Barchester Healthcare Homes Limited

Hagley Place

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 9 and 13 November 2015 and was unannounced.

Hagley Place is registered to provide accommodation with nursing care for up to 60 people. There were 42 people living at the home on the day of our inspection. People were cared for in four units over two floors. The Mountford and Smethurst suites were situated on the ground floor and provided support for people with physical health needs. On the first floor there were the Bottomley and Piggott Suites which provided support for people living with dementia.

There was a registered manager who was present during the inspection. 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 2008 and associated Regulations about how the service is run.

Summary of findings

Staff did not have a full understanding about the Mental Capacity Act (MCA) and we could not be assured that decisions that had been made on people's behalf were made in their best interest.

People we spoke with felt safe living at the home. Staff were aware of how to recognise signs of abuse. They knew who to report concerns to if they became aware or witnessed any abuse taking place. Where concerns had been raised we saw that these had been investigated and appropriate action taken.

Staff were aware of people's needs and associated risks. They knew how to support people safely in order to reduce further risk of harm or injury. Where people were at risk of falls we saw that equipment was used to alert staff when people may be at risk. We saw that accident and incidents were appropriately reported and recorded. The registered manager analysed the forms to identify if there were any trends or signs of deterioration in a person's health and took action to reduce the risk of re occurrence.

Staff told us they had access to training that ensured they had the skills to care for people. We saw that staff knew people well and were able to respond quickly to changes in people's needs

People enjoyed the food and had a choice of menus to choose from. Where required people were given support to eat and drink. People's nutritional needs were assessed monitored and reviewed on a regular basis. We saw that dieticians and speech and language therapists were approached for advice and guidance where required. The catering staff were aware of people's dietary needs and provided suitable diets in line with people's needs. People were referred to health care professionals as and when required to make sure their health needs were met.

People felt staff treated them with kindness and consideration and involved them in their own care. Staff promoted people's dignity and supported them to remain as independent as possible.

People were able to choose how they spent their time. They were supported to maintain contact with people who were important to them and in activities of their interest. People told us staff were responsive and that they received their care when they needed and were not left waiting.

People told us they would tell staff if they had any issues or complaints. However, one visiting relative told us they did not know how to share their concerns with the provider.

There was a positive working culture at the home where staff worked together as a team to meet people's needs and create a warm and welcoming atmosphere. Throughout our visit we saw that staff spoke to people with respect and genuine concern for their well-being.

People and relatives were encouraged to provide feedback through meetings held at the home and through individual discussions with care staff and the activities coordinator. The registered manager told us they used this feedback to develop the service.

Summary of findings

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.

People felt safe living at the home and staff knew how to protect them from harm. They were enough staff on duty to meet people's needs. People received their medicine when they needed it to promote good health.

Good

Is the service effective?
The service was not consistently effective.

People's ability to make individual decisions had not been properly assessed. People's consent had been obtained before care and support was provided. People received care from staff that had the training to meet their individual needs. People had access to relevant healthcare services when needed.

Requires improvement

Is the service caring?
The service was caring.

People were treated with kindness and compassion. Staff ensured people were offered choices and that their wishes were respected. Staff promoted people's dignity and encouraged them to maintain their independence

Good

Is the service responsive?
The service was responsive.

People felt staff responded to their changing needs in a timely and efficient manner. People chose how they wanted to spend their time and were supported to maintain their interests and hobbies. The provider had systems in place to monitor and respond to complaints, however not everyone knew how to raise issues.

Good

Is the service well-led?
The service was well led.

The provider had systems in place for monitoring the quality and safety of the service. People and staff found the registered manager approachable. There was a positive working culture at the home where staff helped each other in order to meet people's needs and provide a homely atmosphere. People and their relatives were encouraged to give their views on the quality of the service.

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 inspection took place on 9 and 13 November 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Health Watch if they had information to share about the service. We used this information to plan the inspection.

