

Sammi Care Homes Limited

# Himley Manor Care Home

## Inspection report

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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

This inspection took place on 5 and 6 April 2018 and was unannounced.

Himley Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. A maximum of 51 people can live at Himley Manor. On the day of the inspection there were 30 people living at the home.

We previously inspected this service in January 2017. We found that the provider was not always meeting the legal requirements set out by the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 and were rated as Requires Improvement. The provider was failing to meet regulation 17 of the HSCA which related to the governance of the service and included a lack of effective quality assurance, inconsistent record keeping and a lack of training for staff. After our inspection in January 2017 the provider met with us and provided us with an action plan outlining what they would do to meet legal requirements in relation to the breaches. We revisited the home and conducted a focussed inspection in July 2017 and found that the provider had adhered to their action plan and improvements had been made in order to meet the legal requirements.

We then carried out an unannounced comprehensive inspection of the service on 13 and 14 November 2017. At that inspection we found that areas previously improved had in the main not been sustained, with further breaches of the regulations identified and repeated. The overall rating for this service was 'Inadequate' and the service was placed into 'special measures'. We found that the provider was not always meeting the legal requirements set out by the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 and was failing to meet the requirements of regulations 12, 13 and 17. Following the inspection we imposed a condition on to the provider's registration which meant they were unable to admit people in to the home without seeking prior agreement from CQC. This was to ensure people living at the home remained safe while improvements were made. We also proposed to take further enforcement action against the provider. This included imposing additional conditions on to their registration which requires them to make the necessary improvements; at the time of writing this report these remain under review. During the inspection we also found a number of notifiable incidents that hadn't been reported to CQC as required by law. As a result we have issued Fixed Penalty Notices against the provider.

Following the inspection in November 2017 we received whistleblowing concerns about a number of key care aspects, including staffing and a high number of incidents between people living at the home. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice or wrongdoing; staff should be supported to raise their concerns within the organisation without fear of reprisal. As a result we undertook a further focused inspection to look into those concerns. The focused inspection took place on 24 January 2018 and reviewed two of the five key questions, 'Is the service safe?' and 'Is the service effective?'. We found improvements had been made and the overall rating for the service was changed to 'Requires Improvement'. However, the service remained in 'special measures'

as timescales since the last inspection meant the provider could not fully evidence the sustainability of the changes implemented and as such was in continuing breach of regulations 12 and 17 of the HSCA.

At this most recent inspection we found the provider and management team had made further improvements and were no longer in breach of the regulations. However, some improvements were still required and the overall rating remains 'requires improvement'.

A manager had been appointed in November 2017 who was in post at the time of the inspection. Although the manager was not yet registered, they had submitted an application for registration and were awaiting their interview for this at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems used for the effective handover of information about people's changing needs and risks required further embedding to ensure people's safety. The manager was now notifying the local authority and CQC about incidents and events as required by law. Staff received training in protecting people from harm and knew how to escalate any concerns for people's safety and well-being. There were sufficient numbers of staff available to meet people's care and support needs. People received their medicines as prescribed and systems used for the management of medicines were safe. The home environment was clean and well maintained and there were systems in place to monitor and audit infection control practices.

Improvements had been made to the training and support that staff received. However, we found that training delivered to ensure staff were able to support people safely with their mobility had not always been delivered by a competent person. People were asked for their consent before care was provided. Where people's rights were restricted this had been done lawfully, however not all staff were aware of who was subject to a Deprivation of Liberty Safeguards DoLS authorisation or the reasons for this. People received sufficient amounts of food to maintain their health and improvements were required to fluid monitoring to ensure people were not placed at risk of dehydration. The home environment was well maintained and appropriate for the needs of people living at the home. Some opportunities to better meet the needs of people living with dementia had been missed due to a lack of reminiscence areas throughout the home.

People were supported by staff who were caring and gave them time to respond to questions or support. People were supported to make their own decisions about their daily lives and staff were aware of people's life histories and diverse needs. Staff supported people to maintain their independence where possible. Relatives and visitors were welcomed in to the home by staff who knew them and staff supported people in a way that maintained their privacy and dignity.

