Care Quality Commission

Community World Limited

Hernes Nest House

Inspection report

Bewdley, Worcestershire
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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

Overall summary

This inspection took place on 10 December 2014 and was unannounced.

The service is a care home without nursing which is registered to care for 21 people. Accommodation and personal care are provided to older people requiring support with Dementia, physical disabilities and sensory impairments. There were 18 people living at the home when we visited and 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 and associated Regulations about how the service is run. The Provider of this home was also the registered manager.

People were very positive about the care they received and about the staff who looked after them.

People told us that they felt that felt safe. Staff were able to tell us about how they kept people safe. During our inspection we observed that staff were available to meet people's care and social needs. People received their medicines as prescribed and at the correct time and medications were safely administered and stored.

Summary of findings

People and families told us and we saw that privacy and dignity were respected.

The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs and families told us that they felt that further help was sought when needed.

People were supported to eat and drink enough to keep them healthy. People had access to a range of snacks and drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with in-depth training that was continually updated. The registered manager told us that all staff received training and regular checks were made to ensure that everyone received the right training.

People and staff told us that they would raise concerns with senior staff, deputy manager or the registered manager and were confident that any concerns would be dealt with. The registered manager made regular checks to monitor the quality of the care that people received and continually reviewed care to ensure improvements were made where they were required.

Summary of findings

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 safe.

People told us that they felt safe and the provider ensured that training was in place so that staff knew how to care for people safely without in any way limiting their freedom.

There was sufficient staff on duty to care for people as well as spend quality time with them. There was also a good mix of staff with different complementary skills working together.

Medication was administered and stored safely. People received medication when needed.

Good

Is the service effective?
The service was effective.

Staff had completed training and knew how to provide care and support for people in their care.

People enjoyed the meals they received. Staff supported people and checked that they had sufficient food and drink.

Staff monitored the well-being of people and quickly requested a health professional visit them when needed.

Good

Is the service caring?
The service was caring.

People told us that they felt well cared for and staff told us how much they enjoyed working there and caring for people.

Staff understood the meaning of caring with dignity and respect as well as involving people as much as possible in the decision making about their care.

Good

Is the service responsive?
The service was responsive.

Peoples care needs were regularly monitored and reviewed. Systems were in place to respond to people's changing care needs. People were supported to pursue their own interests and be as involved as possible; irrespective of any barriers they may perceive to be present.

Good

Is the service well-led?
The service was well led.

The manager was visible and accessible by people and staff. Staff also responded positively to the manager and were keen to demonstrate their knowledge of the people they cared for.

People living in the home were included in discussions about changes to the service provided.

There was a strong emphasis on staff induction, training and knowledge with effective systems in place to monitor these.

Good

Summary of findings

The quality of the service was regularly monitored and audits were completed on all aspects of the service provided.

Hernes Nest House

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.

There were 2 Inspectors in our inspection team and the inspection took place on 10 December 2014.

Before our inspection we looked at and reviewed the provider's information return. This questionnaire asks the provider to give some key information about its service, how it is meeting the five key questions, and what improvements they plan to make. We also looked at the notifications that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as an accident or a serious injury.

During the inspection, we spoke with 6 people who lived at the home. We also spoke with 3 care staff, the training manager, the deputy manager and the registered manager.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at two records about people's care, staff duty rosters, complaint files and audits about how the home was monitored.

Good

Is the service safe?

Our findings

People we spoke to told us that they felt safe. One person when asked whether he felt safe replied, “Absolutely. I can talk to staff about pretty much anything I want”.

People told us that they felt safe because people knew that they could talk to staff about issues concerning their safety and because staff understood how to keep people safe. All staff we spoke with told us how they would respond to allegations or incidents of abuse, and also knew who to report to in the home. One staff member said, “I would report it to either (The manager or the deputy manager)”. Staff could demonstrate their understanding of safeguarding and whistleblowing. Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. They confirmed that they had an understanding of adult protection and had received training. They also confirmed that they could approach external organisations for help also. This demonstrated to us that there were effective systems in place to keep people safe.

Plans were in place that ensured staff had information to keep people safe. Where a risk had been identified, care records detailed how to minimise or manage the risk. For example, staff told us about a diabetic person. Staff knew to refer to the details in the care plan for more specific information but could also relay what risks the person faced and how they would minimise those risks. For example one staff member said, “I would look in the care plan. Any problems, I would go the Senior.” This reinforced staff knowledge and showed a system was in place so staff could get clarification on how to manage people’s specific care needs.

