

## Barchester Healthcare Homes Limited

# Hagley Place

### Inspection report

Foldgate Lane  
Ludlow  
Shropshire  
SY8 1LS

Tel: 01584519849

Website: [www.barchester.com](http://www.barchester.com)

Date of inspection visit:  
15 June 2017

Date of publication:  
11 July 2017

### 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

This inspection was carried out on 15 June 2017 and was unannounced.

Hagley Place provides accommodation and personal care for up to 60 people. At the time of our inspection there were 41 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People were treated with dignity and respect. Care was person centred with people having good relationships with staff.

Staff had training and support to enable them to effectively meet the needs of the people living at the home. There were sufficient numbers of experienced and well trained staff to ensure people were supported safely and people's health needs responded to quickly. Medicines were managed safely and people received their medicines in line with their prescription.

People knew the registered manager and the provider. People felt that if they had any concerns they were able to speak with the registered manager or staff. The registered manager and provider welcomed people's views and opinions and acted upon them.

People felt safe and knew how to raise concerns. Staff felt comfortable to raise any concerns about people's safety and understood about how to keep people safe.

People enjoyed the food and had the support they needed to enjoy their food and drinks safely. People were able to make choices about the food and drink they wanted. There was a choice of freshly prepared nutritious food.

People's health needs were monitored and changes were made to people's care in response to any changes in their needs. People had access to other health professionals and were referred to them by the registered manager if there were any concerns about their health needs.

There were a range of checks to make sure that good standards of care and support were maintained. Feedback from the people and relatives was gathered on a regular basis and where any actions were identified these were actioned quickly.

## 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.

People were supported by staff who knew how to keep them safe. Staff knew what abuse was and how to respond if they suspected abuse.

There were enough staff to meet people's health needs and keep people safe.

People received their medicines safely and medicines were stored securely.

### Is the service effective?

Good ●

The service was effective.

People had support to access health professionals when needed.

Staff that had support to maintain knowledge and skills to meet people's needs effectively.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able to make choices and consent to their care.

### Is the service caring?

Good ●

The service was caring.

People felt that staff were caring, kind and treated them with dignity and respect.

People's views were listened to regarding their care. People felt they could make suggestions about their care at any time with the staff, the registered manager or the provider.

People were involved in planning and reviewing their care and support. They felt they were supported to have choice and to be involved in all aspects of their care.

### Is the service responsive?

Good ●

The service was responsive.

People had care and support that was person centred and responded to their needs effectively. If staff had any concerns about people's health needs other health professionals became involved quickly.

People knew how to complain and felt any concerns they had would be listened and responded to.

### **Is the service well-led?**

The service was well led.

People and staff felt that the registered manager and the provider were approachable and supportive.

The provider and registered manager made sure care and support was up to date with current research and best practice.

There were systems in place to monitor the quality of the service by a variety of methods including audits and feedback from people and their relatives.

**Good** ●

# Hagley Place

## **Detailed findings**

### Background to this inspection

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

This unannounced inspection took place on 15 June 2017 and was conducted by two inspectors 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for any concerns or information relating to Hagley Place. We did not receive any information of concern.

During the visit we spoke with nine people who lived at the home, four relatives of people that lived there, 12 members of staff who consisted of five care assistants, two nurses, the deputy manager, one activities coordinator, one hostess, the registered manager and also a regional operational manager. Following the inspection visit we also spoke with a doctor. We observed staff supporting people throughout the home. We looked at five care records focussing specifically on people's dementia care needs, medicines and nutrition needs.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

## Is the service safe?

### Our findings

People told us that the care and support was provided in a way that made them feel safe. One person told us how staff had involved them in looking at ways to move around the home more independently and safely. They said that staff had told them to look out for trip hazards such as chairs in the way. They said that staff were always around to make sure people were safe. A relative said, "The whole thing with the home is about keeping people safe."