Improvements had been made to people care plans, which now contained detailed information about people's individual preferences and wishes. These were in the process of being updated and reviewed. Staff understood people's likes and dislikes and supported them in accordance with their wishes. Improvements had been made to the support people received to take part in activities or events that interested them. People and their relatives knew how to raise a concern if they were dissatisfied with the care they or their family member received. Where people had specific wishes for the end of their lives, their views had been sought and recorded in line with good practice guidance.

There was a manager in post who had applied to register with us. They demonstrated a good understanding of the responsibilities of their role. People, relatives and staff commented on the improvements made by the manager and deputy manager. Improvements had been made to the quality assurance systems used to

monitor and assess the standard of care people received. However, further improvements were required to ensure that where areas of improvement were identified, action was taken in a timely manner. The manager had continued to submit notifications to CQC of events as required by law.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## 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 consistently safe.

Systems introduced to ensure the effective handover of information about people's risks and behaviours required further embedding to ensure they captured all incidents.

Incidents and events were now being reported to the relevant agencies and to CQC as required by law.

People were supported by staff who understood their responsibilities in protecting people from harm.

There were sufficient numbers of staff to meet people's care and support needs.

People received their medicine as required however improvements were needed to ensure people received any 'as required' medicines consistently.

People were protected from the risk of infection by a clean home environment and established systems to maintain hygiene standards.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Improvements had been made to the training staff received and staff were now confident they had the skills and knowledge to support people. However, the provider must ensure persons who deliver training have the relevant skills and competence to do so.

People's needs were assessed prior to them moving in to the home.

People's capacity to make specific decisions had been assessed and recorded. Where people's rights were restricted staff were not always aware of why these restrictions were in place, although they had been authorised lawfully.

People received sufficient amounts of food and drink to maintain

**Requires Improvement** ●

their health; however records relating to fluid intake required further review to ensure people were protected from the risk of dehydration.

People received support to maintain their health and timely referrals to external agencies were now being made.

### Is the service caring?

Good 

The service was caring.

People were supported by staff who knew their individual preferences.

Staff supported people with kindness and offered reassurance when people were anxious or upset.

People were supported to maintain their independence where possible and staff delivered care in a way that was mindful of people's dignity and privacy.

### Is the service responsive?

Good 

The service was responsive.

Improvements had been made to the quality of information contained in people's care records which now contained details of people's social and emotional needs as well as their health and care needs.

Activities were available for people to participate in and staff supported people on a one to one basis to engage in reminiscence conversations.

People and their relatives knew how to raise a concern if they were unhappy about any aspect of their care and support. The provider had a system in place to manage complaints and the manager had used feedback from complaints to drive improvement.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Where areas of concerns had been identified through quality assurance checks and audits these had not always been addressed in a timely manner.

The management team continued to develop and improve systems for monitoring the quality of care provided.

People, relatives and staff expressed positive views about the on-going improvements made at the home.

Staff felt supported by the management team and able to share their views on areas for possible improvement.

The provider had complied with the conditions imposed on their registration and had notified us of incidents and events as required by law.

# 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.

The inspection visit took place on 5 and 6 April 2018 and was unannounced. The first day of the inspection was conducted by an inspection team which consisted of two inspectors, an assistant inspector, a specialist nurse advisor, whose areas of expertise was mental health and dementia care 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 service. The second day of the inspection was conducted by one inspector.

When planning our inspection, we looked at the information we held about the service. This included the notifications received from the provider about accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority and clinical commissioning group (CCG) for information they held about the service. This helped us to plan the inspection.

During the inspection, we spoke with seven people who lived at the service. Some of the other people we approached were unable to speak with us or provided limited responses; so we used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We also spoke with two relatives, seven members of care staff, the cook, a laundry assistant, the maintenance person, the administrator, the deputy manager, and the manager. We were not able to speak with the provider as they were not available on the days of the inspection.

We looked at the care plans for nine people to see how their care and support was planned and delivered. We also looked at Medication Administration Records (MAR) and the medicine management processes and audits for the service. We looked at staff training records and five staff recruitment files. We also looked at records relating to quality assurance and the management and oversight of the service.



