

HC-One Oval Limited

Himley Mill Care Home

Inspection report

School Road
Himley
Dudley
West Midlands
DY3 4LG

Tel: 01902324021

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08 May 2019

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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

About the service:

Himley Mill is a care home that accommodates 86 people in three separate households. Beech, Kingswood and Woodlands. At the time of our inspection 76 people were living in the home. Within each household there are various communal areas including lounges and dining areas. There are also garden areas that people can access.

People's experience of using this service:

The care people received was safe. Individual risks to people were considered. Safeguarding procedures were in place. Medicines were managed in a safe way. There were enough staff available for people. Infection control procedures were implemented. Lessons were learnt when things went wrong in the home.

The care people received was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training that helped support people. People received support from health professionals when needed. People enjoyed the food and were offered a choice. The environment was adapted to meet people's needs.

People and relatives were happy with the staff that supported them and staff supported them in a kind and caring way. People were offered choices, remained independent and their privacy and dignity was maintained.

People received care that was responsive to their needs. The care they received was individual and specific to their needs. People had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place. Plans were in place when people were receiving end of life care.

The service was well led. Systems were in place to manage quality within the home, information was used to drive improvements. The provider sought the opinions of people who lived at the home and used this information to make changes. Staff felt supported to and listened to. More information is in the full report.

Rating at last inspection:

Requires Improvement (Last report published 24 May 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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
Details are in our Safe findings below

Good ●

Is the service effective?

The service was Effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well led
Details are in our Well led findings below.

Good ●

Himley Mill Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection visit took place on 8 May 2019 and was unannounced. The inspection visit was carried out by two inspectors, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Himley Mill Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service and information we had received from the public. A notification is information about events that, by law, the registered persons should tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. During our inspection we spoke with eleven people who used the service, five relatives, two seniors and two care staff. We also spoke with two activity coordinators, one unit manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for eleven people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and medicine records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection we found the service was not always safe. We found some risks to people were not always fully considered. We found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the key question of 'safe' as requires improvement. At this inspection we have found improvements had been made and this key question was now rated as 'good'.

Assessing risk, safety monitoring and management

- Since our last inspection, the provider had made changes to ensure risks associated with choking were managed in a safer way.
- When people had been identified as at risk of choking, a comprehensive risk assessment and care plan were in place. This detailed the information staff needed to keep people safe. For example, if people chose to eat in bed, the documentation detailed how this could be managed safely. The risk assessments and care plans in place were regularly reviewed and reflective of people's levels of support and current needs.
- Staff we spoke with knew the support individuals who were at risk needed and we saw this support being provided during our inspection.
- People told us they felt safe living at Himley Mill Care Home. One person said, "I feel safe here, but I am able to look after myself." Relatives confirmed they did not have any concerns with their relations safety.
- At this inspection, we observed improvements had been made to how people were transferred. When people needed to be transferred with the use of specialist equipment, such as hoists, we saw staff used this equipment safely and in line with the person's care plan. This equipment had been maintained and tested to ensure it was safe to use.
- Other risks to people were considered, reviewed and assessed. For example, when people were at risk of falling. Care plans and risk assessments had identified recent falls that had occurred. A monthly meeting was held to discuss falls within the home so that trends and patterns could be considered and to ensure correct action had been taken to keep people safe.

Using medicines safely

- Medicines were administered to people in a safe way. People continued to receive their medicines as prescribed.
- We saw staff stayed with people to ensure they had taken their medicines. One person told us, "The staff do my medication for me. I take about 12 tablets. I'm confident that they do it correctly."
- When people were prescribed 'as required medicines', we saw staff checking with people if they required these. When people received 'as required medicines', there was clear guidance in place for staff to follow to ensure this was administered correctly.
- We saw there were effective systems in place to store, administer and record medicines to ensure people

were protected from the risks associated to them.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report potential abuse.
- One member of staff told us, "Safeguarding is protecting vulnerable adults. I would report any kind of abuse or harm. I can raise it with the manager or someone more senior. If I need to I can raise it myself to the safeguarding team." Staff we spoke with were confident any concerns they raised would be actioned by the registered manager and the provider.
- There were procedures in place to ensure people were protected from potential harm.

Staffing and recruitment

- We saw in all three units there were enough staff available for people and they did not have to wait for support. Staff were available for people in communal areas and provided support when people requested.
- Most people, relatives and staff confirmed there were enough staff in the home. One person said, "There are quite a few [staff] knocking about". A relative told us, "I think there are enough, yes."
- The provider had a system in place to ensure there were adequate staff in the home to support people's individual needs. This system was reviewed when changes occurred.
- There were systems in place to ensure pre-employment checks were completed before staff started working in the home. The provider also had a system in place to ensure nurses held relevant qualifications.