People said they had been given contact details for the managers and other agencies and felt comfortable to contact them if they had any concerns. People and relatives felt that they could raise any concerns about their own or other people's safety and they would be listened to and action taken. Staff knew what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. The registered manager told us about how important it was to have robust safeguarding systems in place. They told us that there would be no tolerance of poor or abusive practice.

People had individual risk assessments which included nutrition, moving and handling and pressure area management. Where risks were identified plans were in place to identify how risks would be managed. For example, there were some people who were at risk of skin damage due to their health conditions. Individual risk assessments had identified the actions to be taken by staff to reduce the risk which included pressure relieving equipment and frequent repositioning for some people. The registered manager told us that there were currently no people with pressure area concerns.

People told us that there were enough staff to give them the support they needed. One person told us, "Staff are there and attentive when you want them." Our observations supported this view. We saw that when people used their call bell in their rooms staff were quick to respond. Also we saw a person want to get up from where they were seated. It appeared that they needed assistance to do this safely. Staff were quick to support the person to mobilise safely. However staff that we spoke with did not feel that there were sufficient staff during the night to always ensure people's safety. We were told that a total of three carers and one registered nurse provided night time cover in the home. Staff said that through the night as many as 14 people could be up across the two floors, with some people needing the support of two staff with their personal needs. This meant that at times only one member of staff could be on the ground floor. We discussed this with the operations manager and registered manager and they told us that night time cover would be increased as soon as possible. By the end of the inspection this request had been made to the provider and an additional member of night staff had been added to the rota. Although the service still occasionally used agency staff to cover some shifts, the registered manager told us that they had successfully recruited a number of new staff and it was expected that the use of agency staff would significantly reduce.

Staff told us that checks were made to make sure they were suitable to work with people before they started to work at the home. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care. Staff told us they undertook a structured induction programme, including shadowing experienced staff members, until they were confident and able to carry out their roles effectively.

We found that people had the support they needed to take their medicines safely. One person we spoke with told us, "I have various pills and they see that I get them. They also do various blood tests on me." A relative we spoke with told us medicines were managed very well, including pain relief. Medicines were only administered by staff that had received training in the safe management of medicines. We observed how medicines were administered and found staff to be organised and focused on giving the right medicines at the right time to the right person and accurate records of medicines were kept. We found this to be carried out safely and effectively. Medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

## Is the service effective?

### Our findings

People and relatives told us that staff were skilled and knew how to meet their needs. One person told us, "Oh they [staff] are great. They understand what I need." A relative said, "I have full confidence in the skills of the care staff." Staff told us that the level of training was good and relevant to their roles. They said that their knowledge of and training around dementia had improved greatly since the home had enrolled on the provider's enhanced dementia care programme which the provider called '10 60 06.' Health professionals that we contacted felt that staff were skilled and knowledgeable and provided safe, effective care. Staff were able to tell us in detail about people's individual needs.

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 told us that could make choices and their wishes were respected by staff. We saw examples where people were involved in day to day decision making where they chose what they wanted to eat and drink and when they wanted it. For example one person asked for a midmorning snack in a lounge area. Staff were quick to provide the person with what they wanted. People were able to say what they wanted to do and staff provided the support people needed to enable them to do it. We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA and were confident in their knowledge of its principles and use.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings. These had been documented and confirmed the person themselves had been involved in this process.

People told us that the food and drink they were offered was very good and they were given choice over what they wanted to eat and drink. One person we spoke with told us, "The food is very good, lots of choice; you can ask for whatever you want. The soups and puddings are amazing!" There was a choice of hot and cold food and a varied nutritious menu. Where people needed extra support with their meals this was offered. We saw that mealtimes were relaxed and there was lots of laughter and chatter between people and staff. Where people had specific food requirements this was freshly prepared by the chef. The hostess



serving the food in one area was able to tell us about people's individual nutritional needs and any special preparations they needed to make. Where needed referrals had been made to speech and language therapy for their input and advice. We found that where there were concerns over people's weight or nutritional intake additional monitoring of food and drink amounts were undertaken.