# Is the service safe?

## Our findings

At the last inspection in January 2018 we rated the provider as 'Requires Improvement' in this key question. This was because while steps had been taken to improve people's safety there was a continuing breach of legal requirements due to the limited timescales since our last inspection. We could not be assured that the improvements we found during this inspection were sustainable or sufficiently embedded into practice. At this most recent inspection the provider was no longer in breach of the regulations, but further improvements were still required. As a result the rating for this key question remains 'requires improvement'.

At the last inspection the provider had not yet fully demonstrated they had been proactive in making referrals to external agencies when people's needs had changed. In addition, where a person's needs had changed as a result of an incident, care plans and risk assessments had not always been updated to reflect this. This was a continued Breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities). At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Care plans and risks assessments we reviewed showed that following incidents changes had been made to ensure people received up to date care that met their current needs. For example, where people's behaviours placed themselves or others at risk, care plans now reflected guidance on how staff should support the person in order to try and reduce their anxieties and minimise the risk of harm to the person and others. This guidance included information for staff about how to redirect the person and offer reassurance. However we noted from one person's care records that an incident had occurred which the management team were not aware of. The incident required management review to consider if updates were required to the person's care plan to ensure staff were given guidance on how to support the person's behaviours. This demonstrated the systems used for the handover of information needed to be further embedded to ensure information recorded by staff is shared with the management team so that, if required, action can be taken to promote people's safety.

We discussed this with the manager and deputy manager who were able to evidence that they had responded to the person's change in needs and were working with other agencies to ensure the person received the right level of support. The manager told us they would speak with the staff team to ensure they had captured all information about the person's behaviours, as this would enable them to identify if staff required any further training in order to better support the person.

At the last inspection the provider had not yet fully demonstrated they had acted upon all safeguarding incidents and notified the local authority and CQC as needed. This was a continued Breach Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities). At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Staff demonstrated a good understanding of their role in protecting people from harm and knew how to report and escalate any concerns for people's safety or well-being. One staff member told us, "If I had a concern for someone I would bring it to the attention of the senior [staff]. If the situation was not dealt with I

would go to the deputy manager, the manager or report it to CQC." Another staff member said, "I had concerns and I spoke with the manager; they dealt with it straight away." Staff told us, and records confirmed they had received training in identifying possible signs of abuse and the action that should be taken. We found the management team had continued to develop and embed systems introduced to recognise and report incidents of abuse. We reviewed records of incidents and events and found referrals were now being made to the local authority and CQC as required by law. Records kept by the management team showed the process followed by the manager to oversee any follow up actions required after each event. A log of actions was completed for each incident with clear details of the steps taken by the management team to report the incident, both to the local authority and CQC as well as discussions with relatives, where appropriate. For example, one person's records reflected that their care plan and risk assessment had been updated following an incident and information had been shared with staff during a handover meeting to ensure staff were aware of the person's change in support.

People expressed mixed views about whether they felt safe or not. One person told us, "I feel safe when I am supported with personal care; staff support me when I have a shower." Another person said, "I feel safe, I love the place." A relative shared similar views, commenting, "I think [person's name] is safe here, he has lots of people around him." However, one person we spoke with told us that incidents had occurred which affected how they felt. They told us, "I don't feel safe when people wander in to my room." Our observations showed that people's bedroom doors were kept locked if they wanted them to be, but other people did tell us they preferred to keep their door open. We saw that some people living at the home liked to walk around the communal areas of the home and due to their dementia, could at time become confused about their whereabouts. Other people told us they felt safe when staff spent time chatting to them as this offered them reassurance and some people told us they felt this should happen more. Our observations through the inspection visit reflected that the home was calm and where people presented with anxieties, staff reacted quickly and calmly to reassure people.

