

Sammi Care Homes Limited

Himley Manor Care Home

Inspection report

133 Himley Road
Himley
Dudley
West Midlands
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Tel: 01384238588

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Himley Manor is a residential care home providing accommodation and personal care for up to 51 people aged 65 and over. At the time of the inspection there was 21 people living there.

The home is purpose built and care is provided across two floors.

People's experience of using this service and what we found

Some further improvements were needed to ensure the quality systems in place were fully effective and embedded into day to day practice. Improvements were needed to how activities for people to take part in were decided and provided.

People and staff felt well supported and told us that the service was well managed, and many improvements had been made since our last inspection.

Risks to people had been assessed and staff had a good understanding of these risks and how to minimise them. People were supported to receive their medication as prescribed and staff demonstrated a good knowledge of types and signs of abuse and how to report concerns of abuse.

People were supported to access healthcare professionals when required.

Improvements had been made to the training and support that staff received so they had the skills to meet people's needs. Where further training was needed plans were in place to provide this. Staff had been recruited safely and there were sufficient numbers of staff to support people.

People's care records were person centred and guided staff on the way they preferred their care and support to be provided. The provider had a system in place to ensure any complaints received would be logged, investigated and responded to and any learning used to improve the service provided.

People's dietary needs were met, and people had access to healthcare services where required.

People were supported by staff who were caring. People were involved in decisions around their care and were treated with dignity.

The provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, race, religion or belief etc. Staff members we spoke with knew people they could tell us about people's individual needs and how they were supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was Inadequate (report published April 2019)

At our previous inspection we found a breach of regulation 12, 13 17 and 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. There were ineffective systems in place to keep people safe. People did not get the support they needed to keep safe. Staff were not knowledgeable about how to support people effectively. The provider had not ensured appropriate audits and governance systems were in place within the service and there were failures in effective reporting systems. At this inspection we found that improvements had been made and breaches had been met.

This service has been in Special Measures since our inspection in January 2019. During this inspection, the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any key question. Therefore, the service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re inspection programme. If we receive any concerning information 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Himley Manor 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an assistant inspector and one Expert by Experience, an Expert by Experience is someone who has had experience of working with this type of service.

Service and service type

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.

The service had a manager registered with the Care Quality Commission. This means they 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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with ten people who lived at the home and seven relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with seven staff members including care staff, senior care and domestic staff and the registered manager and the provider. We also spoke with two health care professionals.

We reviewed a range of records. This included four people's care records and four medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection this key question was rated as Inadequate. There were ineffective systems in place to keep people safe. People did not get the support they needed to keep safe. Staff were not knowledgeable about how to support people to manage the risks. There was a lack of intervention around assessing incidents and taking appropriate action. This was a breach of regulation 12 (Safe Care and Treatment) and regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection sufficient improvements had been made and the provider was no longer in breach of regulation 12 or 13.
- At this inspection improvements had been made to show how risks to people's safety was assessed. For example, risk assessments included how to support people to avoid developing sore skin, how to minimise the risk of falls and how staff should support people to move safely.
- People who could tell us told us they felt safe. A relative told us, "There have been a lot of improvements at the home staff changes for the better, it's cleaner, nicer food and I feel [family member's name] is safe living here."
- Staff had a good understanding about potential risks to people and how to support people safely. For example, a staff member explained to us about a person who was at risk of dehydration. We saw, and they told us how they gently encouraged the person to take regular sips of their drink.
- Checks of health and safety and fire risks were carried out to keep people safe. Individual personal evacuation plans (PEEP's) were in place and these were specific and individual to the needs of the person and detailed what staff needed to know about how to support the person safely in an emergency.
- Equipment was in place to help staff to keep people safe. For example, sensor mats helped staff to respond promptly to people requiring support with their care.

Using medicines safely

- Improvements had been made to medicine management. There was now a system in place to ensure people received prescribed creams as required and medicines were dated when opened.
- Staff administered medicines in a sensitive and personalised way. Staff explained to the person about the medicines and ensured that people received their medicines at the appropriate time. For example, some medicines needed to be given before or with food and this was followed.
- People received the right medication at the right time and people's medicines administration records (MAR) were completed accurately.
- Staff had been trained to give medication safely and confirmed to us their competencies to administer were checked regularly.
- Medicines were stored safely and were regularly audited to ensure they were administered correctly and

accounted for.

