

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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26 November 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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 people for up to 51 people aged 65 and over. At the time of the inspection 30 people were living at the home. The accommodation is provided over two floors each of which has its own communal areas.

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

Since the last inspection there had been a change in the management team. We found that this meant that improvements found at the last inspection had not been fully embedded and the provider was now in breach of regulations.

This inspection found that people's care plans did not comprehensively reflect their current risks and improvements were needed to ensure people were supported to stay safe. Care plans would also benefit from more personalised information on the support required by individual people.

The provider had quality monitoring systems in place, however, this inspection found they did not always identify issues and ensure that action was taken in a timely way.

People received support to take their medicines. People were supported by staff who were aware of how to safeguard people from abuse and had good knowledge on how to recognise and respond to concerns.

Appropriate Personal Protective Equipment (PPE) was made available by the provider and worn by staff. Following recent concerns, the provider had worked with the local authority to ensure government COVID-19 guidelines were followed as required.

Staff and relatives told us that activities that are socially and culturally relevant to people could be improved. Relatives also told us that communication to support people maintain relationships important to them could be improved; especially during the pandemic. The provider told us of the improvements they had planned for activities and communication.

People and relatives said staff were caring and we saw positive interactions that supported this. Staff told us they could talk to manager for advice and support and felt confident any concerns they raised would be acted on.

Since the last inspection there had been a change in the management team. Relatives and healthcare professionals raised concerns about the number of management changes as they felt this impacted on the consistency of the service provided. However, staff, healthcare professionals and relatives all spoke positively about the new manager and the changes she had made in her four weeks in post.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (Published on 05 October 2019).

Why we inspected

The inspection was prompted due to concerns about poor infection prevention and control (IPC) and whistleblowing concerns. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. We only looked at safe, responsive and well led during this inspection. We did not look at the key questions of effective and caring. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains as Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, responsive and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Himley Manor care Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to Regulation 12 (safe care and treatment) and Regulation 17 (good governance) at this inspection.

You can see what action we have asked the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan for the provider to understand what they will do to improve the standards of quality and safety.

Following the failings identified at a previous inspection we imposed a positive condition on the providers registration. It was agreed that this would stay in place and the provider will continue to be required to send monthly reports to CQC on how they are ensuring effective oversight of Himley Manor.

We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, who visited the home on the 26 November 2020. The inspectors then continued to make calls to relatives, staff and healthcare professionals from 27 November to 03 December 2020.

Service and service type

Himley Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission (CQC) at the time of this inspection. A new manager was in place and they confirmed they will be submitting an application to register with CQC. This means the provider is 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We did not ask for a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four care assistants, one senior care assistant and the cook. We also spoke with the manager and the provider. We spoke with four relatives of people living at the home by telephone.

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment. We also looked at medication records; the complaints record and checks and audits that related to the management and quality assurance of the service.

After the inspection

The provider supplied us with additional information as requested including some of the audits completed, the managers' report and training information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

This inspection found that people's care plans did not consistently reflect their current risks and provide consistent guidance to staff to keep people safe:

- One person had been nursed in bed since February 2020. Specialist mobility equipment had previously been requested but was not in place therefore we would not be assured of their safe evacuation in the event of a fire. The Personal Emergency Evacuation Plan (PEEP) in place did not give clear guidance to staff of how to support the person safely. The manager said they were working to review and update all PEEP's. A new referral for suitable equipment was made immediately following our inspection.
- One person who was living with dementia was COVID-19 positive at the time of our inspection. They had a risk assessment in place as they were reluctant to stay in their room. We found there was no consideration of the risk to their mental wellbeing as they were isolating in their room without access to a TV, radio or any activities. The risk assessment had also not considered ways to encourage the service user to remain occupied as a way of reducing the risk of them leaving their room. We discussed this with the manager who, following the inspection ordered TV's for use by people isolating and a radio was immediately provided for the person isolating. The manager also said a COVID-19 care plan would be put in place.
- We saw that one person was assessed as being at low risk of falls. Records showed the person had two falls in the week beginning 16 November 2020. The providers own procedures had not been followed and the risk assessment had not been updated to reflect the increased risk to the person.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with had a good understanding of people's risks, for example, those people requiring specialist diets.