The registered manager reviewed the number of staff needed to meet the needs of the people who lived at the home and responded accordingly by increasing the staff numbers if required. Many of the people living at the service and staff working there had been a long time and there was therefore a very stable care team in place.

We looked at staffing levels in the service. From observations it was noted that staff were available to support people when they needed assistance. One staff member told us, “I do get to spend time with residents.” For example, staff were able to sit and chat with residents and also to support them with activities. Some people chose to have their nails painted by staff, whilst others were assisting staff with preparations for Christmas, such as preparing a Santa’s grotto. People were able to spend quality time with staff who were unrushed. Staff we spoke with told us that they felt that there were sufficient numbers on duty. Throughout our inspection, we observed that people’s access to staff was not inhibited in way. There were always sufficient staff around to summon help or to support them

A dedicated staff member was responsible for the safe recruitment and training of staff. People were involved in innovative ways to ‘vet’ staff at the service. Before staff started work at the service, they were invited to attend a ‘taster’ session. The Manager would seek people’s feedback on the staff member in order to assess the person’s suitability to join. New staff were also asked to complete an online personality test, called ‘A Question of Care’, in order to review the person’s attitudes and behaviours.

During our inspection, we observed a medication round and examined the safe storage and disposal of medications. We referred to the Medical Administration Records (MAR sheet) which were completed correctly and correlated with people receiving the medication. Medication was appropriately stored and disposed of. One person chose to administer their own medication, and this was observed by staff and signed for. We observed that medication was administered to people with regard for their dignity and where necessary to reassure them. For example, one staff member was heard saying, “It helps your tummy. I know you don’t like it.” The medication room also had temperatures recorded for the safe storage of medication. Monthly audits of medications were also kept in the medication room to ensure that all medication could be accounted for. As well as in house audits, the Pharmacy supplying the medication also completed its own audit and reported it finding to the registered manager.

Good

Is the service effective?

Our findings

People told us they liked the staff and received the care they needed. One person said, "Its good here, not home, but it's what I need right now." Another said, "They are so good with people here, especially at night." A further person said, "It's a very good home. I've been here a month."

We spoke with staff and they told us that they felt supported in their role and had regular one to one meetings with their supervisor. One staff member described the training as "Really good. You get help from senior care staff, which is really helpful." All staff spoken with were very supportive of the management and of each other.

The training lead ensured staff training was regularly audited and future training courses had been booked. The registered manager showed how they kept their staff knowledge up to date with training they used that included courses provided by the local authority. All staff described the induction as thorough. One person said, "I had a really good induction." The induction training pack contained over 50 items that had to be cross referenced by the employee and supervisor which ranged from 'telephone courtesy' to 'Data Protection and service user information'. The knowledge and training post-induction was also audited through regular supervisions and work force wide training sessions. All staff said that they received lots of training. For example, one person said, "We get loads of training." We were able to verify through reviewing the staff matrix and from the individual staff training plans that staff had received training on issues such as Safeguarding and the Mental Capacity Act.

People walked around the home freely and were not restricted in any way, and they were supported when needed. We looked at how the Mental Capacity Act (2005) had been implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We also looked at DoLS (Deprivation of Liberty) which aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

All staff we spoke with told us they were aware of a person's right to choose or refuse care. They told us they would refer any issues about people's choice or restrictions to the registered manager or senior care staff on duty. At the time of our inspection, reviews had been made of all residents.

People that we spoke with told us they enjoyed the food and were always offered a choice at meal times. One person described the food as, "Very good food." Another told us, "The dinners are very nice and you can always ask for something different." People were offered a number of condiments as well as crockery in order to give people a pleasant dining experience. There was also recognition by staff, that people's preferences could change over time and that it was important to review these. For example, the manager told us that people sit with the cook to agree a 4 week rotational menu and menus are routinely updated. We saw that people received drinks and meals throughout the day in line with their care plans. For example, people received a soft diet or were supported to eat their meal. We observed how people were supported over the lunch time period. We also observed that a great emphasis was placed on maximising people's own ability to participate at mealtimes. For example, there were two sittings for lunch and more able people received lunch first so that those requiring assistance could be seated together, assisted if need be and to preserve their dignity.

People with visual, speech or memory difficulties were also encouraged to make a decision by presenting them with plates of food at mealtimes. This meant people who were not as verbal in their communication were also offered choices at mealtimes. Some people were also supported to eat in the lounge, because they preferred to eat in there.

