at Hummingbird Care, one person said, "Yes I do feel safe living here. I am really happy and so is my daughter." Another person said, "They are all very nice I feel very safe and never worry." A visiting relative said, "If I didn't think [the person] was safe I wouldn't leave them here."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personnel files showed new staff did not commence work until all checks had been carried out. One staff member confirmed the registered manager had obtained references and a DBS before they started work. The registered manager also confirmed they obtained profiles of the agency staff they used which included evidence the agency had also carried out robust recruitment procedures. We saw records from the agency with information supporting this.

People were protected from harm because staff had received training in recognising and reporting abuse. One staff member said, "It is like working with family. I have never heard a cross word and would report anything immediately." Staff had attended training in safeguarding people and they had access to the organisation's policies on safeguarding people and whistle blowing. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. Where concerns had been raised with the registered manager they had notified the appropriate agencies. One staff member said, "I have absolutely no problem reporting any concerns if I witnessed them, I am confident anything would be dealt with appropriately."

People were supported by adequate numbers of staff to meet their needs and keep them safe. Throughout the inspection we saw people received care promptly when they asked for help. People had access to call bells, and to call pendants if they were away from their room, to enable them to summon assistance when they needed it. One person said, "They are all very quick, on the ball when you need help." A visiting relative said, "Bells are always answered quickly and there are always enough staff on duty." A visiting healthcare professional said, "They are always well staffed." The registered manager confirmed they also used agency to supplement their staffing levels. They had an agreement with one agency to ensure they provided regular staff who people knew to maintain continuity in their care and support.

Care plans and risk assessments supported staff to provide safe care. They were reviewed monthly or when needs changed and contained information about risks and how to manage them. For example, there was information about people's assessed risks relating to falls, skin vulnerability, nutrition and moving and handling. On a day to day basis, staff shared information about people at risk during the handover between shifts. For example, one person was at risk of experiencing low moods. Staff would ensure they reported on the person's mood state during handover and referrals to relevant health care professionals were made where necessary.

We looked at the way people's medicines were managed and stored. The deputy manager oversaw the ordering and management of all medicines which came into the home. They demonstrated good knowledge of the correct procedures to follow. All staff administering medicines had received training in the correct procedures to follow and a competency check was carried out to ensure they remained up to date with current best practice. Guidance was in place to ensure staff followed the correct procedures when administering medicines. For example, there was clear guidance on the process to follow if a person vomited and what medicines needed to be omitted if they were not taking food due to being ill.

People told us they received their medicines at the right time. One person said, "I always get my tablets just when I need them and if I need some pain killers I just need to ask." If a person managed their own medication, a clear risk assessment was in place which was reviewed regularly to show they were able to manage their medicines safely.

People's medicines were securely stored. At the time of the inspection nobody in the home received medicines that required additional security. However, there was suitable storage available when required.

We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked these records against stocks held and found them to be correct.

Risks to people in emergency situations were reduced because a fire risk assessment was in place and was reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared; these detailed what room the person lived in and the support the person would require in the event of a fire.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. These included checks of the fire alarm system, fire fighting equipment, fire doors and hot and cold water temperatures. The call bell system had also been serviced and was maintained in good working order

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person said, "They are all lovely they make it feel like home from home really." One person who provided support to staff and people in the home said, "It's a brilliant place, always clean and always friendly. It's a family concern and you can see it matters." One visiting relative said, "[The person] is so much better than they were, it is like living with family really."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training, new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. The registered manager confirmed the induction had been reviewed to follow the Care Certificate, which is a nationally recognised training programme. One staff member confirmed they had completed the induction process and had shadowed staff before they started to work on their own. They explained they felt they could ask questions if they did not understand something.

After staff had completed their induction training they were able to undertake further training in health and social care and subjects relevant to the people who lived at the home. Staff told us training included; understanding dementia, fire safety, infection control and nationally recognised qualifications in care. Staff received regular training updates to make sure they were working in line with current good practice guidelines and legislation. One staff member said, "Training is really good, we get all the usual updates but also the opportunity to progress and get more qualifications." The home was supported by a local college to progress people on a career in health and social care. Two staff members were completing additional qualifications. For example, the deputy manager was being supported to complete a Level 5 diploma in Leadership and Management in Health and Social Care.

People were supported by staff who received regular supervision. These were done through formal meetings and being a small service the registered manager and staff often sat down and discussed how staff had worked and any training or issues they wished to raise. One staff member said, "If I have an idea that might benefit the residents it is listened to and tried, we all support each other." This enabled staff to discuss working practices, training needs, and to make suggestions about ways they might improve the service they provided.