People expressed mixed views about the number of staff available to meet their care and support needs. One person who was sitting in a small lounge area told us, "I have a buzzer and if anyone in the room needs assistance I buzz for the staff." A relative told us, "There is not always enough staff, there are lots today though. It's not the norm." We were advised by a staff member that they had been asked to come in to work on their usual day off, to help support the inspection process. Although we received mixed feedback about staffing numbers, our observations throughout the inspection visit and found there were sufficient numbers of staff available to support people and respond to people when required. There was a visible staff presence in both the communal areas and corridors of the home and where people used the call bell system; this was answered by staff within a reasonable timescale. Staff we spoke with felt there were sufficient numbers of staff to meet people's needs, given the current number of residents. One staff member told us, "I think there are enough staff at the moment, for the number of people who live here." Another staff member said, "I think there are enough staff." The deputy manager told us that a dependency tool was used to ensure people's care and support needs were met. We found that people's dependency levels were regularly reviewed to ensure there were enough staff available to meet their needs. The manager told us they would be working with the provider to agree staffing levels when the number of people living at the home increased. The manager told us they planned to manage any increase in resident numbers carefully to ensure people were not placed at risk by insufficient staffing levels.

We reviewed five staff recruitment files and found the provider had completed pre-employment checks to ensure staff were suitable to work with people. These recruitment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. Staff we spoke with also confirmed these checks took place. This demonstrated the provider had systems in

place to ensure people received support from staff who were safe to work with vulnerable people.

People received their medicines as prescribed by their GP. One person told us, "I have medication, staff never forget to give it to me and they stand to see that I have taken it." We reviewed Medication Administration Records for 19 people and found they were completed to reflect when people received their medicines. We checked records of the administration of 'as required' medicines, which can be used to support people with pain or anxiety. We found the use of these medicines to be proportionate and in line with people's care plans. However, improvements were required to the guidance offered to staff around the use of PRN medication and any related care plans or protocols to ensure staff acted consistently when they administered these medicines. We discussed this with the manager and deputy manager who advised they were in the process of changing the pharmacy who supplied medicines to the home and people's medicine care plans would be reviewed as part of this process. Monthly medicines audits had been introduced since the last inspection was carried out, which included a stock check of ten people's medicines. This demonstrated that systems were in place to identify any errors in administration. Systems used for storage and management of medicines were safe and in line with current best practice guidance.

People we spoke with did not express any concerns about infection control. One person told us, "The place is always clean and well maintained." We saw personal protective equipment (PPE) was available throughout home and we observed staff using it. Cleaning was underway throughout the inspection visit and communal areas were observed to be clean and fresh. We were invited to enter some people's bedrooms and these were also observed to be clean and well maintained. Since the last inspection the management team had introduced further infection control checks and audits, which included environmental audits and risk assessments. We found these had been effective at identifying concerns; however an action log had not always been completed to demonstrate concerns had been addressed. We discussed this during feedback and the manager as able to evidence action had been taken to address concerns.

We found that the provider and manager had improved the way in which they learned from incidents and events and had made improvements where possible. Staff we spoke with were aware of the improvements needed at the home following the inspection in November 2017 and recognised the actions taken by the manager and deputy manager to raise standards at the home. The manager and deputy manager shared with us their learning from the last inspection. The manager told us, "We have introduced so many changes and the standard of care has improved. We have become better at noticing details and this has helped us make improvements."

## Is the service effective?

### Our findings

At the last focused inspection in January 2018 we did not review this key question. However, following our comprehensive inspection in November 2017 we rated the provider as 'requires improvement' in the key question of 'Is the service effective?' This was because people were not supported by staff who received sufficient levels of specialised training and supervision to ensure they were competent to meet people's complex needs. We also found staff required a greater understanding of the Mental Capacity Act 2005 [MCA] and the provider's application of the Deprivation of Liberties Safeguards [DoLS] required review. In addition, the support and monitoring of people at meal times was ineffective.

As this, most recent inspection we found that improvements had been made and most of the concerns identified at the previous comprehensive inspection had been addressed. However further improvement was required to ensure people received effective support from a well-trained and knowledgeable staff team particularly in relation to moving and handling and DoLS.

