

James Hiron

# James Hiron Care Home

## Inspection report

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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

James Hirons Care Home is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 23 people.

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

People were happy with their care and support and were kept safe and protected against the risk of avoidable harm and abuse. Staff met people's needs and keep the home clean. People received their prescribed medicines as and when they should. Staff ensured medicines management was organised and stored safely.

The provider had made checks on new staff to ensure they were suitable to work in an adult social care setting. Staff had training and support they needed to deliver effective care and support to people living at the care home. 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 home was suitably adapted and maintained. People accessed food and drink to meet their nutritional needs. People had access to health and social care professionals when required.

People were treated equally and had their human rights and diversity respected. People enjoyed the company of staff and spent time getting to know them. Staff treated people kindly and promoted independence while respecting their right to privacy.

Person centred care plans were in place for and staff used these to meet the personal, social and health care needs. Staff used a variety of ways to assist people to understand information given to them. People participated activities and maintain relationships with family and friends. People's concerns and complaints were listened to. End of life care wishes and been sought and recorded in accordance with their needs and wishes.

The provider and registered manager were known to people and regular checks were made to make sure people were happy with their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 20 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 18 November 2019. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this inspection of all five key questions to check they had followed their action plan and to confirm they now met legal requirements.

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.

#### 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 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 ●

# James Hirons 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

Three inspectors completed the onsite visit and an Expert by Experience made telephone calls to relatives. 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

James Hirons Care Home 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we asked for the registered manager to be available to speak with us.

#### 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 and professionals who work with the service. We used the information the provider sent us in the 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 of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant

manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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. We looked at training data and 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to using medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had made improvements and people were now fully supported to have their medicines as prescribed. The improvement related to guidance for staff in administering medicine as and when needed (PRN) and auditing of patch medicines.
- Staff had been trained and had their competencies checked so they fully understood how best to manage people's medicines.
- The provider had frequent checks in place and where issues were identified staff were given training or supervision as required..

### Systems and processes to safeguard people from the risk of abuse

- People felt safe in the home and were protected from the risk of abuse. Staff knew how to spot the signs of abuse and record and report any concerns.
- The registered manager had notified CQC and the local authority of safeguarding incidents as required to ensure appropriate action was taken to keep people safe.

### Assessing risk, safety monitoring and management

- People risks associated with their care and support had been identified and recorded. People received the support they needed, whilst keeping the risk of harm to a minimum.
- Risk assessments associated with people's care had been completed such as, risks related to people's home environment and personal risks.
- Staff knew people's risks associated with their care and support and knew how to keep people safe when assisting them. One relative told us, "Over the last eighteen months I have been enormously impressed over how they [the service] have dealt with COVID-19."
- The home environment had been assessed by the registered manager and staff members to ensure it was safe for people to receive support.

### Staffing and recruitment

- People had access to enough staff who were available to provide care for them. Staff responded promptly to people's requests and spent with without hurrying them.
- The provider followed safe recruitment practices, such as checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The provider and registered manager had reviewed any reported incidents, accidents or near misses. For example, where further safety equipment was required such as sensor mats.

# 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.

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

- People's needs had been assessed and had taken account of recognised best practice. Relatives views had been considered and reflected.
- People were supported by staff who knew them well and how they wished to be assisted.
- People's protected characteristics were considered as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. One person told us how they were treated as an individual by staff.

Staff support: induction, training, skills and experience

- People's care was provided by a trained staff team, which included training in moving and handling and safeguarding. New staff also worked alongside other more experienced staff members to get to know people and understand their needs.
- Staff members told us they were supported and had regular updates in training. Staff told us they could discuss aspects of their work and training openly with the management team. One staff member told us they have always been treated well and felt it was the same for everyone.

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

- People were encouraged to have enough to eat and drink to maintain a healthy lifestyle. People told us they enjoyed the meals and the chef asked them for feedback.
- The provider and staff worked with healthcare professionals to ensure people's dietary needs were met. Such as fluctuations in weight was reported to the dietician for their advice and guidance.
- Staff knew who needed one to one support or specialist diet to reduce the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care

- Changes in people's needs to the management team who sought appropriate advice and guidance from healthcare professionals. Care plans were amended so staff knew about any changes and how to provide care.
- Staff told us about the needs of people and any professional advice which had been given. Staff were up to date and worked in a consistent way with people to ensure their needs are effectively met.

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

- People had access to a number of large communal areas and outdoor spaces.

- The home was in good decorative repair and people told us they liked the home environment.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals such as dentists, GP's and Physiotherapists. One person told us they recently had a hearing test.
- Staff knew about people's healthcare needs and knew when to refer to other health care services to best support their needs.

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

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 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.

- Where required, a capacity assessment had been completed to show how people's thoughts and wishes had been considered, and how the least restrictive choice had been made. One relative told us, "They always discuss things first before making any decisions."
- No one living at the home required a DoLS. The registered manager knew how to correctly identify a person as having their liberty restricted and how to make the appropriate application.