Staffing and recruitment

- Improvements had been made to staffing levels and how staff were deployed across the service to ensure people were provided with continuity of care. For example, the first-floor lounge that was not in use at the last inspection was now operating as a quieter lounge area and there was a planned approach to how staff were allocated people to support. In addition, a twilight shift [7pm to 11pm] had been introduced to provide additional staff support and the registered manager and provider told us that this had worked well.
- We saw that staff were available to support people. People and relatives, we spoke with told us there was enough staff available to support them. Most staff felt that staffing levels were adequate a few said that peak times of the day could be busy.
- We saw that there was no written record to show gaps in staff employment history had been explored. The registered manager told us this would be addressed.
- Checks were carried out on staff before they started work in the home to make sure they were suitable to work with people. This included Disclosure and Barring Service (DBS). This is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being employed.

Systems and processes to safeguard people from the risk of abuse

- Improvements had been made to the provider's systems. Since the last inspection the service had informed us of safeguarding matters and other events they needed to notify us of.
- The provider had effective systems to safeguard people from abuse. Staff knew what action they needed to take if they witnessed or suspected abuse and had received safeguarding training.
- People and relatives told us they felt the home was a safe place to be.
- We saw people were comfortable around staff supporting them.

Preventing and controlling infection

- Improvements had been made to the cleanliness standards of the home. The home was clean and fresh and regular checks of the cleanliness of the environment were carried out.
- Staff had received training in infection prevention and control. Protective clothing, including disposable gloves and aprons were available to staff. Staff used these when assisting people with personal care.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager.
- Staff told us discussions took place at handover and at meetings regarding lessons learnt from safeguarding alerts and incidents to raise staff awareness about how to minimise the risk of these happening again.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were trained on MCA and were able to tell us about the importance of respecting people's capacity to make choices.
- The provider ensured that best interest meetings had taken place when needed.
- The registered manager was aware of their responsibilities regarding DoLS and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty. There was a process in place to record the expiry date of any authorisations.
- Although staff had received training of the MCA and DoLS and there was a system in place to inform staff who had a DoLS in place some staff had limited knowledge about what this meant for people in day to day practice. However, they told us they would go to senior staff or the registered manager for support or advice. The registered manager told us that further discussions would take place with staff to ensure their training was embedded into day to day practice.

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

- Since our last inspection improvements had been made to the decoration and the maintenance of the building to make it homelier for people. For example, different seating areas had been developed including a quiet corner. Redecoration of some communal areas and entrance hall had taken place. The dining room appearance had been improved with table clothes and information boards, some sensory activity boards had been mounted on a wall for people to engage with. The registered manager told us that further improvements would be made with a focus on making the environment more dementia friendly.

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

- People's needs were assessed at the point of admission and following a stay in hospital people's needs were reassessed. The process included assessing people's protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation.
- The registered manager told us that they plan soon to conduct reviews of people's needs to ensure the service continued to meet the person's individual requirements.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- At our last inspection there had been a high turnover of staff and this had impacted on the effectiveness of the care people had received from staff. Not all staff had a good knowledge of people's needs. Staff training had not been effective.
- Improvements had been made and a range of face to face and on-line learning and development had taken place to ensure staff had the knowledge and the skills they needed to carry out their role.
- Staff we spoke with told us they found their training to be beneficial to their development. A staff member told us, "The training provided here is good now and most staff are far more aware about dementia than they used to be." Plans were in place to provide further specialist training including tissue viability and additional dementia training.
- Staff told us they had completed an induction when they were first employed. A staff member told us, "I did a two-day induction including reading care plans and I worked through a big induction pack and did some on line training".
- Staff told us the registered manager was approachable and supportive. A staff member told us, "If there is anything I am not sure about if you go to [registered managers name] they will arrange to have a staff discussion about it."