The manager told us that improvements had been on-going since the inspection in November 2017 to ensure staff had the skills and knowledge required to support people. This was also reflected in the feedback we received from other agencies prior to the inspection. People we spoke with expressed mixed views about whether they felt staff had the skills required to support them with some positive and some negative feedback. However, our observations throughout the inspection visit showed that staff had a good knowledge of people's needs and knew what action to take to ensure people received the support they needed. Staff told us that they were now being supported to complete training which helped them better understand people's needs. One staff member told us, "You get so much support here, it's good. I feel I have the skills I need to support people."

New staff told us they were required to complete an induction to ensure they had the basic knowledge required to support people. One staff member told us, "I had an induction for two days with senior staff and I shadowed them on shift. I was also shown how to complete paperwork." A second staff member said, "I shadowed for two or three days, I learned a lot." Staff who were new to the care sector were also required to complete the care certificate which is a set of standards that aims to develop care staff's skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff we spoke with told us they had recently completed training in areas such as mental capacity, first aid awareness and infection control. Improvements had been made since the inspection in November 2017 and staff were now receiving supervision and felt supported in their role. One staff member told us, "I had my one to one with the manager and I feel confident to discuss anything with them."

We observed staff supporting people with their mobility and saw that this was done safely, and people were offered reassurance throughout. Staff told us they received training from the deputy manager in moving and handling and that they also assessed their competency. We asked to view accreditation certificates to evidence the deputy manager was qualified to deliver this training. We were shown evidence that the deputy manager was qualified to teach adults, however this was a general teaching certificate and did not relate specifically to moving and handling or the use of equipment used to support people's mobility. The

manager told us that they were currently in the process of sourcing a 'train the trainer' course for the deputy to attend and that in the mean time they would use the services of an external trainer to ensure staff were trained by an appropriately competent person.

We observed interactions between people and staff and saw people were offered choices and asked to consent to their care and support. Where people used non-verbal communication we observed staff offered focused choices to support the person to make their own decision. For example, by showing the person two drinks options or by supporting them to decide which room they would prefer to sit in, by encouraging them to have a look into each room before making their choice. We observed staff members asking people if they were happy for staff sit next to them and read to them or support them to take part in reminiscence activities.

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 shared examples with us of how they ensured people consented to their care. One staff member told us, "I ask people if I can do their personal care and if they say no, I won't do it. I will go back later and try again."

People told us they were able to make decisions about how they spent their time. One person told us, "I make the decision about how I spend my day." Staff we spoke with understood their responsibilities in assessing people's capacity and told us this was reflected in people's every day choices and lifestyles. One staff member said, "Some people choose to stay in bed, this is respected." We reviewed people's care records and saw that where people lacked capacity to make specific decisions, an assessment of their mental capacity to consent to their care and support had been completed and any decisions made in their best interests were recorded.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The manager had a system in place to monitor applications and authorisations of DoLS. There was one person living at the home who was subject to an authorisation to deprive them of their liberty, in their best interests. This DoLS application had only been authorised in the days prior to the inspection visit and the manager was in the process of working through the conditions applied, as required by law.

Staff we spoke with demonstrated a good understanding of the mental capacity act and also DoLS, however some of the staff we spoke with were not able to identify which people living at the home were subject to an authorised DoLS or these reasons for this, which meant their legal rights may not be upheld. Although we did not see any concerning restrictive practices during the inspection visit; staff lacking in knowledge about DoLS may place people at risk of being restricted unlawfully.

We reviewed people's care records and saw that a full assessment of people's needs had taken place prior to them moving in to the home. One person had moved in to the home since the last inspection and we saw a comprehensive assessment of their needs had been undertaken and recorded. Their pre-admission assessment included information about their health, medicines, risks and communication needs. Staff we spoke with had a good understanding of people's needs and understood their communication styles and behaviours.

We found improvements had been made to people's meal time experiences since the inspection in November 2017. Lunchtime was a calm experience for people and staff supported people with their meals, when required. Staff interacted with people throughout lunch time and assisted people with cutting food or gently prompting people to eat. People we spoke with were happy with the food and drink provided. One person told us, "The food is not too bad; we have a choice of two meals and have enough lunch." Another person said, "If I am hungry staff would get me something to eat straight away." We saw that menus were available giving details of available meals and options; however these were in written form and so would not be understood by some people. A pictorial menu may benefit some people to enable them to make choices. Where people were cared for in bed we observed staff supported them to eat their meal in their bedroom. Where people required specific diets, for example a soft diet to reduce the risk of choking, we found staff who prepared meals were aware and ensured appropriate meal options were available.