Using medicines safely

- Medicines were managed safely. We saw medicines had been stored safely and records indicated people had received their medicine as required.
- When people required medicines to be administered on an 'as and when required' basis there was guidance in place for staff to follow so they would know when to give the medicine. The medicine records we checked showed this guidance was being followed and records were kept.
- The provider had a medication audit in place to check medication was managed safely.

Systems and processes to safeguard people from the risk of abuse

- All four relatives we spoke with told us they felt the home was a safe place to be. One relative said, "No concerns, I genuinely feel they [staff] are caring and have kept [person's name] safe."
- Staff we spoke with had received training in how to recognise possible abuse and knew how to report concerns. Staff said they had not had reason to raise concerns but were assured action would be taken by the management team.

Staffing and recruitment

- People told us staff were available to them and staff told us there were enough staff to keep people safe. During the inspection we saw staff responded to people's requests for support in a timely way.
- The manager said a dependency tool had been used to calculate the number of care hours required and this was monitored and amended as people's needs changed.
- The training matrix showed that some staff had not completed all of their required training, including training on moving and handling and COVID-19. The new manager had identified this shortfall and during the inspection we saw an instruction to staff that all training must be completed as required within the next week.
- We looked at two recruitment files and saw the provider had completed employment checks on staff before they started work in the home to make sure they were suitable to work with people.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the management team. A summary of all accidents and incidents was used to identify trends. However, this information had not always ensured that individual risk assessments were updated.

Infection control.

- Prior to the inspection concerns had been raised with CQC about the management of COVID-19. We saw the provider had worked with the local authority to put measures in place to address the concerns.
- At this inspection relatives told us, and we saw that care staff wore Personal Protective Equipment (PPE) when providing care.
- Staff demonstrated a clear understanding of their responsibilities in relation to infection prevention and control. However, records showed that not all staff had completed COVID-19 training. The provider had identified this and had given staff a deadline to complete the required training.
- The manager had taken action to introduce a one-way system to access the main lounge area and furniture had been separated to support social distancing. However, we observed that some people sat together at meal times. We discussed this with the manager who took immediate action to remove some of the dining chairs to ensure people maintained social distancing at meal times too.
- We saw the environment was clean and there were no unpleasant odours. The manager said a new enhanced cleaning schedule was in place.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We have also signposted the provider to resources to develop their approach and ensuring all guidelines are consistently followed.

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 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.

- Staff and relatives told us that activities that are socially and culturally relevant to people could be improved. One member of staff said, "[I've] got to be honest, there's nothing at the moment; could do with puzzles. At the moment they just sit and watch TV which is boring."
- On the day of our inspection, we saw people sat watching the TV. Games and jigsaw puzzles were available in the lounge area, but these were not being used by people.
- We spoke to the manager about this and they told us they had recently appointed a new activities co-ordinator to review and then lead on activities.
- Relatives we spoke with said that communication to maintain relationships needed to be improved; especially during the pandemic. One relative told us, "They ring us if anything like a fall; but otherwise we have to call in." A second relative commented, "I communicate with them it's not the other way around." We spoke to the manager about this; they advised that a new laptop had been purchased to support people make online video calls to their families and friends.
- We saw good and supportive interactions when staff supported people on an individual basis. And people described staff as caring.

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

- This inspection found care plans would benefit from more personalised information on the support required by individual people. This was acknowledged by the manager and the care co-ordinator who told us, "Contact is being made with relatives for their input into the person's history. Their likes and dislikes and about them as a person and their hobbies ...so staff can continue to support them as they would like."
- We spoke to one person who told us they did not like their breakfast being served in a small plastic bowl. We asked the manager about this; they advised the person required a plastic cup as other cups would be too heavy and would risk them spilling their drinks. However, the manager found no reason why plastic bowls were used. Following the inspection, the manager reviewed dining equipment and ordered new ceramic bowls to enable people to choose which they preferred.
- One relative told us they had raised a query about equipment to support their family members wellbeing. They told us action had only been taken by staff when it had been requested by the family. The relative said, "They [staff] responded when we raised it, but they were not proactive."
- We spoke to one healthcare professional who told us they felt staff were responsive to changes in people's wellbeing. One healthcare professional said, "They [staff] are referring people when needed."
- Staff members we spoke with knew people and could tell us about people's individual needs and how they were supported.