Learning lessons when things go wrong

- Systems were in place to identify when things went wrong, how lessons were learnt and actions taken to reduce the risk.
- When 'priority incidents', such as significant falls, had occurred within the home, a full investigation had been completed. This included a review of actions taken, review of care records and a full analysis. From each incident, future learning was recognised and this was shared with staff through team meetings.

Preventing and controlling infection

- Infection control procedures were in place and these were followed. Infection control audits were undertaken, and the last audit completed in April 2019 identified compliance in this area.
- Staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was available to them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this

At our last inspection, the service was not always effective. People did not always have capacity assessments in place when needed and decisions were not always made in people's best interests. We rated the key question of 'effective' as requires improvement. At this inspection we have found improvements had been made and this key question was now rated as 'good'.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found improvements had been made around the use of the MCA however this was inconsistent and documentation was sometimes unclear and contradictory. During the inspection and the day after the inspection, the provider rectified these inconsistencies and sent us assurances they were working in line with MCA.
- Mental capacity assessments were in place when needed and when people were unable to consent, decisions were made in their best interests.
- The provider had considered when people were being unlawfully restricted and DoLS application to the local authority had been made where appropriate. When people were being restricted, the provider had considered how people could be supported in the least restrictive way.
- Staff demonstrated an understanding of capacity and consent. One staff member said, "It's about anyone who can't make a decision on their own for any sort of reason."

Staff support: induction, training, skills and experience

- Staff were provided with the opportunity to attend training and spoke positively about the training they received. Since our last inspection, the provider had revisited this area and all staff were in the process of recompleting all mandatory training. One staff member told us, "It is much improved, its online and it gets updated each month so there is always something new to learn."
- There was a full induction process in place for when new staff started working in the home.

- Staff received competency checks in key areas such as the management of medicines and around people's diets. We saw these checks had been completed and staff confirmed this to us.
- People and relatives felt staff had the skills needed to deliver effective care to them and their relations.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were met in line with national guidance and best practice. Their care plans contained detailed information to support specific health conditions. When people had a health condition such as Parkinson's Disease, there was an additional fact sheet available for staff to help understand this.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food and were offered a choice. One person said, "I don't have a big appetite. For breakfast I just like a cup of tea and cereals. I like the soup and the salads." Another person told us, "I sometimes eat in my room; other times I go to the dining room, I have a choice."
- At breakfast and lunchtime, we saw people had a variety of meals. If people did not like the options on the menu they were able to have a different meal.
- People were offered a choice of drinks with their meals.
- When people required specialist diets we saw this was provided to them in line with recommendations that had been made from health professionals. People's dietary needs had been assessed and considered and when needed people's fluid, food intake and weights were monitored so that action could be taken if needed.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- People had access to healthcare professionals and their health was monitored within the home. One person said, "If needs be, they will call a doctor for me." Records we reviewed confirmed people had access to health professionals.
- People's health risks were included in assessment documentation.

Adapting service, design, decoration to meet people's needs

- The home was decorated in accordance with people's choices and needs.
- People had their own belongings in their bedrooms.
- People could access a garden area and they told us they enjoyed using this. The home was in the process of developing a sensory garden.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the service was not always caring, as people were not always treated in a dignified way. We rated the key question of 'caring' as requires improvement. At this inspection we have found improvements had been made and this key question was now rated as 'good'.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One person said, "They always knock and ask if it's okay to come into my room. They also ask if it's okay before they do something."
- Staff gave us examples of how they supported people with privacy and dignity. One staff member said, "We make sure people's doors are shut when they are receiving personal care. We have one person who doesn't like the door to be closed so we use the dignity screen. We leave the door open and pull the screen around, that way no one else can see."
- We observed staff knocking on people's doors and offering support to people in a discreet way. We saw that the privacy screen was used on 'Woodlands' when people were transferred in communal areas.
- People were encouraged to be independent. One person said, "They always ask me if I want to do it myself. I need help with washing and getting dressed. It's good that they ask me if I want things for myself because I don't want to lose my independence before I have to."
- Staff were able to tell us how they encouraged people's independence and we saw care plans reflected the levels of support people needed.