We reviewed records of people's dietary and fluid intake and found these were not always completed fully or totalled at the end of each day. This may place people's health at risk. The manager explained that some of the fluid charts had been discontinued following a recent review of people's needs. The manager advised they would review our findings and ensure staff were aware of which people required their fluid intake to be monitored.

People and relatives told us the staff and management team worked with other agencies and professionals to meet people's needs. The manager told us they had recently changed to a new GP who was now responsible for everyone who lived at the home. This change was considered a positive one by staff and relatives. One relative told us, "They have changed the GP. It is much better now." We saw from people's care records that referrals were now being made in a timely way when there were concerns about people's health. For example, where people had experienced falls they had been referred to the falls team for support and where people's anxieties and related behaviours had increased, referrals had been made to the mental health team. Staff we spoke with were aware of people's health needs and one staff member told us, "Improvements have been made. The chiropodist was here last week and district nurses review people regularly as well. The GP also has a [prearranged] weekly visit so people can see them if they need to."

The home environment met the needs of the people who lived at the home. We saw the environment was pleasantly decorated and well maintained. There was signage in place which would benefit people living with dementia to navigate themselves around the building. However, some opportunities for reminiscence had been missed as reminiscence areas for people to engage in while walking around the building were not available. We noted on the first day of inspection some designated rooms for example the hairdressing salon, had been left unlocked and items were accessible which may cause harm to people, including shampoo, hair sprays and toiletries. We brought this to the attention of the manager who advised they would ensure these areas were made safe, without delay.



# Is the service caring?

## Our findings

At the last focused inspection in January 2018 we did not review this key question. However, following our comprehensive inspection in November 2017 we rated the provider as 'requires improvement' in the key question of 'Is the service caring?' This was because the areas relating to the safety and quality of the home demonstrated that the provider did not have a caring approach towards the welfare of the people using the service. In addition, people did not always receive care that was respectful and staff were not always able to support people in the way they wanted because of constraints on their time. As this, most recent inspection we found that improvements had been made.

Most of the people we spoke with told us they felt staff treated them with kindness and respect. One person told us, "Staff are kind to me and check I am ok." Some of the people we spoke with told us they were not always treated with respect, however we were unable to identify the reasons for this or clarify when then events had taken place. Observations carried out during the inspection showed staff were caring and compassionate towards people. We observed staff supporting people around the home and gently prompting and guiding them when they became disorientated. Where one person became anxious and upset, staff approached them and knelt to ensure they spoke to them at eye level and offered words of comfort. Staff we spoke with shared with us ways in which they offered people reassurance. For example, one person enjoyed hearing staff singing and another person found talking about their family helped reduce their anxieties.

People told us and we saw, they were able to make decisions about their daily lives and where possible, were actively involved in their own care and support. One person told us, "I choose what I want to do through the day." We saw people were offered choices when being supported by staff, such as where in the home they wanted to sit and whether or not they wanted to take part in an activity. We saw that staff had time to spend with people and supported people calmly and did not hurry them.

People told us they were supported by staff to maintain their independence. One person said, "The staff support me and encourage me to be independent." Another person shared with us how staff were supporting them to improve their mobility and lose weight, with the aim of them returning to their home. People told us staff treated them with dignity and respect. One person told us, "I am supported with personal care, staff treat me with respect." Staff were able to share examples with us of how they maintained people's privacy and dignity. One staff member told us, "I cover people to protect their dignity. With personal care I talk to people and explain things and check they are happy with what I'm doing."