During the inspection we spoke with 13 people who lived at the home and two relatives. We spoke with 14 staff which included the registered manager, nursing staff, care and support staff. We viewed 11 records which related to people's medicines, assessment of needs and risks and consent. We also viewed other records which related to the management of the home such as complaints, accidents and recruitment records

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "It's taken all my terrors away, I was so afraid of being lonely. They [Staff] always greet you with a hug and a smile." Another person said, "I am so very happy here it's wonderful, love my room, I feel so safe, I have no problems." A visiting relative said, "I am really happy with the care given to my relative, it is brilliant. I feel that they are safe and well looked after for all their needs." Staff were able to tell us about people's individual needs and the associated risks. Staff told us they felt they promoted people's safety by sharing information with their colleagues as they worked and during handover meetings. We observed that staff routinely talked to each other as they met to ensure they passed on information as to the whereabouts or needs of the people. Staff we spoke with had received safeguarding training and had a good understanding of the different types of abuse. They were aware of who to report concerns to should they witness or become aware of abuse taking place. The registered manager was clear about their responsibilities in reporting abuse to the relevant agencies to protect people from further harm.

People told us there were enough staff and they did not have to wait for help. One person said, "I am looked after well by the staff, they never keep me waiting when I call them." Another person said, "The staff are always on hand if you need them for anything, you have to wait a bit sometimes if they are busy but that's ok and it's never too long." Staff we spoke with felt there were sufficient staff to meet people's needs. We observed that staff were attentive and supported people in a timely way and that they regularly checked on people who chose to remain in their rooms. The registered manager told us they had system in place to ensure that staffing levels were sufficient to meet people needs. They were experiencing staffing problems and were having to use agency staff to cover some shifts. They told us that agency staff was kept to a minimum and they requested that the agency sent the same staff to ensure continuity for people. We saw that the provider completed checks on new staff prior to them starting work at the home to ensure they were suitable to work with the people. These included Disclosure and Barring Service (DBS) checks and references from previous employers. We spoke with the registered manager who told us they ensured that DBS and references were in place before people started to work in the home.

Staff we spoke with had a clear understanding of how to report and record accidents or incidents. The registered manager explained the process for reviewing incidents, they told us they analysed the information for patterns or trends and took action to reduce the risk of re occurrence. For example, they had introduced equipment for a person who was at high risk of falls. Another person had suffered a number of falls and they had requested a medicine review to find if the falls were due to a medical reason. We saw that issues relating to incidents were also discussed in heads of department meeting held each morning.

People we spoke with told us they received support to take their medicine as prescribed. One person said, "They always make sure I get my tablets at the right time." Another person said, "I take tablets the nurse gives to them to me." We observed people being given their medicine in a safe way on both floors of the home. Staff ensured that people had taken their medicine before signing for it. The medicine trolley was locked when staff were supporting people to take their medicine. We heard staff take the time to explain to people what their tablets were for and ensured they were given a drink to take their tablets with.

People were encouraged to manage their own medicines where able**.** A staff member showed us the risk assessment for a person who managed their own medicine. This had not been reviewed since November 2014. We could not be assured that the person always stored away their medicine safely after use. We spoke with the registered manager who took immediate action to ensure that the person locked their medicine away after use. On the second day of our inspection we found that the person's risk assessment had been reviewed.

Requires improvement

Is the service effective?

Our findings

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. 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 the principles of the Mental Capacity Act 2005 (MCA) were not consistently followed. Whilst the provider had completed capacity assessments and best interest decisions for some people in relation to their day to day care, they had failed to show that people did not have capacity to make other important decisions. For example, the provider had submitted deprivation of liberty (DoL) applications for people living at the home but they had not assessed their capacity in relation to the deprivation. Therefore, we could not be assured that decisions made on people's behalf were made in their best interest or whether this was the least restrictive option to keep them safe. When we discussed this with the registered and deputy manager they had already identified that the principles of MCA had not been followed for individual decisions that were made on people's behalf. They agreed to review all MCA assessments to ensure people's rights were protected.

