

Hurstway Limited

Hurstway Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 24 February 2016 and was unannounced. The service was last inspected on 18 March 2015 and we judged them to be compliant with the assessed regulations. However, we judged that some areas of the service needed improvement. This included staffing levels and auditing the service for quality. At this inspection we saw that improvements had been made to these areas.

Hurstway Care Home provides personal and nursing care to up to 42 people. Some of the people that lived there were living with dementia others suffered from illnesses associated with old age or physical disability. At the time of our inspection there were 37 people living there.

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 2008 and associated Regulations about how the service is run.

People were protected from harm because staff understood their responsibility to take action to protect people and the provider had systems in place to minimise the risk of abuse.

People were involved in planning their care and management of any risks identified in relation to the care they received. People received care and support from staff that were trained and supported to carry out their roles.

There were sufficient staff available to meet people's needs and recruitment processes ensured that suitable staff were employed.

People were supported to receive their medicines as prescribed.

People were supported to make choices and decisions about the care they received. People's human rights were protected by staff that were caring and that ensured that privacy and dignity was maintained.

People received food and drinks and support from healthcare professionals to ensure they maintained good health as far as possible.

People were supported to maintain contact with people important to them and were able to express their views about the service.

Systems were in place to monitor the quality of the service provided.

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 protected from abuse and unnecessary risks because staff had been provided with the appropriate skills and knowledge to raise concerns and provide safe care.

Staff were safely recruited and there were sufficient staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by trained staff that had the skills and knowledge to meet their care needs.

People were supported to make decisions about their care where possible. People's human rights and rights to liberty were maintained.

People received food and drink to enable them to remain healthy.

People received support so that they received health care support for ongoing health concerns and emergency treatments.

Is the service caring?

Good ●

The service was caring.

People had developed positive relationships with staff that were caring and considerate.

People were able to make decisions about the care they received.

Privacy, dignity and independence were promoted.

Is the service responsive?

Good ●

The service was responsive.

People received care and support based on their individual needs. Reviews were carried out to ensure that changing needs were identified and met.

Most people were happy that there was enough for them to do to keep them occupied.

People were able to express their views about the service and felt listened to.

Is the service well-led?

Good ●

The service was well led.

There was an open and inclusive atmosphere in the home.

The registered manager provided leadership and ensured that the quality of the service was maintained.

People were encouraged to express their opinions about the service.

Hurstway 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 inspection took place on 24 February 2016 and was unannounced.

The inspection team consisted of two inspectors, an expert by experience and specialist professional advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of this type of service. Our specialist advisor had nursing experience.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people and three health care professionals to see what information they held about the service and we used this information to inform our inspection.

We met with six people who received support from the service. We spoke with three relatives, the registered manager, two nurses and three care staff. Because some people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a 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 looked at the records of six people who received support from the service, medication records, staff training records, two staff recruitment files and records for monitoring the quality of the service.

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person who lived in the home told us, "I feel safe and well cared for by the staff when they provide my personal care." Another person said, "When they [staff] give me a bath or a shower they are careful not to hurt me and make sure I don't tumble." People told us that they trusted the staff and felt comfortable to raise any worries they had with the registered manager or staff. A visitor to the home told us, "I have no concerns or worries about my relative's safety."

Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. The registered manager told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff were able to describe signs of abuse that would suggest someone might need to be protected and told us they felt comfortable to raise any issues of abuse or poor practice with nurses or the registered manager. Staff confirmed that they undertook regular training in how to keep people safe.

People told us that the care they received ensured they were kept safe. One person told us that when they were supported to move from one place to another, "They [staff], come with me to make sure that I don't fall." We saw that staff had assessed the risks associated with people's medical conditions and care needs. Risk assessments showed that staff had also considered the risks in relation to the environment and any activities which may have posed a risk to staff or people using the service. For example, there were risk assessments for people at risk of falling or developing skin damage. We saw that people or their relatives knew about the risks and how they were being managed. A relative told us that they were aware that their family member was at risk of falling out of bed and staff managed this by ensuring the bed was lowered to the lowest level possible. Staff spoken with were knowledgeable about the risks for the people they were supporting and were able to tell us how they minimised the specific risks for individuals. We saw that staff used appropriate methods for moving people. We saw that there were instructions for staff about how to transfer people using equipment and staff confirmed that they had been trained in moving and handling people safely.

