

## Barchester Healthcare Homes Limited

# Hagley Place

### Inspection report

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Date of inspection visit:  
28 January 2020  
29 January 2020

Date of publication:  
21 February 2020

### 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:

Hagley Place is a residential service providing support with personal care or nursing needs for older people. The service can accommodate up to 60 people although at the time of the inspection there were 58 people living there including people living with dementia. The home is a purpose built two storey building.

### Peoples experience of using the service:

People were cared for by staff in a way that kept them safe and protected them from avoidable harm. Enough staff were available to respond to people's needs in a timely manner. People received their medicines when they needed them, and systems were in place to ensure that medicines were stored and administered safely and that adequate supplies were available. Accidents and Incidents were investigated, and measures were taken to prevent re-occurrences. The premises were clean, and staff knew and followed infection control principles.

The service was effective. Peoples needs were assessed and planned and delivered in accordance with legislation and best practise. Staff were well trained and knowledgeable about the needs of the people they supported. Balanced and nutritious meals were served, and people were complimentary about the quality of the food. People were supported to have 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 practise.

People were cared for by staff who were kind and caring, the atmosphere in the home was friendly and relaxed. We observed staff interacting with people as equals. People were involved in making decisions about their care and were supported to maintain their independence.

There were systems to ensure care was responsive. People received care in accordance with their needs and preferences. People were supported to maintain contact with their friends and families. There were opportunities for social stimulation. People felt their concerns and complaints would be listened to and responded to. People had plans relating to end of life care decisions where required.

People gave us positive feedback about the quality of care they received. The feedback on the leadership of the service and the registered manager from people and staff was positive. There were effective governance systems in place to monitor the quality of service and the health, safety of welfare of people.

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:

The last rating for this service was good (published July 2017)

### 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 reinspection 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.

<b>Is the service safe?</b> The service is safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service is effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service is caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service is well led	<b>Good</b> ●

# Hagley Place

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection Team

The Inspection was carried out by two inspectors.

#### Service and service type:

Hagley Place 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.

Hagley Place 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:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was requested to complete a provider information return (PIR). 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with six people who used the service, to ask about their experience of the care provided and nine visiting family members.

We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether they were comfortable with the support they were provided with.

We spoke with 16 members of staff, which included the registered manager, deputy manager, regional manager, clinical development manager and regional trainer. We also spoke to a pharmacist visiting the service.

We reviewed a range of records about people's care and how the service was managed. This included looking at five people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

# 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.

### Using medicines safely

- People received their medicines as prescribed and were dispensed by trained staff. Protocols had been drawn up considering people's preference as to how and where they would like to have them administered.
- Where people were prescribed PRN (as required) medicines, guidance was in place for staff on when and how to administer these.
- Medicines administration records (MARS) were correctly completed with no gaps.
- Medicines were stored securely and at the right temperature and we evidence that temperatures were checked regularly
- During the inspection we spoke to a community pharmacist who is working with the staff and people at Hagley Place to reduce unnecessary medicines.
- We saw evidence of regular audits of medicines records and stocks had taken place

### Assessing risk, safety monitoring and management

- The provider had systems in place to protect people from risk. Personalised risk assessments had been written for the people living there covering a range of risk including eating and drinking, skin care, mobility, activities and managing behaviours that challenged.
- People were consulted about how they wished to be supported considering any perceived risk.
- Staff that we spoke to were knowledgeable about the risks to the people they supported and how they could keep them safe from harm.
- The provider had a fire risk assessment and the people living there had personalised emergency evacuation plans written for them, identifying their needs in the event of an emergency. These plans were tested with regular fire drills.
- Regular checks were carried out on the fire alarm, emergency lighting and fire doors.
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law. Regular 'in-house' checks of, for example, fire bells, fridge/freezer and hot water temperatures had taken place.

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

- The provider had systems in place to protect people from the risk of abuse.
- All staff, regardless of their role, received training in safeguarding people from the risk of abuse.
- A staff member told us, "If I had any concerns that abuse was taking place I would report it to the manager and if I felt I wasn't listened to I would report it to CQC"

### Learning lessons when things go wrong

- Accidents and incident were fully documented and investigated to identify ways of preventing them from

happening again.