People told us staff always spoke with them and asked them what they wanted to do. We observed that staff gained people's consent before supporting them. We saw one staff member asking a person about their pain levels before administering their medicine accordingly. Staff we spoke with told us they always asked people before supporting them. They said it was important to ensure they asked people what they wanted and that they always gave them choices. Staff were aware and respected that people had the right to decline support. Staff told us if a person declined support they would respect them and go back a little later. Alternatively they would ask a colleague to attend as they found that sometimes people would accept support from different 'Face'. We were also told that one person was more accepting of support if family were available to assist. This was confirmed by this person's relative who attended to support with different aspects of their relatives care. We viewed care records that reflected the person's needs and family involvement

Thirteen of the 14 staff we spoke with told us they felt that they could approach the registered manager or senior staff at any time should they have any concerns or require guidance. However, one member staff told us that seniors were often busy and did not have time to talk, this left them feeling that their efforts were not appreciated. When we spoke with the registered manager they told us they had an open door policy and they encouraged staff to come and discuss any concerns they may have. They acknowledged that supervision sessions had lapsed over the past 12 months due to staffing problems. They had recently recruited to senior posts and were in the process of re allocating supervisions to ensure that staff had regular opportunities to discuss their support and development needs. Staff said that they were provided with a range of training which was relevant to their role and enabled them to meet people's needs. Some staff had received training to meet people's specific needs such as specialist feeding methods and catheter care. They had found this beneficial as it gave them the knowledge and confidence to undertake these tasks. The providers employed a person to deliver training who was based at the home. They ensured that staff training was kept up to date and would source specific training at the request of the provider. We spoke with a new member of staff who told us that during their induction they worked under the supervision of experienced staff until they felt confident and able to do their job independently.

People told us they enjoyed the food and were given a choice of meals. One person said, "Food is good, no complaints." Another person said, "Nice food here." At meal times we saw that staff offered people choice of what they would like to eat and drink. One staff member offered a person different choices from the menu which they declined. We then heard the staff asking, "Would you like a jam sandwich then?" The person answered yes and the staff member proceeded to ask what colour bread the person wanted, if they would like butter and how many

Requires improvement

Is the service effective?

they would like. This was done in a patient way giving the person time to consider and answer each question in turn. We spoke with the chef who said they worked with the staff team to ensure that people had nutritious food which met their dietary needs. They maintained a list of people's likes and dislikes and how their meals should be prepared and served. We observed the chef having a discussion with one person about what they could eat and arranging a meeting with them to discuss options. People's nutritional needs were assessed, routinely monitored and reviewed. People were given support to eat and drink where required. Where people were at risk of deterioration in their health they had been referred to the relevant health care professional. We saw that staff followed their advice and used food and fluid charts to ensure that people had sufficient to eat and drink.

People we spoke with told us that staff arranged for the doctor to come and see them when required. One person had suffered a fall the previous day and the doctor had been called, they later confirmed that the doctor had been and that they felt much better. The staff we spoke with told us the importance they placed on monitoring the health of each person as some people were not able to say if they felt unwell. They said how they used observations and discussion with their peers and senior to communicate and record any concerns about people's wellbeing. We noted in people's care record that people had been referred to health care professional when required.

Good

Is the service caring?

Our findings

People told us they found staff kind and caring one person said, “The staff are all caring, I have felt very happy from the day I walked in here, you have to say what you think, you know.” Another person said, “They always greet you with a hug and a smile.” This was confirmed when we observed a person walking along the corridor, the person smiled at a staff member who smiled back.

We observed all the staff were very courteous and spoke warmly to and about people living at the home. Staff told us they were able to spend time talking with people and supporting their individual needs. Where staff had difficulty communicating with people verbally they told us they viewed people’s body language and gestures to interpret their needs. One staff member told us how they referred to people’s memory boxes and stories of people’s past. They found this helped them to understand and support people better. Staff recognised that everyone had different levels of needs and provided person centred care to meet their individual needs. One member of staff we spoke with said, “It is important to keep in mind that any of these people could be a member of our family.” Another staff member said, “I want to bring happiness to them, make sure they are happy and that they have really good memories.”

People told us that staff involved them in decisions and offered them choice. One person said, “I can have a bath or shower when I want.” Staff told us it was important to offer people choice, one member of staff said, “The care we provide is not regimented; we work to meet people’s needs as if they were in their own homes”. We spent time observing how staff spoke with and supported people in order to gain an insight into people’s experience of the service. Lunchtime was a sociable event where people and staff talked to each other in a friendly and relaxed way. We saw that staff supported some people to eat and drink. They did this in a calm and unrushed manner ensuring that people had finished what they had in their mouth before checking if they were ready for more. We saw that a staff member proceeded to help one person to take a drink and then discreetly wiped their face with a napkin.