We found improvements had been made to people's care plans which now contained detailed information about people's diverse needs. Care plans we reviewed showed consideration had been given to how staff could support people's individual needs including their faith, religion, culture or sexuality. One person's care plan stated, "I would like to attend monthly services, please tell me when the minister is coming." We spoke to the manager who told us, "We try and capture information during the assessment process about what is important to people. If they are not able to tell us, then we speak with a next of kin. For example, we respectfully ask about people's sexuality as we know this can be a sensitive subject for some people."

The deputy manager told us and we saw from records, that people's care plans were in the process of being reviewed and updated. Those we saw that had been re-written included information that reflected people's individual choices and preferences. One person told us, "Staff get to know your likes and dislikes." Information was included about people's life histories and their interests and experiences before moving to Himley Manor. We saw that relatives and friends were welcome to visit the home and we observed staff and the management team greeted people and knew them by name.



# Is the service responsive?

## Our findings

At the last focused inspection in January 2018 we did not review this key question. However, following our comprehensive inspection in November 2017 we rated the provider as 'Inadequate' in the key question of 'Is the service responsive?' This was because people did not always have their concerns dealt with effectively or receive care that was centred on them as an individual. Care records did not reflect people's current needs and were not always accurate and people were not always supported to be involved in activities that they found meaningful.

At this, most recent inspection we found improvements had been made. People, relatives and staff all commented on the improvements that had been introduced by the management team.

We reviewed people's care records and found that as part of the improvements being drive by the management team, these were in the process of being reviewed and updated. This was to ensure information contained within care plans and risk assessments was current and reflective of people's needs. The deputy manager told us, "Some people didn't really have care plans when we arrived at the home. We started with just some basic information and have built on from there. It's a work in process and we are reviewing them as we go." We saw that the newly developed plans included information about people's care and support needs and also offered staff guidance about how to meet people's social and emotional needs. For example, one person's care plan contained details of their personality, so staff were guided about how best to support the person. Their care plan stated, "I can get upset if I'm not informed of situations, and not seeing family can cause me to become upset."

Staff we spoke with confirmed that information about people needs and changing needs were shared during shift handover meetings, where updates were provided by senior staff. One staff member said, "Communication is good, via handover, everyone is involved. It is verbal and written and works well." Staff we spoke with were able to tell us about people's preferences and likes and dislikes. One staff member told us, "[Person's name] knows what they want and they follow a similar routine every day, but I still check with them, in case they have changed their mind." Where people's preference was to smoke, we saw staff assisted people to use the smoking area and carried out regular checks to ensure their well-being. Staff told us, "Some people like their privacy and others want you with them. You get to know what people prefer." We observed this member of staff supported a person with personal care and gave them space and time to make their own decisions and maintain their independence. One person told us, "I tell staff my like and dislikes, they remember, and things have been different." Another person said, "I do not mind if I have a male or female carer, I have a choice." This demonstrated that people's wishes and preferences were now being understood and respected by staff.

Improvements had been made to the activities available for people to take part in and a new activities coordinator had been appointed in the weeks prior to the inspection. On the day of the inspection visit the activity co-ordinator was offering hairdressing appointments and some people told us they had their nails painted. We also observed staff taking part in a number of activities on a one to one basis with people including just chatting about how people's day was as well as talking about recent events. We saw one

person was being encouraged to look through a book about local history and the staff supported them with reminiscence about their childhood and schooling. Photographs were displayed in communal areas of recent activities at the home including Easter bonnet making and a religious service conducted by a local church. There was music playing in communal areas of the home and some people chose to spend time watching television. Others slept in their chairs but were asked periodically by staff if they wanted to read or take part in arranged activities. People were able to move freely throughout the home and staff checked on them at regular intervals to ensure they were safe. One person told us, "I can go out when I want to."

People told us they knew how to raise a complaint if they were unhappy about the care they received. One person said, "I do know how to complain. I have so in the past and it has been handled satisfactorily." Another person told us, "If I was not happy I would say." Relatives told us they felt able to express their views or concerns with one relative commenting, "The family raised concerns about scratches on [person's name's] legs and they were addressed." We reviewed the complaints record and found there was a system in place to log both written and verbal complaints made. We reviewed recent complaints and found these concerns had been investigated, actions taken and a written response provided to the complainant. This demonstrated the provider was now taking people's views and complaints seriously in accordance with their policies and procedures.

