

Regal Care (Worcester) Limited

South Hayes Care Home

Inspection report

101 London Road
Worcester
Worcestershire
WR5 2DZ

Tel: 01905357429

Date of inspection visit:
24 March 2016

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11 May 2016

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The inspection was unannounced and took place on 24 March 2016.

South Hayes is registered to provide accommodation and personal care for a maximum of 39 people. There were 21 people living at home on the day of the inspection.

There was a register manager in place. A 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 2008 and associated Regulations about how the service is run.

People were supported by staff to be safe and protected from the risk of abuse. All staff knew each person which helped them to understand and reduced their risk of harm or abuse. All staff felt confident in recognised the potential signs of abuse and would report these through the senior staff or management at the home. Where needed the team took steps to prevent further harm and make referral to external agencies as required.

People had staff that were available when needed and to meet their care needs. Where people had risks identified as part of their daily living staff supported them to reduce those risks. People told us they received their medicines as prescribed and at the correct time. All relatives we spoke with told us there were enough staff to support their relative and did not have to wait for care to be provided.

People were cared for by staff who told us their training reflected the needs of people who lived at the home. We saw that all staff provided care and support to people in a confident and caring way. People consent to their care and treatment had been sought where needed. The registered manager and staff had a clear understanding on what to do if they felt people were not able to make a decision on their own.

People had access to snacks and meals throughout the day and night. People told us they enjoyed the meals and were able to make suggestions to the chef about what they would like on the menu. People had accessed other healthcare professionals to support them and had visits from their GP when needed.

Staff developed positive and respectful relationships with people and were kind in their approach. People's privacy and dignity were respected and were supported to be independent as possible in aspects of their lives. People's care needs were met quickly and in an unhurried way.

People were involved in the planning of their care and this had been recorded in their care plans. All relatives we spoke with felt they were involved in their family members care and their view and opinions mattered. People's care plans also reflected their preferences and life histories.

People were happy to raise any concerns or worries directly with the staff who were able to provide

solutions or answers at that time. All relatives we spoke with knew how to make a complaint if needed. The registered manger told us they were happy to answer people's concerns as they happened so they could respond immediately.

People were seen to approach and make request through the day with all staff, including the registered manager. The staff team felt it was important that they were approachable and visible which people and relatives liked.

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 received their medicines in a safe way which encouraged their independence. People were cared for by staff who had the knowledge to protect people from harm. People were supported by staff that kept them safe and meet their needs.

Is the service effective?

Good ●

The service was effective.

Staff received training that helped them feel knowledgeable about the people they cared for. People's consent to care and their capacity had been considered for individual decisions. People's dietary choices were reviewed and used to offer a variety of meals. Health professional external to the home had been involved to support people when needed with their health care.

Is the service caring?

Good ●

The service was caring.

People and staff had developed respectful, warm and caring relationships with people and were respectful about people's privacy and dignity. People received care that met their needs and individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make everyday choices and were able to choose things to do.

People were confident that if they had concerns, they could raise these with staff. They felt they would be listened to, taken seriously and receive a response to the issues they raised.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff were complimentary about the overall service and that their views were listened to. Procedures were in place to identify areas of concern and these looked to improve people's experience of care.

South Hayes Care Home

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 24 March 2016. The inspection team comprised of one inspector. As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with eight people who lived at the home and two relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, one senior care staff, two care staff and one chef. We looked at two records about people's care, five medicine records, falls and incidents reports, and checks completed by the provider.

Is the service safe?

Our findings

All people we spoke with told us they were safe living at the home and that staff helped keep them safe. One person said, "It's a safe environment". Care staff told us about how they supported people to remain safe by regularly checking how they were. One person told us, "The girls are checking we are okay often". One relative told us that, "I have absolutely no concerns. [Person's name] would soon tell me".

All the care staff told us they kept people safe by helping them when needed. All care staff we spoke with told us what people were at risk of and their responsibility to report and protect people. They said they would report any concerns about people's safety to the registered manager for review and action where needed. They also knew the external agencies they would contact and told us the information was in the office if needed.

People told us they asked staff for support and guidance if needed and knew what they were able to safely do on their own. Three people spoke about how they used their walking aids, and that on occasion staff supported them to stand up from the chair with verbal support. Throughout the day we saw that care staff were positive in encouraging people to ensure they were not placed at unnecessary risks. For example people were assisted by staff to use the stair lift safely. One staff said, "If someone wants to do something we manage that risk".

All people we spoke with said the staff were always available and they never had to wait long for assistance. Two relatives felt staff were always around and would be available if they needed to chat to them. We saw staff responded to people's requests and spent time talking with people and checking they were comfortable or if they needed anything. All staff we spoke with said they worked as a team to cover shifts and agency staff were used when needed to ensure the correct number of staff were on shift.

The registered manager ensured people had the right level of staff support. This included senior care staff, care staff, domestic staff and chefs. The registered manager told us the staffing group had the right skills needed for people who lived at the home and they were able to meet people's needs with the numbers of care staff on shift. The registered manager said that they were able to increase staffing levels if needed, for example if people were ill and needed more care. We also saw that volunteer staff were used to assist with activities and trips.