- The registered manager spoke about how through analysis they had identified that the risk of falls was higher at certain times of the day in an area of the building and so had increased staffing at these times.

#### Staffing and recruitment

- The registered manager told us that they used a tool to calculate the staffing required based on the needs of the people living at the home. This tool is checked prior to the admission of a new person and when people living at the home needs change.
- When agency staff are required, Hagley Place tried to use the same staff. This ensured that people at the home know who supported them.
- Staff were recruited safely, and checks were made to ensure they were of good character to work with the people living at the home.
- Throughout our visit we saw staff responding to the needs of the people living there in a timely manner.
- A staff member told us, "Even when its busy I always get time to sit and chat with the people I support"

#### Preventing and controlling infection

- The property was clean and free from unpleasant odours.
- Staff received training on infection control and during the inspection we observed good practises which minimised the risks to the people living there.
- Staff were supplied with a range of personal protective equipment to be used when supporting people and we observed staff using them.
- During the inspection we observed a family meeting during which a family member praised the registered manager for the way an outbreak of Norovirus had been managed recently and how it had been in a way that maintained the dignity of the people living there.

# 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 good. At this inspection this key question has remained the same. 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 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.

- The provider met the requirements of the MCA. MCA assessments had been carried out in relation to care provided which meant people's rights were protected.
- Where people lacked capacity to make certain decisions, best interest meetings had been held and carers, family members and professionals had been consulted.
- Where a person living at the home had passed responsibility for making decision on their behalf to someone else, the home had ensured that correct legal paperwork was in place.
- We heard staff asking for people's consent throughout the inspection.
- Staff received training on the MCA and were able to tell us about the principles that underpin it.

### Staff support: induction, training, skills and experience

- People were supported by competent and trained staff. All new staff starting at the service received an induction to allow them to learn about the home, the needs of the people living there and the policies and principles of the home. New staff also worked alongside experienced staff
- Staff undertook a comprehensive training programme to ensure that they had the knowledge and skills to carry out the role.
- We spoke to one of the trainers, who was visiting the home during the inspection, who explained that they visit the home monthly and carry out competency checks on staff to ensure that the training has been effective and that this may result in the staff member being re-trained.
- Staff told us that they thought the training they received was good, one staff member said, "it gave me the knowledge and confidence to do my job."
- Staff consistently told us that they felt supported by the management of the home, a staff member said, "I know if I have any concerns I can go to (registered manager) and they will listen to me."

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

- People had their needs assessed prior to moving into Hagley Place and this assessment formed the basis of the person plan of care. Someone from the home would always visit the person before they moved in to carry out this assessment and ensure that the provider could meet the needs of the person.
- We saw that these plans were regularly reviewed and updated with the changing needs of the person if required.

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

- People spoke positively about the food at the service, one person told us "I really enjoy the food here"
- People were offered choices at mealtimes and we observed that when one person had declined to eat her meal she was brought finger foods a little later.
- We observed meal times in each of the four dining areas and found them to be pleasant and relaxed.
- People dietary and support needs were detailed in their care plans and specialist support was obtained from professionals such as dieticians. We observed that these needs were met during mealtimes.
- Peoples weight was monitored, and we saw that when there was concerns about weight loss, their diet was adapted.

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

- The home is split over 2 floors with two lifts and staircase to allow people to move around the home safely.
- The home is built around a courtyard style garden and patio that people can access and spend time in. Many of the ground floor rooms have direct access onto this area.
- On the first floor there is a large balcony that people can safely access, and the registered manager told us about the plans to develop this area further by installing artificial grass and a growing area for plants so that people living upstairs can experience a garden environment and taking part in gardening activities easily.
- Throughout the home there were areas created to meet the needs of the people living there such as quiet areas, reading areas and reminiscence areas.
- People were able to personalise their rooms with personal belongings.

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

- People's health and support needs were regularly reviewed updated in their care records. People had access to the healthcare services they needed.
- Hagley Place is visited by a local GP weekly and we saw evidence of their involvement in peoples care plans.
- The provider had signed up to the Care to Smile campaign and we spoke to one of the two staff leading this who explained that all the people now have individual oral hygiene plans developed with the local dental surgery.
- The provider had joined a project to reduce unnecessary medicines for the people living there.