There were sufficient staff available to meet people's needs although at lunch time we saw that staff were very busy when trying to ensure that people received adequate support to eat their meals. Some people had to wait for support. We spoke with the registered manager about this who explained that the nurse was generally available to support staff but had been busy with someone who was unwell at the time of our inspection.. People told us that staff were always available if they needed assistance. One person told us, "I think there is sufficient staff to help and support us all in the evenings and weekends too." Another person told us, "During the day and evenings there are staff around to help me and I think there's enough of them to make sure we are safe and well cared for." Another person said, "Sometimes I want them to do something for me and if they are busy they tell me how long it's going to be if it's not urgent and they do come back and help me." We saw staff in communal areas at most times, either engaged in conversation or activities with people. We saw staff answering calls for assistance promptly. The registered manager told us that the provider had agreed to increase the staffing levels and they were going through the process of recruitment and there were not many occasions when agency staff were used. Staff told us and the manager confirmed

that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the manager had taken up references on them as part of the recruitment and selection process.

People received their medicines safely and when they needed them. One person told us, "The nurses give me my medication every day and have never missed giving it to me. If I'm in pain I tell the staff and they give me Paracetamol or something similar to help relieve the pain." Another person said, "I have my medicine during the day and the nurses make sure that I take it." We saw that there were protocols in place to support staff to recognise when people may be in pain and they were unable to express their pain verbally to the staff. We observed that the nurses watched people had swallowed their medicines before they recorded that it had been administered and asked people if they wanted painkillers. We saw that the medicines were stored safely and accessible only to staff who administered them. Staff who gave out medicines were suitably trained to do so. We sampled Medication Administration Records (MAR) and found that they had been had been correctly completed. Medication audits were carried out and an external pharmacist also completed regular checks.

Is the service effective?

Our findings

People told us they were happy with the care they received and were kept informed about what staff were doing and encouraged to be involved in their care. One person told us, "Staff consult with me about my care needs and if they need changing. The care plans tells staff what my needs are but they know me so well they know what I need doing but they always tell me what they are going to do and if it's okay." Another person said, "They [staff] look after me very nicely and keep me nice and clean." A visitor told us, "The way staff care for my relative reflects that they are well trained and competent to do their jobs." Staff spoken with were knowledgeable about people and how they liked to be supported. We saw that interactions between staff and people were supportive and effective and based on good practices.

Staff told us, and the records confirmed that all staff had received induction training when they first started to work for the service. Staff told us that they had received guidance about the needs of each person they worked with, including their methods of communication and how they preferred to be addressed. Staff had received training to meet the needs of people according to their roles. For example, people administering medicines were trained in administration of medicines. Nurses were supported to maintain their skills in nursing tasks such as dressing wounds and to ensure that their nursing skills were assessed and confirmed regularly so that their registration with the National Midwifery Council was maintained.. Staff told us that they were confident that they were sufficiently trained to carry out their role and training records showed that they received regular updates to ensure that their skills and knowledge were maintained. The registered manager told us and staff confirmed that they received supervision from a line manager on a regular basis. These provided staff with opportunities to reflect on their practice and identify future learning needs and career goals.

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. The manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act (MCA). Staff told us they had received training in the MCA and we saw that they were putting their training into practice. For example, people were encouraged to make choices and decisions about their care. Decisions taken on behalf of people were in their best interests. An example of this was that people were not woken up in the morning but were assisted to get up and have their breakfast when they woke up naturally. One person told us, "They tell me what they want to do and was that alright with me."

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). DoLS applications had been made for the people that required them. Staff knew that some people were not able to go out alone as they needed to be supervised for their safety. Applications had been made for DoL authorisations where these were needed, so that people were protected from unnecessary restrictions on their movements.