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

- Meal time was observed to be organised and calm. People received the support they needed with their meals. Tables were laid, and two options was brought to each person to help them choose which they preferred.
- Staff we spoke with understood the importance of ensuring people were kept hydrated. We saw staff regularly offering drinks, prompting people to drink and drink stations were located around the home.
- People and relatives only made positive comments about the food. One person told us, "The food is good, and I have a choice." Another person told us they preferred a sandwich during the day and we saw this was provided.
- People at risk of weight loss were closely monitored and provided with a fortified diet (extra calories) to help them gain and maintain a healthy weight.
- Staff knew people's dietary needs and there was a system in place to ensure these needs were communicated effectively with the kitchen staff.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when required to promote their health and well-being.
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. A relative told us, "They always let us know if there is any change or [person's name] are unwell."
- People and relatives spoken with confirmed there was access to healthcare professionals when needed to maintain and improve people's health. We saw healthcare professionals visiting during our inspection.

- A health care professional told us that things are really improved at the home since the new registered manager was in post. They told us, "They are totally transparent, and the staff follow our advice and instruction."

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff treating people with patience, and respect. We heard staff say kind and encouraging words to people. For example, "Can I just help you with this, do you mind" and "Are you cold? do you want your blanket on, the little grey one."
- Staff knew and understood people's needs and knew what might make a person feel unsettled and told us what they would do to prevent this happening. We saw that staff discussed as a team the changing needs of a person and what they needed to do to ensure the person was well cared for.
- People and relatives, we spoke with told us they were happy with the way care and support was delivered. One person told us, "They[staff] are lovely and treat me well." A relative told us that there had been many improvements at the home and the staff were now "kinder and caring" in their approach with their family member.
- Staff told us how much they enjoyed working with people and how they wanted to make sure people were well looked after. A staff member told us, "I feel at the end of every day as if I have done something worthwhile perhaps just made a little difference to someone life. I love working with the people it is what I was meant to do, I get enormous satisfaction at the end of every day."
- Staff had received equality and diversity training and were able to tell us what this meant in their day to day practice.

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

- We saw people were given opportunities and asked to make choices about everyday life in the home such as spending time in their own room or joining the communal areas. One person told us they preferred to spend time in their own bedroom watching the television and reading the magazines. Another person told us they liked to wear a tie or dickie bow each day and the one they were wearing they had chosen it themselves from their collection.
- People and relatives told us they felt staff listened to them.
- Staff told us, and we saw staff involve people in decisions about their care. One staff member told us, "I always ask the persons permission before I do anything."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's privacy and we saw people could spend time on their own if they so wished.
- Staff explained to us how they encouraged people to try and do some tasks for themselves to maintain some level of independence. For example, staff told us about a person who required a lot of staff assistance

with their care, they were able to wash their own hands and they encouraged them to do this.

- We saw that people's dignity and privacy was respected. Staff knocked people's doors before entering. Doors were closed when personal care was provided.
- People were supported to maintain and develop relationships with those close to them. A relative told us about how their relative was supported to hold birthday celebrations at the home and invited all their family to attend and this was a very happy event for their relative.
- Relatives told us they were free to visit anytime and always made to feel welcome.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our last inspection we saw limited opportunity for people to engage in and experience different and stimulating activities.
- At this inspection some improvements had been made but further improvements were needed.
- We saw little activity take place on the ground floor lounge for long periods of time throughout the inspection. One person told us, "The days seem so long with nothing to do." A relative told us they were very happy with their family members care and their family member was very settled at the home. However, they were not involved in much activity.
- The provider told us they had decided to bring in people who provided sessional activities and this included arts and crafts and exercise sessions on specific days, instead of having a staff member to lead and coordinate activities employed in the home. It was not clear how people had been consulted with regarding this or what they would like to see taking place in the home.
- On the first-floor lounge staff were more creative and organised in providing activities that were relevant. A music session, old TV soaps and one to one session took place.
- Relatives spoke highly about a summer fete that had been organised. A relative told us, "The staff and manager were amazing and put in so much effort to make it a successful day everyone really enjoyed themselves."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection care plans lacked detail and had not been reviewed when people's needs had changed. In addition, we found that when people became anxious or agitated there was a lack of detail to inform staff how to support the person. A lot of improvements had been made to care records, information was more detailed, and person centred and there was information to guide staff how to support people when they were unsettled. The registered manager told us that some further work and staff training would be taking place soon to further develop recording in relation to supporting people when they were anxious or agitated.
- Staff understood people's needs and knew what might make a person feel unsettled and told us what they would do to prevent this happening. We saw that staff discussed as a team the changing needs of a person and what they needed to do to ensure the person received continuity with their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS) and told us if there was anyone who required information in an accessible format, arrangements would be made to provide this. They told us this would be included in their service user guide so people accessing the service would be aware that this would be provided.