# 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 improved to 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

- People told us they liked the care staff who spent time with them and chatting about their interests. One relative told us, "I could not be more impressed with it here it is so much like home."
- Staff knew people well and told us how they enjoyed talking with people and hearing about their lives and experiences. One relative told us, "The whole atmosphere is friendly and chatty, and you feel welcome when you visit and part of it."
- People's life histories, cultural and personal choices had been detailed in care plans. Staff told us they used this information to promote diversity and equality. One relative told us, "Dad gets a lot of pleasure from banter with the staff, they seem to have time to do this."

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

- People directed the care and staff listened and responded to their requests for guidance and support. One relative told us, "Mum can make her own choices."
- The information in people's care plans included their thoughts and choices in how they wanted the care to be provided. One relative told us, "The staff are very kindly without exception. They are very patient and caring with [name]."
- People were encouraged to be involved in how their care was delivered, and staff spoke with people about the care they wanted. One relative told us, "Everyone I have spoken with has a passion for what they do, they are caring carers."

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected by staff who were considerate when speaking with people about their care needs. One relative told us, "They respect [name] privacy and dignity and the staff are kind, helpful and understand them."
- People's independence was promoted and staff told us they knew people's independent living skills for example, being able to maintain their washing and dressing routines.
- Care plans detailed people's dependency levels and the level of staff support they may need and where these may fluctuate depending on their health. One relative told us, "He gets such personal attention and they pop in and talk to him."
- Records were stored securely had not been shared with unauthorised persons.

# 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 now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support from staff which reflected their individual needs and which took account of their preferences. One person told us how they were treated as an individual by staff. One relative told us, "The difference in [person] is remarkable due to the care there."
- People's care plans were personalised and detailed information about their life histories, care needs and preferences. For example, daily routines which showed how they preferred to receive personal care. One relative told us, "He is so understood and cared for."
- People and where appropriate their relatives had been involved in developing their care plans to ensure they were person centred. The registered manager routinely reviewed the care plans to ensure they were reflective of people's current needs and wishes.

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.

- People's communication needs were identified in their care plan and staff were able to tell us about these. For example, staff used a whiteboard to ensure the person was able to understand them and respond.
- People had been supported to use various electronic communication devices, such as tablets and mobile phones, to keep in touch with family and friend. During the COVID-19 pandemic the registered manager had purchased a number of tablets to assist people to make these calls. One relative told us, "During COVID-19 we had home phone calls and zoom calls and then nominated visits."

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

- People participated in a variety of social activities which reflected their social interests. One relative told us, "His social network before COVID-19 was encouraged and to have his independence."
- During the COVID-19 pandemic more inhouse activities had been offered. One relative told us, "They have wonderful activities and as they can't read they will read to [person]."
- Staff initiated a variety of activities that people could choose to participate in. One staff member told us, "I take the residents for walks and go out in the garden for walks."
- People's spiritual well-being had been supported with visits to places of worship or online ceremonies where required. One relative told us, "Before COVID-19 they were taken every week to church and then to the

club afterwards for a drink."

- The register manager told us as Government restrictions changed they ensured people were made aware and supported them to remain active and engaged. One relative told us, "They take a great deal of care in keeping people stimulated and engaged."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and used a suggestion box for people or visitors to leave feedback. Where a complaint had been received the process for dealing with it had been followed. One relative told us, "The manager is approachable and I would know how to complain."
- People and their relatives were aware of how to contact the provider and make a complaint and felt the overall communication of the home was open and positive. One relative told us, "I am well updated and get a newsletter e-mailed through."
- Complaints were logged, responded to appropriately and actions were identified to improve the service.

End of life care and support

- People experienced end of life care in line with their wishes and their preferences had been recorded.
- The registered managers told us they liaised with GP's and other health care professionals, such as palliative care nurses. Care records showed how this information was used to provide the recommended care.

# 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. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

At our last inspection the provider had failed to robustly identify where improvements were required to ensure a consistently safe and quality service was provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Following the last inspection, the provider had reviewed and updated how they checked the quality of care people received. These checks followed CQC guidance and showed how the provider was now meeting the regulations and how people received good quality care. For example, improvements in medicines management and staff training and recruitment.
- The provider has developed an additional 'Quality Committee' with named trustees who had taken time to improve the care. The provider told us how they had improved their knowledge and insight by training and listening to people in the home. One relative told us, "The best thing is a good ethos, good trustees and I trust[relative] will be well looked after there."
- People were positive about their home and staff who cared for them. One person told us, "I am very well looked after."
- The registered managers understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment.

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

- The registered manager demonstrated an open and inclusive culture and actively sought the views of people living at James Hiron, their relatives and staff. One relative told us, "It is well run and organised and I am very well impressed with the manager."
- The registered manager sought these views by regular individual and group meetings or regular one-to-one meetings with staff.

- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers.

#### Continuous learning and improving care

- The quality and safety of the service people received was routinely monitored by the registered manager and the provider, For example, they both regularly checked staff were handling medicines safely and people had a pleasant mealtime experience.
- The registered manager was keen to keep improving the service and they recognised the importance of continuous learning.

#### Working in partnership with others

- The registered manager worked with a number of community professionals and external agencies including, the Local Authority, GPs and social workers.
- The registered manager told us they liaised with external bodies and professionals, to share any best practice ideas with their staff.