

Hasbury Care Homes Ltd

# Hasbury Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

### Overall summary

This inspection took place on 3 June 2015 and was unannounced. At the last inspection on 2 July 2014 we found that the provider had breached the regulations in relation to medication practice. Following our inspection the provider sent us an action plan telling us what they were doing to put things right. At this inspection we found that improvements had been made and there were no breaches in regulation.

The home provides care and accommodation for up to 24 older people, some of who were living with dementia or

have additional mental health needs. Nursing care is not provided. The accommodation is provided in both single and shared bedrooms. On the day of our inspection there were 22 people living at the home.

The registered manager was present during our 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

# Summary of findings

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 who lived in this home and, where appropriate, people's relatives, told us that they were happy with the care provided.

We saw there were systems and processes in place to protect people from the risk of harm. Care plans contained guidelines and risk assessments to provide staff with information that would protect people from harm. These were not always consistently followed by staff. People were supported by staff who had received training on how to protect people from abuse.

We saw that appropriate pre-employment checks had been carried out for new members of staff. These checks are important and ensure as far as possible that only people with the appropriate skills, experience and character are employed.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The associated safeguards to the Act require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. We looked at whether the service was applying the safeguards appropriately.

The registered manager and staff we spoke with understood the principles of the MCA and associated safeguards. They understood the importance of making decisions for people using formal legal safeguards.

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. People had access to healthcare professionals when this was required. We reviewed the systems for the management of medicines and found that people received their medicines safely.

People's needs had been assessed and care plans developed to inform staff how to support people appropriately. Staff demonstrated an understanding of people's individual needs and preferences. They knew how people communicated their needs and if people needed support in certain areas of their life such as assistance with their personal care. We saw staff talking and listening to people in a caring and respectful manner.

People knew how to raise complaints and the provider had arrangements in place so that people were listened to and action could be taken to make any necessary improvements.

We found that whilst there were systems in place to monitor and improve the quality of the service provided, these were not always effective in ensuring the home was consistently well led. We found that some improvements were needed.

# 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 not consistently safe.

Care plans contained guidelines and risk assessments to provide staff with information that would protect people from harm. These were not always consistently followed by staff.

There were sufficient numbers of staff available to meet people's individual needs.

Staff we spoke with knew how to keep people safe. They and knew the correct procedures to follow if they thought someone was being abused.

Appropriate systems were in place for the management and administration of medicines.

Requires Improvement



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People were supported to have enough to eat and drink and were supported to maintain their health.

Good



### Is the service caring?

The service was not consistently caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support but people's dignity and privacy was not always respected.

Requires Improvement



### Is the service responsive?

The service was responsive.

People were involved in planning their care and supported to pursue their interests and hobbies in the home and the community.

Staff supported people to be involved in expressing their views about their care.

The staff encouraged and enabled people to have contact with relatives and friends, where possible.

Good



# Summary of findings

## Is the service well-led?

The service was not consistently well-led.

The registered manager had not informed us of significant events that they were required to.

Whilst there were systems in place to monitor and improve the quality of the service provided, these were not always effective.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

**Requires Improvement**



# Hasbury 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 3 June 2015 and was unannounced. The inspection team comprised of two inspectors.

Before the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. We also received information from a health professional and a local authority commissioner of services.

The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received when we requested it.

During our inspection we spoke with eight people who lived at the home and with four relatives. Some people's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. We spoke with the registered manager, a cook, a domestic and four care staff. We looked at the care records of four people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service. We also spoke with three healthcare professionals.

Following our inspection the registered manager sent us further information which was used to support our judgment.

# Is the service safe?

## Our findings

People who lived in the home told us that they felt safe living there. Comments from people included, “I am definitely safer here than when I was on my own at home” and “I like it here, I’m safe.” Relatives told us they had no concerns about people’s safety at the home. One relative told us, “I’ve no issues with safety here.”

The majority of staff told us they had received recent training in safeguarding people from abuse and records confirmed this. Staff were able to tell us how they would respond to allegations or incidents of abuse. Staff told us they were confident that the registered manager would act on any allegations reported. Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe.

We looked at the ways in which staff minimised the risks to people on a daily basis. Care plans contained guidelines and risk assessments to provide staff with information that would protect people from harm. One person sometimes became distressed and other people told us the person’s behaviour sometimes upset or frightened them. The person’s guidelines recorded that noise could be a factor in triggering the behaviour. During our visit the person was sitting in an environment when both the television and radio were on at the same time. A care staff we spoke with was unaware that noise was a risk factor for this person.