People told us staff treated them with dignity and respect. One person said, “I like my independence and freedom and they [Staff] respect that.” One staff member said they always treated people, how they would want to be looked after or as if they were their parent. We observed that staff called people by their preferred name. Staff knocked on people’s bedroom doors before entering and they supported people in a discreet and thoughtful manner. We noted that some bedrooms had coloured ribbons on the doors. The registered manager told us that the colours discreetly symbolised which rooms were empty and where staff needed to apply barrier protection to reduce the risk of cross infection.

Good

Is the service responsive?

Our findings

People told us they were able to choose how they spent their time. One person said, "I like the view of the garden; I loved gardening but can't do it now. I like watching the gardener." They went on to tell us that they went out in the garden with family and staff. Another person told us how they enjoyed the activities at the home, they said, "We have a great activities [staff], they are smashing, we are making Christmas cards at the moment for the fete, we have dances and singing." We saw that people enjoyed getting involved there was lots of laughter, chatting and smiles. During our visit we saw the activities organiser worked with individuals and groups to stimulate people's memories and promote their abilities. They had brought in a poppy they had from the Tower of London display we saw that the people enjoyed touching it and discussing their memories. People told us they enjoyed trips out to local shops for lunch. They also told us they enjoyed the entertainment that they had which included visiting musicians.

We found that the environment on the Bottomley and Piggott were suitable for people living with dementia. Both suites had large windows overlooking grounds and fields, with small seating areas for people. There were areas on both units which would encourage people living with dementia to sit, with the lounge areas also having tables and chairs and crafts, rummage boxes, books and musical instruments available for meaningful occupation. Some people had photographs on their doors and some had memory boxes. On the ground floor there was a spacious sitting area where people and their visitors were able to help themselves to drinks and cakes. We saw that people from both floors accessed the area for refreshments and to socialise with other people living at the home or with their family and friends. We saw and heard lots of laughter and friendly chats between people, visitors and staff in this area.

People we spoke with told us staff were responsive to their needs. One person said, "The staff are great, I only have to ask and it is done." During our visit we noted one person was experiencing difficulties with leg pain. We observed the staff team worked quickly to try various ways to alleviate the pain with success. Staff were quick to respond to another person who became anxious and were able to alleviate their anxiety in a calm and reassuring manner. The activities worker had taken a further person out for a drive after they had become distressed because the wet weather had prevented them from going out for a walk.

Staff knew people well and were able to tell us about their lives and how they enabled them to maintain previous interests. One person used to work as a joiner, staff told us the person enjoyed spending time with the 'handy person' and were happy when they could help with small jobs. Another person used to own a garage and loved anything to do with cars and vans so staff took them out for a drive on a regular basis. We observed that other people were involved in setting the tables, organising napkins and distributing menus over the two floors of the home.

We were told that each person who lived at the home had a 'key worker' who looked after their personal needs and liaised with their families to keep them up to date and pass on appropriate information. One staff member said, "It is important to keep our eyes open and ensure people have what they need." They told us that if a person's key worker was not in work the rest of the team would step in and organise what was needed. Staff told us they were informed about changes in people's needs or circumstances during shift handover meetings and they would report any changes in people's needs to their seniors. We observed a heads of unit handover where changes in people's needs and other issues were discussed and actions agreed.

People we spoke with told us they knew how to complain if they had any issues, one person told us they would tell the staff. However, one relative told us they did not know how to raise concerns or issues. We spoke with the registered manager who agreed to arrange a meeting with this relative to discuss any concerns that they had. The registered manager told us that they had not received a complaint about the service this year. They had a process for investigating and reporting complaints to their head office. We saw that the complaints procedure was displayed on a stand in the entrance of the home. The provider was currently reviewing their information booklet which was given to each person on admittance to the home. This would also contain information on how to raise compliments and complaints.

Good

Is the service well-led?