We looked at three people's care records and saw that dietary needs had been assessed. The information about each person's food preferences had been recorded for staff to refer to. Staff told us about the food people liked, disliked and any specialised diets. This matched the information in the care files we looked at and what people told us. Care plans also contained regular monthly weights for people as well as the appropriate action taken when there were concerns for people's weight. For example, following risk assessments, some people required their food and fluid intake to be monitored and more frequent monitoring of weight was necessary. Systems were in place

Good

Is the service effective?

to monitor this for a month and then escalate to a GP if required. This meant that staff recorded and monitored information to ensure that people's nutritional needs were met.

Staff told us that they reported concerns about people's health to senior staff. During our observations of a staff handover, on more than one occasion where additional support and assistance was required, this was sought. For example, one resident had requested a specialist test, and the GP was called and the person offered the test. Another example was a person who had a hearing aid fitted whilst we were there. These examples illustrated that people's health needs were supported.

Good

Is the service caring?

Our findings

People were very keen to tell us that they felt cared for. One person told us, “Staff are patient, and patience is what people need.” Another person said, “It’s a very good home. I like it here.”

During our inspection we noted that people were mobile and were free to come and go as they pleased. There were also a number of friendships within the home that staff encouraged. For example, some people would take a stroll around the home together and were clearly laughing and joking. There was also a very relaxed atmosphere within the home, with people chatting to staff and exchanging light hearted banter. For example, one staff member mentioned that she had had her hair coloured, to which a person responded, “Yes, I can tell from your roots!” The open atmosphere enabled people to feel empowered to be very open about their needs. For example, one person said “I get on so well with staff….I take advantage in so many ways!” This person told us how he had asked staff to purchase clothing and personal items for him because he felt comfortable enough to be able to ask them to do so. The care staff were observed regularly chatting to people and asked if they were “Alright”.

There was a very stable workforce within the home, with most staff having worked there for several years or more.

Staff had a very detailed understanding of people’s care needs as well as their families. One staff member told us, “We look to support relatives so it’s not just person centred care, its family centred care.”

People told us about ways in which they were supported to maintain dignity and respect. People were addressed by their preferred name. Staff could clearly explain what dignity and respect meant. We observed staff knocking on people’s doors and waited for the person to respond before entering. We also saw staff reassured and comforted people when they became unsettled. We observed staff bending down and meeting peoples’ eye level when speaking to them. Staff also supported people in other ways. One person wrote letters to various people, including her family which staff would post for her. Another told us about the extent to which staff had supported him, even when he had experienced a period of illness and the prognosis had not looked good.

People were also involved with difficult decisions about their care. For example, people were encouraged to discuss Do not attempt resuscitation decisions (DNARs) with staff as well as funeral arrangement so that they could include their wishes in their care. The manager also stated however, that it was important to note and record those people who did not want to discuss such matters and that equally required respected.

Good

Is the service responsive?

Our findings

People were involved in the planning of their care at the time of admission through discussions with the manager, staff and family members. One person we spoke to said of moving to the service, "It was the best decision of my adult life." The discussions covered a wide variety of aspects of their care ranging from likes and dislikes about food to preferences for funerals. Care plans were then personalised to meet that person's care needs. Once people moved into the home, a 12 week trial period was offered to ensure people were happy with the way their care needs were being met. The registered manager also prepared families and managed their expectations by providing an information booklet that detailed what to expect. One of the leaflets was a leaflet on Dementia and contained useful information to families on what challenges they could expect to face.

We observed that people had their needs and requests met by staff who responded appropriately. For example, staff supported people with their mobility or responded to other requests. One person told us "We go to bed when we want and we get up when we want." Another person told us, "Sometimes we go out in the minivan to Sainsburys and they take a wheelchair so that I can join in."

People told us and we observed that they got to do the things they enjoyed and reflected their own individual interests. For example one person told us about their passion for gardening. Her interest had been supported by the home who had set aside a part of the garden for her to attend to. During our inspection, we also observed the person tell staff about new plants she would need for the garden and staff responded by saying that they would ensure that she got the plants. Another person told us about their passion for cross words within a daily national newspaper and told us that the newspaper was ordered for him every day to complete the crossword. Another resident told us about an interest in trains and a recent trip on the Severn Valley Railway, despite significant difficulties with walking, was able to do so. Two people also told us about how they would go out weekly and shop for their own food and how they were supported to do so and how this enabled them to remain independent. This ensured that people received personalised care that was appropriate to them with an active participation in as many choices as possible.

People's view about their care and treatment was sought through a variety of ways. One person told us, "Residents meetings regularly take place for likes and dislikes to be acted upon". Another person told us, "You can always speak to somebody if you're unhappy and they would listen to you." Each person has an allocated key worker, who liaised with people and their families to ensure that everything ran smoothly. One person told us, "I can talk to staff about pretty much anything I want."