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.

- We saw some information was provided in accessible formats. However, improvement could be made to support people living with dementia. For example, staff told us they looked to explain the menu choices for people living with dementia to support them or they made choices for them using their knowledge of people likes and dislikes. We discussed with the manager how this could be improved with the use of pictures of meals or by supporting people to make choices by showing the meals available. We were advised that kitchen staff were currently taking pictures of meals for a card system to show meal choices.

Improving care quality in response to complaints or concerns:

- Relatives told us although they had not been given information on how to make a complaint, they would feel able to telephone the manager or staff with any concerns. One relative said, "I've not received any info on how to complain but I would phone the manager."
- We saw that where complaints had been received these had been investigated and the outcome recorded.

End of life care and support.

- At the time of the inspection no one was being supported with end of life care however the manager told us where they would work with other healthcare professionals and people's family to ensure they got the support they required.

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 requires improvement. The rating for this key question has remained the same. 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; Continuous learning and improving care

Audits were in place, but they were not robust enough to ensure areas for improvement were identified and action taken in a timely way:

- Audits had failed to identify that actions taken to support people losing weight were clearly recorded and shared with kitchen staff. For example, one person had consistently lost weight over the last six months. Staff were aware of this and told us the actions taken in response. However, this was not recorded in the person's care plan or on the diet sheet used by kitchen staff in preparing meals. We saw that the provider had made healthcare referrals throughout the period.
- At the last inspection we reported: 'Some records needed to be more specific about the date that monitoring of people's care had taken place.' At this inspection we found that the required improvement had not been made and falls risk assessment records still only recorded the month of completion. We also found in one instance the falls risk assessment had not been completed correctly therefore the overall assessment was incorrectly recorded.
- Audits had failed to identify a broken bed rail that required repair. The audit of bed rails was not complete and did not record all bed rails in use. Following the inspection Immediate action was taken, and a repair was completed on 27 November 2020.
- Audits had failed to identify that the training matrix did not include all staff and the record of supervisions was incorrect because it showed staff last had formal supervision in 2019. However, staff we spoke with said they had received recent supervision.
- This is the tenth consecutive inspection that Himley Manor Care Home has failed to reach an inspection rating of good.

At this inspection we found processes in place to monitor, audit and assess the quality of the service being delivered are ineffective in identifying all areas requiring improvement and ensuring actions are taken in a timely way. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good Governance.

- Since the last inspection there had been a change in the management team. Relatives and healthcare professionals, we spoke with raised concern about the number of management changes as they felt this impacted on the consistency of the service provided. However, staff, healthcare professionals and relatives all spoke positively about the new manager and the changes she had made in her four weeks in post.
- The current manager started at Himley Manor at the beginning of November 2020 and gave assurance they will now make an application to CQC to become the registered manager.

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

- The new management team wanted to ensure that people were supported to be more involved in their care. They were planning to introduce a key working system. This would mean each person would have a named member of staff to be involved in every aspect of their care provided including involvement in reviews, and support to contact family and friends.
- The new manager was also planning residents' meetings to gain feedback on the service and discuss any changes to be made.
- Staff spoken with told us they felt involved in the service and valued by the current manager. One member of staff said, "[Staff] can go to her for anything. Very open and she listens to us. "

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; Working in partnership with others

- The latest CQC inspection report rating was on display at the office and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- Records showed that the service worked in partnership with other professionals and agencies, such as the local GP practice to support people's health and wellbeing.
- The service used CCTV to monitor people's safety in communal areas. Inspectors advised the provider they must ensure they have adhered to guidance on the use of CCTV which includes ensuring people's consent is sought.
- The management team were open and transparent during the inspection and demonstrated a willingness to listen and address any concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's care plans did not consistently reflect their current risks and provide consistent guidance to staff to keep people safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Processes in place to monitor, audit and assess the quality of the service being delivered are ineffective in identifying all areas requiring improvement and ensuring actions are taken in a timely way