Food and drink was available throughout the day. People told us that they were able to choose what they ate and people enjoyed their meals most of the time. One person told us, "The food's good with some choices, it's normally hot and tasty and I can have some more if I ask them for it." Another person said, "The food is normally very good but today we had pears and cream, the pears were hard and I told staff that I didn't like them but they didn't do anything about it so I just had the cream." Another person said, "I have drinks and snacks in my room and if I run short staff will bring it to my room if I ask them to." We saw that snacks were available in communal areas and although people knew they were there we did not see anyone offered any in one lounge although they were offered in another lounge. One relative commented that the tea time choices were limited to sandwiches and soup. We raised this with the registered manager who said they would invite the chef to a meeting with people so that they could suggest other things they would like for tea. We saw that where people had been identified as not eating and drinking well there was involvement from the appropriate professionals for advice which was followed by staff. For example, some people received a soft diet and supplement drinks where these had been advised.

People received support from the appropriate healthcare professionals when needed. One person told us, "If I need to see my GP or other health professionals I can arrange that myself but I let the staff know what I'm doing, my family as well." A relative told us, "If the staff need to call in the doctor they tell me straight away and I come to the home." We saw that where people were unwell there was good liaison with family members about how their needs were to be met and community services were involved in ensuring people received adequate pain relief and equipment needed for their care. There were details of people's specific needs in relation to their health in people's plans. Staff showed in discussion with us how they made sure that people's health needs were met. The staff described how the home worked in partnership with medical professionals who made visits to check on and discuss particular needs of people living in the home.

Is the service caring?

Our findings

People who used the service told us that the staff were caring, involved them in discussing their care needs and planning their care so they decided how they wanted their care and what they wanted support with. One person told us, "I do like it here it's a nice caring home with good caring staff." Another person told us, "The staff are lovely and caring and help me when I need them to do things for me." A relative told us, "I like the home and the way the staff look after my relative, they are kind, compassionate and caring." Staff told us they liked working in the home and spoke about people in a caring and affectionate way. We saw that interactions between staff and people were supportive and caring and we saw that families also felt supported by staff. The registered manager told us that a support group had been set up to support relatives who had found the process of moving a family member into the home difficult to accept. We saw records that showed that this had been of benefit to families. This showed a caring approach to help support families to come to terms with the move of their loved ones into the home. A relative told us how they had appreciated being able to spend Christmas with their family member and we saw a letter from another relative thanking staff for their efforts in celebrating the birthday of their family member.

People told us that staff respected their privacy and dignity and supported them to make choices and be involved in their care. One person told us, "I get up and go to bed when I want." Another person said, "They help me have a shower and make sure it's done privately. I feel it's done nicely with dignity but the carers won't do anything that I can do myself." A relative told us, "They treat my relative with dignity and respect and observe [my relative's] privacy by closing the door and curtains when completing my relative's personal care."

People were dressed in styles that reflected their personalities and staff supported them to retain their independence. One person told us, "I clean my own room but the staff will complete the tasks that I can't reach or do from my wheelchair." Another person told us, "The manager is very good and is encouraging me to be involved with things around the home for which I'm grateful for." We saw that people were encouraged to walk where possible and provided with equipment such as lidded beakers to be able to drink independently.

Is the service responsive?

Our findings

People were supported to receive care and support based on their individual needs and reviews were carried out if their needs changed. People spoken with told us that they had been asked about the care and treatment they needed and if they were receiving it. One person told us, "If I'm a bit upset the carers will talk to me and make sure everything is okay." A visitor to the home told us, "We talk about any changes to my relatives care needs or medication changes." We saw that the family of someone whose health had deteriorated were very much involved in planning their care so that it was as the person wanted. Staff were able to give good examples of personalised care. One family member told us, "They [staff] always chat to [relative] although [relative] can't respond to them. They tell my relative what they intend to do and if that's okay." We saw that care plans contained information about how people's needs were to be met and staff told us that they were kept informed about any changes in needs during staff handovers when they came on shift.

Relatives told us that they were able to visit at all reasonable times and we saw that relatives visited during our inspection. We saw that relatives were able to support their family member at meal times helping them to remain involved in their family member's care. Relatives told us that they were kept updated about their family member's health and changes in needs.