One person had guidelines in place for when they undertook monitoring of a specific health condition. The guidelines recorded that they should do this under the supervision of staff. This was not done on the morning of our visit. Following our visit the registered manager sent us evidence to show they had reinforced with staff the need to supervise the person appropriately.

During our inspection we observed staff assisting people to move from chairs into wheel chairs and vice versa. All but one of these transfers was completed safely and people were not rushed by the staff assisting them. One person was assisted to move by staff in an unsafe manner. This was also observed by the registered manager who immediately spoke with the staff concerned. An apology was given to the person who had been moved in an unsafe way. Following our inspection the registered manager provided evidence that the staff involved in the unsafe

manoeuvre had last received moving and handling training in February 2015. We were sent evidence to show that to reduce the risk of similar occurrences the whole staff team had been booked onto repeat training. The registered manager had also informed the local authority and the person’s relative of the incident that occurred. This showed that the incident had been taken seriously and actions taken to reduce further risks to people.

Some people had experienced falls whilst at the home. Recently the registered manager had introduced the completion of a post fall assessment checklist that was used to check the persons wellbeing following a fall occurring. One person who had several falls had been referred to the falls clinic for advice on how to reduce the risk of falls occurring.

We spoke to the registered manager about how the numbers of staff were determined. We were informed that staffing levels were based on the needs of people at the home. We were informed that the registered manager was in the process of completing written assessments of people’s dependency levels that would be used as part of a formal assessment of staffing levels. Our observations showed that a member of staff was available in the communal lounge and dining areas at all times and people received support with their needs when required.

Staff and relatives confirmed that there were enough staff to meet people’s current needs. People who lived at the home were positive about the support they received from staff. One person told us, “Staff always help me if I get stuck with anything.” Another person told us, “There are enough staff, there is only the odd time when they are all busy.” We spoke with three health care professionals during our visit. None of them raised any concerns regarding staffing levels.

All prospective employees were checked through a robust and comprehensive recruitment process which included two references, confirming people’s identity and right to work in the UK and making checks through the Disclosure and Barring Service. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

We looked in detail at the management of medicines for four people. We saw information about each person’s medicines was recorded on the dosette box and their medication record, and included the name of the person, along with the names, doses and times of their medicines.

## Is the service safe?

Each person's record included their photograph to make sure no one was given the wrong medicines. People told us they had their medication when they needed it and medication administration records had been completed to confirm that people had received their medicines as prescribed.

Most tablets were dispensed from a monitored dosage system. We found the administration and recording of these tablets were accurate and our audit suggested that people had received their medicines dispensed from these packs as prescribed. At our last inspection we identified

there had been some occasions where medication had run out before new supplies had been received. At this inspection we found that action had been taken to make sure that there was sufficient medication in stock.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed. Staff told us that all staff who administered medication had been trained to do so and that a system of checks on their competence had recently been introduced.

# Is the service effective?

## Our findings

All of the staff we spoke with told us that they were well supported and received good opportunities for training to enable them to meet people's needs. The majority of the team had worked together for several years and they had developed effective ways of working together. We reviewed the provider's training records and saw that relevant training was provided to help ensure staff had the skills and knowledge to provide care which met people's specific needs. Staff told us they received regular supervision and support from the registered manager, and that they were encouraged to undertake further training that included achieving recognised qualifications in care.

During our inspection we observed staff offering choices and seeking consent from people regarding their every day care needs. For example staff sought permission from people before they moved them in their wheelchairs. One person's foot had slipped off the footplate and staff checked with the person first before they moved their foot into a more comfy position.

We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. Records and discussions with staff identified that some people were potentially being deprived of their liberty. The registered manager was able to demonstrate that this had already been identified and that applications had been made to the local authority regarding these deprivations.

People were supported to have sufficient to eat and drink. Staff demonstrated that they knew each person's needs and preferences in terms of food. People who used the service told us they liked the food choices and everyone told us that they had plenty to eat and drink. One person told us, "There is a good choice of food." Another person commented, "There is plenty to eat and drink, exactly what you want."

We observed a mealtime in the dining room during our inspection. Staff appropriately supported people who

needed assistance to cut up their food, or who needed assistance to eat their meal. People were offered extra portions and were offered a choice of drinks with their meal. People were offered regular drinks throughout our inspection and jugs of juice were readily available to people. One person told us, "They come round regularly with drinks, but if you are dry you only have to ask and you get another drink."