Although there was no-one living at the home at the time of the inspection who was receiving end of life care, there was one person who was cared for in bed. Care plans we reviewed reflected conversations staff had held with people and relatives discussing their wishes and preferences in relation to end of life care. Where people had expressed a wish not to be resuscitated the records relating to this were available to staff.

## Is the service well-led?

### Our findings

At the last inspection in January 2018 we rated the provider as 'Requires Improvement' in this key question. This was because while steps had been taken to improve the overall governance of the service there was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities). At this, most recent inspection we found improvements had been made and the provider was no longer in breach of this regulation. However further improvements were still required in order to ensure the changes introduced were fully effective. As a result the rating for this key question remains 'Requires Improvement'.

There was manager in post who had been in post since our last comprehensive inspection in November 2017. The manager had applied to register with CQC and their 'registered person's interview' was due to take place in the days following the inspection. 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.

We found that since the inspection in January 2018 the manager and deputy manager had continued to develop and improve quality assurance systems to monitor and assess the standard of care people received. Audits had now been fully introduced and were now being used to identify and record on-going improvements. There were now written records of audits conducted in the two months prior to the inspection and these detailed any checks carried out as well as actions required. However, we found that not all of these audits were yet fully effective and some did not contain actions or timescales for completion. For example, infection control audits and audits of the environment did not always have required actions or action completed dates recorded.

We reviewed a fire risk assessment carried out in September 2017 and found some of the recommended actions had not been completed in a timely way. The manager told us they were unaware that actions had not been completed as the assessment had been conducted before they began working at the home. Following the inspection the manager sent us an action plan, on behalf of the provider, detailing actions already taken and timescales for completion of outstanding actions.

We found that the manager and deputy manager had introduced an improved system for the management of accidents and incidents which now included management oversight. This gave the management team the opportunity to ensure that any concerns were addressed and people's care plans and risk assessments could be reviewed in response to people's changing needs. The manager explained that they had supported some people who previously lived at the home to move on to more appropriate services which could better meet their needs. They told us, "For some people who were living here, we had to be honest and say this wasn't the best place for them."

Most of the people we spoke with knew who the manager was and people and relatives expressed positive views about the management of the home. One person told us, "I know who the manager is and they are approachable, we have family meetings." A relative commented, "It is a lot better now with this new

manager." Staff also expressed positive views about the changes that had been introduced by the management team. One staff member said, "The new manager is alright, they are very firm but I have no problem with that." Another staff member told us, "Things are better, communication is good now and everyone knows what to do. The manager has improved things. The manager does come out on to the floor to see how things are, they did that this morning."

Staff told us the atmosphere at the home had improved and they were pleased to see that improvements were being made. One staff member said, "A lot of staff have left following the change in management but I've got on well with the manager and deputy. Any ideas I can say what I think. I love my job." Other staff we spoke with confirmed they found the manager approachable and felt they could make suggestions or offer ideas for improvements. A second staff member commented, "The manager is very approachable and quick to sort out any issues."

All of the staff we spoke with told us they felt the staff team worked together well and were supported by the management team. One staff member said, "Staff work together as a team. We work hard to make this their [people's] home."

Since the last inspection in January 2018 the manager had gathered feedback from relatives and staff to better understand their views on the service. Information about the on-going improvements had also been shared with relatives. Records reflected a recent staff meeting had taken place, which informed staff of the plans to continue to improve and raise standards at the home. The minutes of this meeting reflected the encouragement offered to staff by the management team as well as addressing issues or concerns raised by members of the staff team. The manager and deputy manager had also held a recent meeting with the senior staff and required actions had been recorded. This included practice improvement feedback with staff being reminded to use appropriate language when supporting people. The manager shared with us their analysis of the quality assurance feedback they had received which detailed actions required and the way in which the concerns raised would be addressed.

The provider had complied with the conditions imposed on their registration and had notified us of incidents and events as required by law. The manager had continued to submit notifications of events required be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary. The manager demonstrated a clear understanding of the responsibilities of their role and registration with us.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.