# 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 good. At this inspection this key question has remained the same. 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 and their relatives told us that staff were kind and caring. A person living at the home said, "the staff are amazing, nothing is too much trouble." A relative of somebody living at the home said, "I have no concerns about the care (my relative) receives here."
- Peoples spiritual and cultural needs were respected, and we saw that people were asked about this during their assessment and it was recorded in their care plans.

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

- We saw people being offered choices consistently throughout the inspection. A staff member told us, "it is important to offer people choices even if we know what their preferences are"
- We saw that people were involved in their plans of care and that where the person was not able to communicate their choices, people who knew them well were consulted.
- The provider held regular meetings with the people living there to discuss topics like food and activities. Meetings are also held with family members and we witnessed two of these meetings during the Inspection.

Respecting and promoting people's privacy, dignity and independence

- We observed many respectful and compassionate interactions during the inspection.
- We saw that people were encouraged to be as independent as possible and this included the use of aids such as adapted crockery at mealtimes.

# 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 good. At this inspection this key question has remained the same. 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

- Each person living at the home had a personalised plan of care that included information about their wishes, interests and hobbies, health diet and communication needs.
- We saw that these plans were reviewed regularly. The review sought the opinions of the person, healthcare professionals, family members and staff.

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.

- Peoples communication needs were assessed and documented in their plan of care.
- Where required, the provider supported people to access specialist services to assist in their communication needs such as opticians and audiologists.
- Where required the provider could offer information in other formats such as large print.

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.

- The registered manager told us about the work they had been carrying out to involve the home in the wider community. They had held events for a local support group and were developing links with the local college for students to come and support people living at the home to use computers and smartphones. This will help people maintain contact with friends and family and alleviate isolation.
- The provider was also developing links with a local campaign to alleviate loneliness in the elderly and will be inviting people to attend activities and meals at the home.
- There was an activities co-ordinator employed and we saw in-house activities taking place throughout the inspection.
- There was a minibus, and this was used to take residents to access activities in the community. During a family meeting we heard a family talking positively about a recent trip that their family member had made to a local car auction.
- One relative of someone living at the home told us about a recent visit to the home where she observed a visit from a local primary school, she said "It was moving to see the changes in peoples face when the children started singing, peoples expressions changed, and they suddenly became interested."
- Events for family and friends of the people living at the home are held and we heard during a family meeting of an upcoming wine and cheese party.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints procedure and records of complaints and the response and any lessons learned were documented.
- We were told by people living at Hagley Place, relatives and staff that the manager had an open-door policy and that could approach them any time to discuss any concerns.

End of life care and support

- People were supported at the end of their life by staff who knew and understood their wishes and spiritual needs at this time.

# 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 remained the same. 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.

- The registered manager provided strong leadership of the service and staff were clear what their roles and responsibilities were.
- There were strong governance systems in place and the registered manager and provider had a good oversight of the daily running of the home.
- Regular quality assurance checks were carried out by the management team of the home and by personnel from the provider. These covered areas such as the environment, safety measures, infection control, medicines and pressure care. Any issues identified were shared with the team and action taken to rectify them.
- The registered manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.

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

- There was a strong, positive person-centred culture in the home. Each person was treated as an individual with their own unique needs.
- People were involved in decisions about their care and support. Where appropriate, families and healthcare professionals also had input.

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

- People were given the opportunity to be involved in and influence the running of the home. Regular meetings were held with the people living there to discuss what they would like and any concerns. Meetings were also held with families.
- Staff told us that they received regular staff meetings and handovers. A staff member told us, "I know if had any ideas about someone's care needs, I could approach (registered manager) and I would be listened to."

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

- When things went wrong the management team engaged people and those close to them in identifying what had happened and what could be done differently in the future.
- The registered manager understood their legal responsibility to be open and honest with people when

things went wrong.

Working in partnership with others

- The provider worked in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's. It Also worked with local community services such as schools and charities.