The care records we reviewed and updated regularly to reflect people's current care needs. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded. Care records were very thorough and gave staff information how to managed care and challenging behaviours. For example during our inspection we reviewed a care file for a person presenting challenging behaviour. The care plan correlated with staff behaviours towards the person. We saw staff work to reassure the person, and work with the person to diffuse the situation by explaining calmly and in language the person responded to.

People told us that they knew how to raise concerns or complaints. They also told us the registered manager and staff were very accessible and that they could speak to them about anything. Although no written complaints had been received, the provider had used feedback from people and relatives to improve their individual care needs. We saw that regular questionnaires went out to people, staff and relatives. The results of questionnaires were analysed and included in newsletters sent out and shared at team briefings. A very detailed newsletter was circulated that included all of the information relevant to people and families using the service.

Good

Is the service well-led?

Our findings

Staff we spoke to gave positive feedback on their working environment and the management within the home. For example, one staff member said, "I love coming to work, to see the residents with smiles on their faces." People were supported by a consistent staff team that had worked at the service for a long period of time and who understood and instinctively responded to people's care needs. Staff we spoke with gave positive feedback on their working environment and the management within the home.

Good leadership was evident during our inspection and through a number of ways. Within the office, the manager had displayed the CQC's inspection criteria on the whiteboard and had already started to map areas within the service to be developed to meet those specific areas. This demonstrated to us a desire to review existing practices and improve quality where possible.

People told us that they felt well cared for and every person that we spoke to was very clear who the manager and deputy manager was and what their role was. One staff member said, "If I had a problem, I'd got and speak to either [The registered or deputy manager.] People interacted very positively with the manager and staff had a clear understanding of who each person was and what their individual care needs were. We observed numerous examples throughout the day of the manager and staff engaging in light hearted banter which people responded to and took pride in achieving one up man ship with staff. This demonstrated to us a very relaxed and open culture between people and staff.

All staff we spoke with told us that the registered and deputy managers were both approachable, accessible and felt they were listened to. Staff told us they felt able to tell management their views and opinions at staff meetings. Staff felt that their contributions to team meetings were adhered to. For example, one staff member told us that staff were "encouraged to complete anonymous reports on any aspects of care they are not happy with" and that separate meetings for different care teams within the home encouraged openness. For example, there were separate seniors care staff meetings as well as housekeeping meetings. The manager also noted, "Not all want to discuss in a meeting" and a suggestion box was located in the main hall of the building, that was open to people, their families and staff.

People had identified key workers responsible for their care and for communicating with families. A clear system was in place for the key worker to review and update care plans as well as ensure that key concerns regarding the person were appropriately escalated. The manager encouraged and promoted learning amongst staff by allocating each member of staff a lead area for them to Champion for the service. For example, one care staff member told us about the extra Dementia awareness training she was undertaking and how she was encouraged to share her knowledge. She told us, "I've never done this job before but I wanted to learn about Dementia." From speaking to other staff members, each staff member had a good understanding of Dementia. This benefitted people at the service as a large number of people using the service suffered with Dementia. Other Champions within the home included Infection Control and Dignity. The Champion's role was to ensure knowledge was kept up to date and that workshops were organised to share the information with colleagues.

We saw that there were a number of systems within the home that ensured that high quality care could be delivered. For example, the recruitment, induction and training programme ensured that people's knowledge was set at a base level and was consistent, up to date as well as regularly monitored. A dedicated member of staff to oversee this ensured that it was given priority.

During the Inspection we were able to view questionnaires and newsletters used to keep relatives engaged and informed. We were also able to review a comments and compliments system. The manager told us 'I like receiving complaints, because it means I can understand how to improve things." The manager also told us about the ways in which she engages with people and staff through speaking to them and arranging different drop in sessions to benefit the families.

The registered manager told us about ways in which she was trying to develop the service in order to improve quality. She had forged a partnership with the local hospice. The service had achieved a Gold Standard Framework for End of Life Care and the manager told us about a pilot project they had been involved with called 'Greensleeves', again for End of Life Care. The service was also part of a Pain Management pilot. The manager had also recently attended training to 'Prevent admission' in order to supplement her knowledge also told us about the

Good

Is the service well-led?

Nursing Homes Association meetings she attended so keep her knowledge up to date as well as understand what others were doing. This demonstrated the manager's desire to continually learn to improve the quality of service that she led.