People told us that they were supported to access other health professionals when needed and that they were involved in the referral process, attending appointments and discussing treatment options. One person we spoke with told us, "They are helping me find an NHS dentist at the moment." We could see that where needed referrals had been made to relevant health professionals and guidance followed. For example, a person told us how when they had become unwell staff had supported them with appointments with doctors. A doctor who provided us with feedback about the home said they were confident that staff knew how to care for people. They said that staff followed any instructions or changes regarding a person's care and support swiftly and accurately. We observed that there were detailed handovers between shifts. Staff told us that they found that these provided important details about how people had been and any changes to people's health or support needs.

## Is the service caring?

### Our findings

People told us that staff were kind and caring in the care and support they gave. One person said, "It is wonderful. Staff are very kind." Another person we spoke with told us, "They (staff) open their hearts to me, and me to them." Relatives spoke of staff as having a friendly and relaxed approach. One relative went on to say, "Whenever I come here you are made to feel welcome. You can see that the staff care a lot." The environment was relaxed and we saw that people had good relationships with the staff. One staff member said, "It is one big family. I actually enjoy coming to work."

People told us that they were treated with dignity and respect. We saw that people's privacy and dignity was respected by staff. Staff knocked on people's doors before going into their room and people were spoken with in a manner that was dignified, respectful and warm. Where care was given this was done in a way that ensured the person's privacy was respected. For example we saw where people requested help with personal care staff were discreet and ensured they maintained people's dignity and privacy. One person we spoke with told us, "All staff are polite, very thoughtful and attentive."

Another example of ensuring people's dignity was the use of a small purple ribbon on some people's doors to discreetly remind staff to wear their aprons and gloves for carrying out personal care. The registered manager told us that there was always a strong emphasis on ensuring that people were always treated with dignity and respect. Staff told us that there was regular training on dignity and respect and that it was reinforced through team meetings and supervisions with the registered manager. We saw that staff spoke in a kind and caring manner with people. Staff maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting.

People were given time by staff to express their wishes and choices that they made were respected by staff. We saw a person request a second breakfast. Staff came back with a choice of different food choices. Staff spoke calmly and gave the person time to decide. People told us that they could ask for anything and staff would make sure that their wishes were met. All of the staff we spoke with told us that they would not carry out any care or support without the agreement of the person first.

People told us they felt they were able to be part of the care and support they received. They said they were supported to express their views by the provider, registered manager and staff. We saw that the registered manager spent time with people and staff and also helped support people with their needs. The registered manager told us that this was a way of ensuring that people and staff were happy. People had key workers who took responsibility for ensuring that their needs were being met. A key worker is a named member of staff who has a central role in the care of a person. They take the lead in monitoring and reviewing the care and support with the person and become a point of contact for relatives and other professionals. Staff and the registered manager told us that the home operated with as much participation from people as possible.

## Is the service responsive?

### Our findings

People told us that they enjoyed the activities and opportunities on offer at Hagley Place. One person told us how they were looking forward to attending an exercise class which was happening at the home later in the day. Another person told us how they used to like to bake bread and how staff had arranged for them to do this at the home. There were two activity co-coordinators employed at Hagley Place. We spoke with one of them and they told us how they had been working to speak to individuals and identify hobbies and interests that were important to them. One person showed us the work they had done in their life book. This provided people with a history and appreciation of who the person is and what makes them individual. The activities co-ordinator had also developed individual memory boxes. These contained items connected to people's hobbies, interests and past. One person started talking about their love of animals and their family when they showed me their memory box.

The activities coordinator told us how through meetings with the people that lived there a list of what people wanted to do had been compiled. This included trips to nearby historic attractions and the sea side. They said they are just completing their minibus training and have been given the go ahead by the provider for these activities to be arranged. We discussed with the activities coordinator and the registered manager the need for there to be an increase in individual opportunities for people. The registered manager and activities co-ordinator both told us that they would increase the amount of time spent with individuals and further develop the person centred approach.