Improving care quality in response to complaints or concerns

- People and relatives, we spoke with knew how to raise a complaint. A relative told us, "I couldn't go to the manager before, but this manager is really approachable and has people's best interest at heart. I would have no problem approaching them about anything if I needed to."

- We saw records to show that complaints received had been dealt with in line with the provider's procedures.

End of life care and support

- The service was not supporting people with end of life (EOL) care at the time of the inspection. The provider had appropriate processes in place to ensure people would be supported in a dignified, personal and sensitive way.

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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At our last inspection the provider had not ensured appropriate audits and governance systems were in place within the service. There were failures in effective reporting systems. The provider had failed to ensure there were effective systems in place to ensure people's needs were met. They had not identified care plans and risk assessments were not updated in line with people's changing needs. The provider did not have systems in place to ensure that processes were reviewed as things changed within the service. This was a breach of regulation 17 (Good Governance). The provider had not sent statutory notifications to CQC regarding safeguarding incidents and serious injury. Statutory notifications are required by law to inform the commission of significant events. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Notifications of other incidents).
- Following the failings identified at our last inspection we imposed positive conditions on the providers registration. The provider was required to send monthly reports to CQC on how they were ensuring effective oversight of Himley Manor. The provider fully complied with this condition.
- At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 17 and 18.
- A new registered manager was recruited in January 2019 whose leadership has made a positive difference to the quality and safety of the service and was aware of what areas needing further improvement.
- At this inspection we found that improvements had been made to the oversight of the service. Some further improvements were needed to ensure the systems in place were fully effective and embedded into day to day practice.
- There were systems in place to monitor records. However, these had not identified that some records required improvement. Some records needed to be more specific about the date that monitoring of people's care had taken place. For example, a date and not just a month needed to be recorded for weight monitoring. For people who were having their fluid intake monitored there needed to be some guidance about what the daily total should be for an individual. There were some gaps on MAR records for refused prescribed creams. There needed to be an audit trail to show that these were offered and refused, and any follow up action staff may need to take regarding the refusal.
- There were systems in place to monitor health and safety and environmental risks to people and these had been improved since our last inspection. However, we saw that the records of fire drills needed to be more detailed about who was in attendance and any follow up actions arising from the fire drill.
- The registered manager and provider responded positively to the inspection process and took immediate

action on feedback issues raised during the inspection.

- The provider and registered manager understood the regulatory requirements of their role. They had ensured that notifications were sent to us where incidents occurred, and their most recent inspection rating was displayed within the home.
- The provider understood their responsibilities to notify us of certain events such as abuse, and serious incidents and we found that these notifications had been received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities under the duty of candour and told us relatives would be informed of any concerns or issues that had arisen.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw the registered manager and provider were visible throughout the inspection process and spent time talking to people, staff and visitors to the service.
- A relative told us, "There were a lot of concerns last year it was traumatic we all (visitors) witnessed that. They pulled through it, the previous manager was not helpful at all you couldn't approach them. There have been many staff changes since they left. You can approach this manager at any time. I usually ask a member of staff and they sort it for me, but I would not hesitate to go to the manager if I had any concern whatsoever. It is really good [home] now."
- The registered manager and staff encouraged feedback and acted on it to improve the service. For example, by holding meetings with residents and relatives.
- Staff told us the registered manager and provider were helpful and approachable and that the service had been improved. A staff member told us, "Things are just improving all the time."

Working in partnership with others; continuous learning and improving care

- Following the previous inspection and rating of inadequate the registered manager and provider made significant improvements at Himley Manor. An action plan was developed, and regular updates were provided to CQC to demonstrate what improvements had been made.
- The registered manager arranged meetings with social care and health care professionals to improve communication and relationships and to forge good working relationships which are now in place. Health and social care professionals that we spoke with told us that there were many improvements at the service and relationships with professionals had improved.