Our findings

We found that care records were not always completed and that care plans did not always reflect people's level of need. Old records sometimes remained in people's records when updates had been made. This caused confusion as some staff had entered updates on the wrong document. This did not have an impact on care provided but meant that people's records were not accurate and up to date. The provider had systems in place for monitoring the quality and safety of the service. The regional manager had completed a quality audit on 15 October 2015 which had identified that care records were not up to date. The registered manager told us that senior staff had recently left and they were in the process of recruiting to cover the vacant posts. In the meantime they had recruited a new Deputy Manager who was allocated protected time to lead on reviewing people's care plans. This process had been started and we saw care plans that had been reviewed were reflective of people's needs.

People told us they found staff and the registered manager to be friendly and approachable. During our visit the registered manager was very visible in the home. We saw that they led by example when they provided reassurance and support to calm a person who had become anxious. One of the relatives said, "The new manager is very good and always around the building." The staff we spoke with said they felt their work was valued by the people and the new manager. One member of staff said, "The new manager is very supportive and if we have any problems, we can talk about it and we will be listened to." They went on to tell us their opinions were asked for when people's care was being reviewed and at team meetings. We observed that issues of concern were discussed at team meetings and that the registered manager provided recognition and thanks for staff effort.

The registered manager told us they had experienced difficulties in recruiting permanent staff. They said the service had seen staff come and go since it's opening in 2012 and they wanted to build the team and give people and staff confidence in the service. The use of agency staff had reduced and their aim was to recruit permanent staff to cover all shifts. The registered manager told us the home was under occupied but were not concerned on filling beds as their priority was to make sure everyone was happy and content. They acknowledged that they themselves may require support in the future and they wanted to provide care that they would be happy to be on the receiving end of. They were keen to recruit staff with a caring and empathetic approach. There was an open and transparent culture where people were seen to be happy and comfortable in staff presence. Staff we spoke with told us that there was a good working culture where everyone helped each other. One staff said, "We work as a team and help one another to care for the people." During our visit we experienced a real sense team work. Staff communicated effectively with each other to ensure people's needs were met and that people were happy living at the home. One staff said, "From my first day here I felt it is a real home from home."

People and their relatives were encouraged to give their views on the quality of the service. People we spoke with told us they were pleased with the home environment. One person said, "nice big and airy place, quite nice actually." Meetings with people and relatives were held every three months. One person said, "I don't go to residents meetings, the staff tell me all I need to know from their meetings, they all know what's going on." The most recent meeting took place on 1 September 2015, we saw that meeting included discussions around staff training. Staffing levels were also discussed and that the registered manager had explained and apologised for the use of agency staff that were required to cover shifts. The registered manager told us they were keen to develop the service and used various methods to gather feedback. They said they had an open door policy and were available to discuss the service with people, relatives and staff at any time. They told us that the activities coordinator would obtain feedback from people by sitting and discussing with them what they would like to do. In addition to this the provider operated a 'Resident of the Day' process where they would go through a different person's care record each day. They would sit with the person and go through their care plan and risk assessments and review their needs and wishes. They would liaise with the heads of all departments including catering, maintenance and domestic to ensure a holistic approach to care planning and delivery for each individual.

We observed that the registered manager investigated safeguarding concerns and took appropriate action to address concerns raised. They also analysed the outcome of accident and incident forms and reported these to the provider so that lessons learned could be shared. The

Good

Is the service well-led?

provider had an electronic governance system used to record and report on functions within the home. The system would provide alerts of actions required on such things as DoL reviews and staff training.

There was a clear management structure in place where the deputy manager or heads of unit would cover in the absence of the registered manager. Staff and the registered manager told us they received regular visits from the regional manager. There was an out of hour's service where staff were able to call managers for support and assistance at any time. The registered manager told us that they operated a whole home approach where most staff had done most jobs within the home. They found that this helped when staff were absent as everyone had an understanding of each other's jobs and the pressures that went with the roles. One staff told us they were short of domestic staff the following week and they had agreed to do extra shifts to cover that role. The domestic, catering and maintenance staff we spoke with told us they undertook regular inspections and audits to ensure the cleanliness and safety of the home.