The registered manager told us that they felt that the provider always looked at ways to improve the care and support they provided. The home had just adopted the Barchester '10 60 06 programme' which aimed to improve dementia care across its services. The doctor felt that the provider was forward looking and looked at ways to improve people's experiences of care. They said staff were quick in identifying and actioning any concerns they had about the people that lived there.

People felt staff made them feel valued for who they were as individuals. Where people who needed more time and support with certain choices, staff had time and focussed first on what people could do and not just the health conditions that people had. We saw that staff spent time with people to make sure they had choices at mealtimes and also with what they wanted to do.

People were doing lots of different things throughout the day of our visit. We saw some people reading books, some people were dancing in the exercise class, while other Staff told us how they recognised the benefits of keeping people's minds active, and how spending time with individuals was encouraged. The staff told us how this approach kept people well for longer and slowed the deterioration of a person's health.

People told us that they felt that they were consulted with regarding their care and support and that staff made them feel valued and listened to. People told us that there were regular meetings where they could put forward suggestions about menus, activities and any other topics that they wished to discuss.

All of the people we spoke with told us that they felt staff were quick to respond to any changes in their health needs. One person said, "If I ever feel ill they get the doctor straight away." The registered manager told us that they tried to make sure that people remained involved in their care and support. We found that staff understood people's individual likes, dislikes and personalities.

People told us that they found they could talk to the staff, registered manager and provider and they knew the complaints procedure and felt very confident that any concerns or complaints would be immediately dealt with. We saw that the provider had a system in place for dealing with complaints but there had not been any recent concerns raised. The system enabled the registered manager and provider to review any complaints and identify actions and lessons learnt.

## Is the service well-led?

### Our findings

The provider told us that they were always looking at ways to further improve the care and experiences for people that lived there. The registered manager said, "Barchester are forward thinking." They told us that they did not believe that care and support should just stay still and that they were always looking at ways of improving the experiences of care for the people that lived there. They felt that the provider was proactive in developing the skills of staff and using current evidence based dementia care. This was a view shared by the staff that we spoke with.

The registered manager told us that the vision of the service was, "To provide the best personalised and safe service to people." All of the staff that we spoke with shared this vision. Staff told us that they felt supported and valued by the registered manager.

People and relatives we spoke with were positive about the registered manager, and how the home was run. One person we spoke with told us, "We are very well looked after. The staff are wonderful, and the manager." A relative we spoke with told us the registered manager was very "visible" and easy to find and approach. Another relative described the atmosphere in the home as, "It's calm, it's clean and it's a very happy home." We saw the registered manager knew the people living at Hagley Place well. The registered manager stopped to chat to people about things of interest to them, as well asking one person with a sore leg if they were feeling any better. People were relaxed and comfortable when speaking with the registered manager.

We saw both the provider and registered manager had systems in place to check the quality of the care given by staff. This included checks on medicines, staff training, supervision and care records. Feedback was gathered on a regular basis from the relatives of the people that used the service and also from staff. We could see that there was a system for capturing comments and concerns and identifying relevant actions to be taken to improve the quality of the service.

The registered manager told us how they maintained a 'hands on approach.' This meant being seen and approachable around the home and being available to help staff out when needed. They told us that this enabled them to engage with people and staff about the real practical aspects of the care and support. People and staff told us that they felt that the registered manager was visible and involved in the day to day running of the home.

Staff told us that there was an open culture where they felt listened to and supported. One member of staff said, "You can go to the manager about anything and you really feel listened to. All staff were aware of the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. One member of staff told us, "There is no one here that would tolerate abuse. We are encouraged to challenge poor care or abuse straight away."

The registered manager had established links with the local community for the benefit of people living at Hagley Place, A local pet store supplied the home with an aquarium, and maintained this. People enjoyed watching the fish, and had given them names, The home had also sponsored a dog in the local dog show

due to the fact there were a lot of dog and animal lovers living in the home.

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.