

HC-One Oval Limited

Himley Mill Care Home

Inspection report

School Road
Himley
Dudley
West Midlands
DY3 4LG

Tel: 01902324021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Himley Mill Care Home provides personal and nursing care up to 86 people. The service currently accommodates 48 people across two separate units, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

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

Records did not always accurately reflect people's care needs. Some care plans did not contain sufficient information which posed an increased risk of people not receiving effective care and treatment. The audit process was not always consistent in highlighting shortfalls.

There were sufficient numbers of staff to meet people's needs. Staff had received necessary training and knew people's needs well.

People felt safe living at Himley Mill Care Home and staff knew how to report concerns to protect people from harm and abuse.

Medicines were managed in a safe way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The infection prevention control processes protected people from the risk of the spread of infection.

The registered manager was driven to provide good outcomes for people and was working with staff to continually drive improvement and quality.

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 good (report published 21 May 2019)

Why we inspected

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 COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of medicines and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of immediate harm from these concerns. Please see the safe 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 Mill Care Home on our website at www.cqc.org.uk.

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?

Good 

The service was safe

Details are in our safe findings below

Is the service well-led?

Requires Improvement 

The service was not always well-led

Details are in our well-led findings below

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. 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 one inspector, one 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 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 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 before the 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. We took this into account when we inspected the service

and made the judgements in this report.

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.

During the inspection-

We spoke with three people who used the service about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, unit managers, a senior care worker and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found including quality assurance records.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Not all care records identified people's specific health conditions, such as diabetes. However, staff knew people well and were able to verbalise what actions they took to ensure people's risks were managed in a safe way.
- Other care plans we viewed gave clear guidance for staff to mitigate known risks. For example, people's moving and handling plans were in place.
- Environmental risks were assessed and managed well. The registered manager and staff undertook regular checks to ensure the premises and equipment were safe.

Using medicines safely

- Records we viewed identified some medication administration errors. However, these had been reviewed and appropriate actions taken.
- Staff had received medication training and had their competencies reviewed. Where errors had been made, staff were re-trained and were supervised by a senior member of staff when supporting people with their medications.
- People told us they received their medication as prescribed. One person told us, "I have just had some paracetamol. The staff are always quick to respond."
- Where people received time specific medication, we observed this was administered in line with their Medication Administration Records (MAR).
- Medicines were stored in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Himley Mill and they felt protected from the risk of harm and abuse. One person said, "I feel safe here, I am content and happy." A relative told us, "[Relative] is very, very safe."
- Staff were suitably trained to recognise safeguarding concerns.
- Safeguarding policies and procedures were in place and safeguarding concerns were reported in line with these policies.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. People told us they were not kept waiting to receive care and support and our observations concurred with what people told us.
- The service was currently overstaffed, so staff were being deployed in a variety of different ways to best

meet people's needs. A staff member said, "We are enjoying spending extra time with residents at the moment because we are over on numbers."

- The provider used a dependency tool to calculate the number of staff required to support people safely.
- The recruitment procedures in place mitigated the risk of unsuitable staff working with people.

Preventing and controlling infection

- There were policies and processes in place to ensure staff adhered to strict Infection Prevention Control (IPC) practices. Staff and visitors were issued with guidance about effectively reducing the risk of cross infection, and in particular the risks associated with COVID-19.
- Relatives we spoke with felt assured their loved ones were well protected. One relative said, "We have frequent bulletins from the manager and the provider outlining what their procedures are" and, "They have sanitisers at the door and visiting control and the residents and staff have had their vaccinations."
- 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.

Learning lessons when things go wrong

- Records were kept to log, review and analyse complaints and incidents.
- The registered manager had been pro-active in their response to ensure actions were taken to prevent future reoccurrences.
- Themed meetings had been introduced with a focus on set topics to apply learning and improve practices.

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 good. At this inspection this key question has now deteriorated 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; Continuous learning and improving care

- Some care plan documentation did not always include specific guidance for staff to manage specific health conditions, such as diabetes. This meant staff, who may not have known people well, may not have always been able to provide effective care and support. We raised this with the registered manager. The appropriate care plans were put in place with immediate effect.
- Staff did not consistently use Antecedent Behaviour Consequences (ABC) charts where necessary. An ABC chart is an observational tool that allows the recording of information about a particular behaviour. We could not always be assured staff were identifying people's patterns of behaviour to subsequently develop effective management strategies. We raised this during our inspection and received reassurances from the registered manager that this would be raised with staff and stress management care plans reviewed.
- Audits were completed regularly and did identify areas for improvement across the service. However, this was not always consistent and did not identify some of the issues we raised on the inspection. Audit outcomes were logged on to a central system which meant patterns and trends could be observed and actions taken where necessary to drive improvement.
- The deputy manager was responsible for leading quality assurance and held monthly meetings to identify areas of improvement. Staff who were identified as requiring additional support, were given additional training and guidance and empowered to champion certain areas of practice and subsequently, go onto to mentor others.
- A staff member told us, "We use the staff de-brief to identify themes, training or learning needs or, just to acknowledge staff commitment."
- The registered manager was aware of their registration requirements and had been submitting notifications to us about key events within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to achieving good outcomes and creating a positive culture throughout the home. They told us, "There has been lots of change and staff are striving to exhibit the core values of HC-One and we have had a positive cultural shift."
- People told us they received person-centred care. One person said, "It is nice living here; there are caring staff and they are concerned about our welfare; I always feel like they put me first." Another person said,

"The staff know me well and know what I like, and I can tell them if I am not happy, they all listen."

- Relatives spoke highly of the registered manager and felt positive about the care their loved ones received. One relative told us, "The manager is really nice; they make sure everything is perfect."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they had opportunities to speak with staff and management to feedback about the running of the home. One person said, "I can talk to [registered manager name] if there are any problems" and, "There is nothing that needs improving here, but I would know who to go to if I needed to." The registered manager told us resident meetings had previously taken place and this would be continued once people had time to settle onto the new units.
- Relatives told us they completed questionnaires and had spoken with the management team about the survey results. As a result of the pandemic, the registered manager had held zoom meetings with relatives and letters from the provider were regularly received.
- Staff attended meetings which were held monthly. The registered manager said, "I give the unit managers the autonomy to hold their own meetings whenever they choose."
- Staff spoke positively about the support they were given to keep up to date with the changes within the home and told us opportunities were available to feedback. Comments we received included, "Staff meetings happen often. We have a flash meeting every day where one person from each department attends and then feeds back to the rest of the staff" and, "The good thing about [registered manager name] is they are happy for me to try things or, to do things differently, they have an open mind."
- The registered manager had liaised with the provider to develop ways to encourage staff to feedback about the safety, quality and effectiveness of the service. Senior managers from HC-One were holding voluntary 1:1 sessions with staff to identify the ways in which the management could improve.

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 registered manager understood their obligations in relation to the Duty of Candour and had been open and honest with people and their relatives when things had gone wrong.

Working in partnership with others

- The registered manager had developed relationships with other external professional to enhance the care and treatment people received.
- Relationships had been strengthened as a result of the pandemic to ensure people were continually kept safe and were in receipt of good quality care. For example, the registered manager had liaised with the local surgery to enable a visiting professional to access and become part of HC-One's COVID-19 testing regime. This meant professionals could test prior to visiting the home, and people were able to receive a timely response from visiting professionals.