Five people that we spoke with told us the care staff looked after their medicines and were supported to take their medicine when they needed it. One person told us about their medicines and that "I always get my pills as needed". People were able to look after their own medicines if they wanted to. One person told us, "If I have a headache I take pain killers if needed". The registered manager had made it the responsibility of senior care staff to administer medicines. We spoke with one senior about the medicines and they could explain what the medicines were and how often they were needed. People's medicines had been recorded when they had received them. The registered manager told us they checked the medicines when they were delivered to the home to ensure they were as expected. Staff knew the guidance to follow if a person required a medicine 'when required'. Each month all unused medicines were returned the pharmacy.

Is the service effective?

Our findings

All people and their relatives told us the staff knew how to care for and support them. For example, by understanding how to manage their asthma or skin care needs. Staff told us about some of their training and how they used this to understand people's needs and how to respond accordingly. One staff had recently completed a course in caring for people living with dementia. They said this had inspired them with new ideas and had recently been involved in making changes in how they communicated with people.

Care staff felt supported in their role and told us they would talk to the registered manager about their role and responsibilities or wellbeing requests. Care staff felt that supervision held had been used to talk about their care work and training needs. They also felt that they all shared ideas amongst the team and one staff member said, "We also learn from each other".

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. 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.

All people we spoke with were able to tell us that they were able to consent to their care and treatment. One person said, "I get to make my own decision". During the day we saw care staff listen and respond to people's day to day decisions and choices. The registered manager demonstrated a good understanding of when and how they would need to assess capacity and the steps they would follow to make a decision in the person's best interest. The registered manager knew where people had appointed a power of attorney to act on their behalf when needed for financial or health decision. All care staff we spoke with told us they knew people had the right to choose the care they wanted and understood how the MCA would be used if needed.

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). The registered manager told us that no one living at the home had a DoL in place. They were clear of their responsibility to submit applications to the local authority where people may have restrictions placed on their freedom in the future.

All people that we spoke with told us there was a choice of food and were the types of meals they liked. One person said they enjoyed the food and it was, "Top notch, and we also get what they call supper". We also saw that where a person told care staff they did not like the meal provided alternatives were offered and provided. People were not rushed at mealtimes and were able to choose to have their meal in the dining room, the lounge or in their rooms. The chef served the meals in the dining room and people happily chatted to the chef about the meals and if they enjoyed them.

The chef had asked people for their favourite meals and had used the responses to introduce new meal options. People's likes and preferences had also been considered when planning the menus. Where people needed a particular diet the chef knew how to support their nutritional needs or choices.

People told us they got to see their GP when needed. One person said they were expecting the GP later that day. Staff told us they arranged visits if they felt a person was unwell or had a change of care needs. The GP visited three people on the day of the inspection in response to the staff booking appointments. Two people told us about the optician visit that was due soon and that they came to the home. People were supported with additional aids that promoted their wellbeing. For example, hearing aids. Staff were able to tell us about how people were individually supported with their health conditions and where external professional support had been used. We saw records that showed where advice had been sought and implemented to maintain or improve people's health conditions. We spoke to a district nurse who visited the home to support people with dressings and injections. They said that the registered manager and staff were helpful and listened to any guidance or advice.

Is the service caring?

Our findings

People looked comfortable and relaxed in the home. There were two main communal areas where people could choose to spend their time. The atmosphere was quiet in one lounge and people told us they enjoyed the peacefulness. In another lounge people were able to listen and sing along to the music or requested the television to be on so they could watch the programme they enjoyed. All people said the staff were kind, considerate and helpful. One person said, "The girls are nice, they would do anything for you". When care staff were passing people they always spoke to them, one person said to us as the registered manager passed by, "She's wonderful, really lovely".

All relatives we spoke with told us the atmosphere was homely and all the staff were friendly and approachable. During the day when visitors were around we saw them ask care staff about how their loved ones had been. Care staff provided updates about how they had been with warmth about each person. People told us that when their friends and relatives visited they were always welcomed by staff at the home. One person said, "The girls are so caring". One relative we spoke with told us staff have, "Been great, especially when first settling [person's name] here".

People had developed friendships with the staff and one person told us, "I know the staff, always the same faces which is nice". People were comfortable with staff who responded with fondness and one person said, "Staff are great they come and chat with me". We saw that staff chatted with people about their meal, how they felt and if they needed anything. One staff member said it was, "Nice getting to know them, listening to their story".

We saw that people were able to have their day to day request and preferences met. One person told us they enjoyed spending time downstairs in the morning and back up to their room in the afternoon and said, "Although I would rather be at home they are good to me here". One person said they had been able to dress as they preferred and said "Smarty dressed as I like". Relatives said there were always involved and felt the care was right for their family member. One relative said, "They (staff) really understand her and what she likes".

Two staff we spoke with said the care plans recorded people's preferences with information for them to follow about the care needed. All staff we spoke with had a good understanding of the people they cared for and their preferred daily routines. They said they respected people's everyday choices in the amount of assistance they may need. One staff member said, "Some people like routine, it's about individual needs".