There was a mixture of views expressed to us about whether people had appropriate things to do. People told us that there were a range of activities available for them to be involved in. One person told us, "There are a few things for us to do but I like watching the TV and sometimes there are singers here. I'm happy enough thank you." Another person said, "There are things to do like bingo and board games but I don't go out the home at all to do things in the community, we can sit outside in the garden when it's nice." A visitor told us, "My relative loves classical music being played in their room and the staff frequently change the CD which is a lovely gesture." Another visitor said, "As my relative never gets out of bed staff do come and sit with my relative every now and again." However, other people said although there were things to do in the home they would like to go out more. One person said, "Trouble is we never go out and do things which is a bit boring at times but there are games and things like that, that go on." Another person said, "I get very bored. Not enough going on here. Know what else I hate, not being able to go out for a walk." The registered manager told us that some people did go out and more trips out would be organised as the weather improved. We saw that there was a member of staff who involved some people in hand massages during the day.

People told us that they were able to express their views about the service. One person told us, "On occasions there are residents and relatives meetings held for us to talk about anything we need to." We saw records of these meetings which showed that people were asked if they were happy with the service and discussions about menu changes and the introduction of a newsletter. People raised issues about the management of laundry of clothes and the actions that could be taken to improve the issues.

People told us that the managers in the home were very approachable and they would have no hesitation in telling them if they were not satisfied with the standard of care. They expressed confidence that the

manager would act on concerns raised. One person told us, "If I have any concerns or worries I can chat them through with the staff and I know they will support me in what I decide to do." People were encouraged to express their views and to make complaints and compliments to the manager. There were details around the home about how people living in the home and visitors could make a complaint. We saw that complaints received had been appropriately investigated and people told what the outcomes were. We also saw that compliments had been received from relatives who were happy with the service they and their loved ones had received.

Customer surveys were carried out to determine if people were happy with the service and if any changes were needed. A relative told us that, "Occasionally I have been asked to fill in a form to see what I think of the home. If I needed to complain I would talk to the manager who is very approachable but I have not had to complain so far."

Is the service well-led?

Our findings

People that lived in the home and their relatives told us that they felt the home was well led and provided a good quality service. One person told us, "Yes a great home to be in. I think it's a well-run home with a nice atmosphere and is clean and tidy with no odours of any kind. No, there's nothing I would like to see changed." Another person said, "I think it's a well-run home both by the manager and the staff so I don't have any concerns or worries. I can't think of anything that I would like to change."

People who lived in the home and relatives told us that they felt that their views on the service were valued. They could provide views through questionnaire responses, complaints and compliments or at review meetings with managers and staff. We saw written feedback from people and their relatives which indicated a high level of satisfaction with the home.

There was a registered manager in post who fulfilled all her responsibilities in respect of her registration. People told us that they could speak with the manager who was available most days. The manager and staff described an open culture in which staff communicated well with each other. The manager told us that information they received from outside agencies was cascaded to staff during meetings so that information was shared with them. There was a clear management structure in the home so that staff knew their individual responsibilities and who to turn to for advice.

The registered manager had good links with the local community. There were visits to the home from representatives from local schools and places of worship.

The registered manager and other senior members of the staff team undertook a range of regular checks to make sure that the staff were carrying out their roles as required. The managers completed regular audits to make sure that the home was meeting people's needs and meeting the requirements of regulators and people who commissioned their services. Staff meetings were used to discuss possible improvements for the benefit of people in the home. The provider carried out regular visits to ensure that the quality of the service was maintained and action plans were drawn to ensure any shortfalls were addressed.

Specific events in the home were recorded in ways which could highlight trends. For example, we saw that all falls had been recorded. There were regular audits to look for trends so that possible risks could be minimised. Managers discussed identified shortfalls and areas for improvement at regular meetings. The registered manager encouraged staff to learn from incidents in order to improve the quality of the service.

Records in the home were generally well managed however; some records such as the use of fluid charts were not always used to best effect as there were no follow up actions such as what to do if the required fluid intake was not being achieved. Snacks given to people and behaviour charts were not adequately completed to provide useful information about what people had eaten and how incidents had been managed.