Ensuring people are well treated and supported

- People and relatives were happy with the staff and the care they received. One person told us, "The staff are kind and caring." A relative told us, "The staff are kind. I have not witnessed anything that would give me cause for concern about the care of any of the residents here."
- In all of the units, we observed positive interactions between staff and people. All of the units had a relaxed atmosphere and staff were chatting, laughing and interacting with people throughout our inspection.
- Staff understood what was important to people and ensured their needs were met. For example, one person liked to look out the window to see their relation arrive. Staff ensured this person was positioned to do so.

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices and made decisions about how they would like to spend their day. One person said, "I make my own choices. I decide when I want to go to bed and when I get up in the morning."
- Staff were able to give us examples of how they supported people to do this. One staff member said, "We give people a choice with everything we can really. So, with personal care we would ask them what they

would like to wear. If they would like a male or female carer. We ask the ladies how they like their hair doing, someday they like it up and some days down."

- Throughout our inspection, we saw staff asking people what they would like to do. This included where they would like to sit and if they wished to participate in activities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

At our last inspection the service was not always responsive. People did not always receive care that was responsive to their needs. The provider had not fully considered how to support people who were unable to verbally communicate their needs and wishes. We rated the key question of 'responsive' as requires improvement. At this inspection we found improvements had been made and this key question was now rated as 'good'.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Since our last inspection, improvements had been made relating to documentation in the home. For example, when people had wounds there was an individual file for these people in place. The file detailed the support people needed, including the dressing for the wound. It was also clearly documented when these people required a change of position. The records we reviewed confirmed people received this as required.
- People's weights and fluid intakes were monitored when needed. An audit was completed so that when concerns were identified, the registered manager had oversight of this so that action could be taken.
- People told us they were happy with their care. One person said, "I am very happy with how things are done, nothing has changed for me, so I have no concerns." All the relatives we spoke with felt staff knew their relation well and were happy with the levels of support they received.
- People's communication preferences had been assessed and there were plans to guide staff. This showed us the provider had complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Information was available for people in different formats when needed.
- The provider supported people with their cultural needs and this was fully considered and understood by staff.
- People we spoke with told us they were involved in the development of their care and support plans and their involvement was clearly documented. People had the opportunity to attend meetings and reviews and were actively involved. The involvement of friends or families was also encouraged.
- People had the opportunity to participate in activities they enjoyed. One person said, "We had a quiz this morning which I enjoyed. I like to read my newspaper. I watch TV. I like to go for a stroll outside; I go out on the patio and enjoy walking round the grounds. This morning we also played skittles that was good fun. I like to join in with the singing and entertainment."
- During our inspection, we observed various activities taking place, including quizzes, games and an external singer. Pictures of people participating in activities had been displayed in some of the units. These included trips to the seaside, local pub and the black country museum.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.

- People and relatives knew how to complain. One person said, "I've had no need to make a complaint. If I did have a complaint I would let the staff know."
- When complaints had been made, the provider had ensured their own procedures were followed and action taken to resolve the complaints or concerns.

End of life care and support

- We saw there were planning for the future documents in place which stated what was important to people at this time.
- There was evidence that when people's health deteriorated action had been taken and referrals to relevant professionals had been made.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, we found the service was always not well led. Audits were not always effective in identifying areas of improvement. We rated the key question of 'well led' as requires improvement. At this inspection we found improvements had been made and this key question was now rated as 'good'

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements

- Quality checks were completed within the home. These included monitoring of medicines, care plans, infection control and clinical risks to people.
- A monthly meeting was held so that all clinical risks in the home could be considered. This meeting discussed emerging patterns and trends and action the provider could take to reduce risks to people.
- When areas of improvement had been identified, the necessary action had been taken.
- The provider had a home improvement plan in place that identified areas of improvement that were needed within the home. They continued to work through this plan.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and staff spoke positively about the management team and the support they received.
- One person said, "I would give this place a score of ten out of ten. I can't suggest any improvements. This place is already very good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff felt supported and listened to by the registered manager. They had the opportunity to raise concerns by attending team meetings and individual supervisions. One staff member said, "Yes I feel supported and listened to, we have the opportunity to raise concerns if we need to. We are a good team now so we all listen to each other."
- The provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so.
- All staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- The rating from the previous inspection was displayed in the home in line with our requirements.

Engaging and involving people using the service, the public and staff

- The provider sought the opinions of people who lived in the home and their relatives through meetings and satisfaction surveys.
- When changes were needed, the provider identified this and took action. For example, following feedback about mealtimes, the provider had introduced a dignity in dining audit.

Working in partnership with others

- There were good relationships with local health and social care professionals, community centres and social groups. The home had sponsored a local girls football team and community events took place in the home, including fund raising car washes.