Four people told us were supported to do as much on their own as possible and wanted to remain independent with their personal care. They told us about what support they needed from staff and were happy that they were independent within in the home. We saw that care staff would offer encouragement and guidance when needed. Care staff we spoke with told us the levels of support may vary slightly depending on how well people felt that day.

People received care and support from staff who were respectful and took time with people. People told us

they would get up when they wanted, could have breakfast in bed before getting up. One person said, "There is no pressure for me to do anything by a certain time". We saw that staff did not rush people and followed the person's own pace. Two people we spoke with felt they had their privacy maintained and that care staff were considerate when they spoke about their care needs. Staff spoke respectfully about people when they were talking and having discussions with other staff members about any care needs. One staff member said, "If it's a personal matter speak quietly to them. Not everyone needs to know."

Is the service responsive?

Our findings

Six people we spoke with were happy that they were involved in maintaining their health and were supported by the staffing group. All relatives we spoke with told us the staff looked after their family members health needs and were kept informed of any changes. One person said that although their health had declined over the last two years they were happy with their care and support received. Two relatives commented that their family member's health was monitored well and were informed of any health appointments that may be needed.

Care staff we spoke with were aware of people's health which included care for wounds, noticing ill health, short term medicines to treat a condition and providing pain relief. Care staff recognised where people's health matters were addressed either by them or by referring to other professionals. For example, a referral had been made to an occupational therapist for review.

Two relatives told us that their family member's health was monitored closely by staff who knew if there were any changes. Staff took time to talk with family members about how their relative had been or contacted them by telephone to keep them updated. One relative commented, "We have been pleased with the guidance and support" and staff, "Will call to update or if they have any concerns".

One staff member we spoke with said they would notice people's changes through observations and discussions with other staff. Any changes in people's care needs were recorded and reported to senior care staff or the registered manager for action. People's needs were discussed when the care staff shift changed. The information shared any changes and how each person had been including their emotional well-being.

People's views about their care had been used when planning their care needs. The registered manager reviewed care plans monthly to ensure they were up to date and reflected the person's needs and wishes. All staff we spoke with said the care plans were accurate and they used them when needed.

Six people we spoke told us they chose how they spent their days, either in their room or the communal areas. Two people commented that they loved listening to music and reading magazines. Other people told us they enjoyed reading, watching television or spending time in their room. The registered manager had developed and implemented a timetable of group activities which some people enjoyed and took part in. These were chosen by people at the home and care staff told us they were flexible on the day and went with what people wanted. Trips out had been planned and some people were out during the afternoon of the inspection. Staff also said that the afternoons were when they spent social time with people and we saw that one member of staff was chatting with people and offering nail care.

Six people we spoke with told us they were very happy overall with their care and treatment and had no issues to raise. Four people said they would talk to any of the staff or the registered manager if they had any concerns. All relatives said they had not had a reason to complain, however any minor issues or requests were always resolved. The registered manager told us they were available and approachable and encouraged people or their relatives to speak with them if needed. This reflected the views and opinions of

people, their relatives and staff.

Is the service well-led?

Our findings

People and their relatives we spoke with knew who the registered manager was and told us they were happy to talk with them when needed. The registered manager told us they were supported by the senior care staff who also had responsibility for people's care when they were not available at the home. The senior staff member we spoke with was keen to develop their knowledge to ensure people received a standard of care that met their needs. Their current focus was improving staff knowledge when providing care for people living with dementia.

People received care and support from a consistent staff group so people were familiar with them. Three people told us about how they felt living at the home and how they were involved and valued by the management and staff. People were able to chat about any issues or idea at their 'residents meetings'. We saw the minutes from the meetings which had led to changes people had requested in meal plans and trips out. Staff told us that the regular staff meetings provided updates and the opportunity for the registered manager to ensure staff were confident in caring for people.

All relatives felt they had been asked for their views and opinion and had the opportunity to complete questionnaires. The provider had also used questionnaires to get an understanding of the overall experiences of people. We saw the overall impression was that people were satisfied with the home and the care provided. The registered manager told us the staff team worked with them to ensure people were involved and treated as individuals. All care staff we spoke with said they were part of a good staffing team who worked well together in providing support for people with guidance from the registered manager. The registered manager told us they made sure they spent time asking people about their care informally day to day which they said provided an understanding of how people felt.

The registered manager told us about the support they received in order to understand best practice and knew where and how to access information. They told us their skills and knowledge were supported by news briefings and updates that related to best practice guidance. The registered manager told us they felt this supported them to be aware of changes and information that was up to date and relevant.

All aspects of people's care were reviewed by the registered manager. For example, they looked at people's care records, staff training, and medicine management. They told us this helped to ensure that any missing information was completed. Resources and support from the provider were available and general maintenance to the home was in progress. They had currently been working to install a new lift followed by a programme of redecoration in the communal areas. This had taken longer than expected as the building is listed and required additional permission from the local authority.