Staff monitored people's health and ensured people were seen and treated for any acute or long term health conditions. We observed staff handover between shifts which showed staff noticed changes in people's well-being. One visiting healthcare professional said, "They have a good understanding of people's needs, they take on any information we give and it is evident they communicate it to all staff."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition, staff sought support from professionals such as GP's and speech and language therapists. Staff confirmed they had used prescribed food supplements and high calorie diets for people with weight loss. One person's care plan noted the person had a high Body

Mass Index (BMI) which meant they were overweight. With the person's consent, the GP (their doctor) had been consulted on the best course for the person to take to help them manage their weight effectively.

At lunch time we saw most people enjoyed the company of others in the dining room, whilst others chose to eat in their room. Meals were served from the kitchen close to the dining room, so were always served hot and fresh. Food taken to people in their rooms was plated up, covered and taken to them straight away. At the time of the inspection people were able to eat independently. The meal time was not rushed and people were able to enjoy a relaxed social experience with music and plenty of conversation. Everybody spoken with said the food was good. One person said, "I always look forward to lunch, good healthy homemade food. I love it." Another person said, "The meals here are excellent, one reason I keep coming back."

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA). 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. Staff were able to explain how they would obtain consent and discuss how people might not understand what was expected of them.

At the time of the inspection all the people in the home had capacity to understand and give informed consent to the care and support they received. The registered manager confirmed if a person lacked capacity a best interest meeting would be held with the people relevant to them and their needs. The registered manager obtained proof that relatives had obtained the correct legal lasting power of attorney, before they were able to give consent on a person's behalf. Staff were aware of the need to obtain consent on a daily basis. We observed staff explaining to people what they needed to do and asking if it was alright before they carried out any tasks.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection nobody in the home was subject to a DoLS application. However the registered manager had a clear understanding of the process to follow.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff who showed patience and understanding when supporting them with their care needs. Everyone was very complimentary about the staff who worked at the home. One person said, "They do it all perfect here they really care about me and how I feel." Another person said, "I have been in and out [of the service for respite care] and I keep coming back. I love it here, if I need to be somewhere. They all really care."

Throughout our inspection we observed staff showing kindness and consideration to people. When staff went into any room where people were they acknowledged everyone. Staff had good rapport with people and friendly but professional banter was observed throughout the day. In the afternoon people took part in a quiz sat round a log burning stove. Everybody was laughing and chatting about the questions and people's answers. Staff took the time to sit and talk with people.

Each person had their own bedroom which they could access whenever they wanted. Some people chose to spend time alone in their rooms whilst others liked to socialise in communal areas. Staff respected people's choices about how and where they spent their time. One person who had remained in their room said, "I like it in my room and they come in to see me and have a chat. They never leave me on my own for long."

People were treated with respect and dignity. When people required support with personal care this was provided discreetly in their own rooms. We asked people if they felt staff treated them with dignity and respect. They all said they had never felt staff didn't treat them properly. A group of people taking part in the quiz said they were always treated with respect. One visiting relative said, "[The person] is really happy and relaxed. He loves [the care worker's name]." Visiting professionals such as the chiropodist, dentist and optician also used the privacy of the person's room.

Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people feel at home. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. When they discussed people's care needs with us they did so in a respectful and compassionate way.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis. Staff sat with the person and asked what they thought their needs were and discussed ways to help them meet those needs. This enabled people and relatives to make comments on the care they received and voice their opinions.

People's views were also sought through questionnaires and from families. The registered manager explained that although they did carry out satisfaction surveys, people preferred to talk with staff on a daily basis and did not hesitate to comment on the care provided.

The registered manager confirmed if a person expressed the wish to remain at Hummingbird Care for end of

life care they would arrange for the care to be provided. They could arrange to receive support from the local end of life care team and from St Margaret's Hospice Taunton. If they were providing end of life care staffing would be increased to meet people's needs.

Good

Is the service responsive?

Our findings

People's care was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to decide when they got up, when they went to bed and how they spent their time, for example. One person said, "It's like home from home, you can do as you please."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The registered manager only accepted an admission if they felt they could meet their needs. The pre-admission assessment included the person as far as possible, healthcare professionals and relatives involved in their care. The care plan for one person showed they had been going to the home for respite care before staying permanently. That person said, "I have been in and out several times and I decided to come back here."

Following the initial assessment care plans were written with the person as far as possible. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected people's wishes. They included life histories to ensure staff understood their lifestyle choices and personal preferences. The registered manager explained they used "inclusive care planning." This meant staff spoke with people often on a daily basis to ask what they felt their needs were. The care plan was assessed using a traffic light code. Red indicated the person had stated something which needed addressing immediately. Amber meant the person had raised a minor concern which needed addressing but not immediately. Green meant the person was content and had not raised any concerns other than daily needs. For example, under amber the person had said they were distressed as they could not visit their husband's grave. The goal agreed with the person was that a care worker would enable them to visit their husband's grave when they felt they needed to. This meant the person was less distressed and was supported effectively by staff to experience a feeling of well-being.

At handover meetings staff discussed each person and made sure staff coming on duty knew about any changes in people's needs. The staff also discussed any personal issues which may affect the support people required. This handover meeting was carried out in private in the office to ensure confidentiality was maintained. Staff told us handover meetings kept them up to date with everything in the home and they felt communication was good.

Staff arranged for people's health care needs to be reassessed if they felt they were no longer able to meet their needs. The home had a good working relationship with the local GP surgery and assessments of people's needs were encouraged on a regular basis so changes could be made in a timely way. The registered manager explained they had access to a physiotherapist once a week to assess people and recommend exercises to enable them to remain mobile. Peoples' families and representatives were involved in reviews. If people did not have a personal representative the registered manager could arrange for an independent advocate to support them.

People were supported to maintain contact with friends and family. One visiting relative said, "We come

most days and we are always made to feel welcome." We also saw relatives joining in the days social activities. The registered manager confirmed relatives often joined them for Sunday lunch. When people received visitors they were asked whether they were happy to see that visitor at that time before the visitor entered. This meant people's wishes were taken into account and they could exercise control over who they did and did not want to see.

The organisation sought people's feedback and took action to address issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken. The registered manager confirmed that people tended to talk about their day with staff so things were dealt with immediately. This meant people were supported to express an opinion on a daily basis. People said they were confident they were listened to.

People were able to take part in a range of activities according to their interests. The registered manager organised activities and care staff provided social stimulation to people who chose to remain in their rooms. One person said, "There's never a dull moment but I know I can choose not to join in if I want some me time." Another person said, "They always pop in and have a chat with me I am never alone." On the morning of the inspection people joined in a 'mindful music' session singing along to music they recalled and they had also written the words to their own Hummingbird Care song, which they enjoyed singing. There was also a staff choir who on occasions entertained people. During the afternoon a group of people joined in a quiz. People appeared to be enjoying the activity with plenty of laughter. The home also maintained contact with the local community. Some people went to a 'Golden Age' group at the village hall and coffee mornings at the Cameo Club in Hemyock. The local school also visited and had been completing the 'Archie Project' which enables children to learn about dementia and older people to talk with children.

Each person received a copy of the complaints policy when they moved into the home. One person said, "There's nothing to complain about. I know who to talk to and would say it as it is." The registered manager spoke with people on a daily basis and sought any feedback at the time and took action to address issues raised.

There was clear guidance and documentation to show how a complaint would be dealt with. However, no formal complaints had been made. The registered manager stated this was due to the fact they spoke daily with people so they could talk openly.

Good

Is the service well-led?

Our findings

People and staff told us they felt the staff team was well led. The registered manager was supported by a deputy manager, and senior care workers. All staff told us there were clear lines of responsibility. Staff had access to senior staff to share concerns and seek advice. Senior staff worked as part of their team which enabled them to monitor people's well-being on an on-going basis. One healthcare professional said, "They are very well led, there is good communication and they work well with the community team."

People and staff all told us the registered manager was always open and approachable. They felt they could talk to them at any time. One person said, "I can always talk with [the registered manager] and if she is not around to [the deputy manager]. They are so easy to talk to." One visiting relative said, "It is so easy to talk with the manager, she really takes the time to listen. You can see that with all the staff."

The registered manager had a clear philosophy for the home. They said, "We aim to provide a holistic approach to care. Recognising the whole person rather than just their needs. We are family orientated and aim to involve people's families." Staff spoken with emphasised the aim to be family orientated and people said they felt like the home was, "Home from home" and "Like being with a family."

There were quality assurance systems in place to monitor care, and plans for on-going improvements. Audits and checks were in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Audits undertaken at the home were overseen by the provider to make sure where action to improve the service needed to be taken this happened within the specified timescales. For example, following an audit of care plans the registered manager had sought advice from a mental health expert to enable them to develop a care plan for a person who could display challenging behaviours. This meant the person could be supported in a consistent way by all staff.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. If a person was identified as having an increased risk of falling they were referred to the GP for assessment and relevant measures to minimise risk were put in place.

People were supported by a service in which the registered manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge with staff on a daily basis. The home also encouraged staff to obtain further qualifications. For example, care workers had been supported to obtain their level two and three diploma in health and social care.

People were supported to share their views of the way the service was run. A customer satisfaction survey had been carried out and people were complimentary about the care they received.

The registered manager had a contingency plan in place for inclement weather. They had agreements in place with local farmers to help get staff to the home and with local shopkeepers to maintain supplies of

essential food. They also maintained an emergency food store and gas camping stoves as back up for cooking.

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.