In the kitchen we saw a four week rolling menu plan and a list of each person's likes and dislikes. The cook was aware of which people needed supplements in their diet or needed a soft diet. Staff had completed nutritional risk assessments and people had been weighed regularly as required. We were informed by a health professional that the registered manager had consulted with a dietician in regards to the menu and that people were referred to the dietician for advice when needed.

People were supported to have their mental and physical healthcare needs met by appropriate health professionals. One person told us, "There are never any worries about my health, they always get the doctor if I'm poorly." Staff we spoke with were aware of people's health care needs and showed that staff had taken action when there were concerns about the health of any of the people who used the service.

At the time of our inspection the registered manager told us that the home was currently involved in a pilot project in run by the local NHS Clinical Commissioning Group. This involved the home being allocated specific district nurses to offer guidance and support to staff at the home. The registered manager told us this support had been invaluable and had contributed to a reduction in hospital admissions for people at the home.

We spoke with health care professionals who told us they had no concerns about the care provided by staff. One health care professional told us that staff always acted on any advice given. Another health care professional who was visiting to check the condition of one person's skin told us that people who needed to sit on pressure cushions to reduce the risk of sore skin were always provided with these.



# Is the service caring?

## Our findings

We were told by people using the service that the staff were caring and helpful. Comments from people included: “The staff are all kind”; “Staff here are kind and caring”. We observed positive interactions between staff and people; we saw people being supported with kindness and consideration. Staff spoke with people in a kind and appropriate manner and appeared to know them well.

Staff respected people’s privacy and dignity; this included staff not rushing people and communicating effectively and listening to what people said. One person told us, “Staff usually knock on my bedroom door”. We observed one person getting upset; staff immediately went over to comfort and reassure them in a respectful manner. One person’s feet had slipped off footplates on the wheelchair; staff noticed this and immediately made the person comfortable.

We were informed by two visiting health professionals and a person who used the service that care staff did not always offer the use of people’s own bedrooms to do personal treatment for the person they were visiting. This demonstrated that action had not been taken to consider and protect the privacy and dignity of people. This was discussed with the registered manager who told us this practice would cease and people would be offered the use of their own bedroom.

We were told by relatives that staff are kind, caring and respectful. Comments from relatives included “Staff care very well”, “There are no restrictions to when I can visit”, “Staff are very attentive to dad’s needs” and, “Mom is back to herself now she is being cared for properly”. Staff made visitors feel welcome and offered them refreshments.

Over the lunchtime we saw staff supporting and respecting people’s choices and needs. We saw people being empowered to eat independently, for example, we saw one person asking for something different from the menu and staff responded quickly to the request.

Some people chose not to eat their meals in the dining room, although they had been offered the choice. We observed people eating in the lounge and they were supported well by staff. One person had to stretch to reach their food; the inspector made the staff aware of this and immediately staff helped the person to sit in a better position to eat their meal independently. The television and the radio were both on; this was quite distracting in particular to one person and the noise didn’t promote a relaxed social environment.

Staff we spoke to said they were able to access people’s care records, which identified people’s preferences to their care and treatment. We looked at the care records for four people, they were individual to each person and clearly stated people’s likes and dislikes.

# Is the service responsive?

## Our findings

People who lived in this home and, where appropriate, people's relatives, told us that they were happy with the care provided and indicated it met people's needs. Comments from people included, "I would recommend this place to other people." "Everything is okay here, there is nothing I do not like" and "I can't find any fault." A relative told us, "I am very pleased with the care here."

We saw staff understood people's individual needs and abilities. A relative told us, "I was involved in the care plan at admission." Regular meetings were held with people and their relatives where appropriate, to discuss any changes in their needs and outcomes of their experiences so that personal plans continued to reflect people's current needs. We looked at four people's care files. These gave information about people's health and social care needs. Staff we spoke with were aware of people's needs and personal preferences.

We looked at the arrangements for people to participate in leisure interests and hobbies. The majority of people we spoke with enjoyed the range of activities on offer. One person told us, "There is always something going on." It was a sunny day during our visit and we saw people were offered the choice to sit in the garden. A relative told us, "There is always lots of interaction as staff sit and chat with people."

We observed people participating in a variety of activities, people were supported in a dignified manner. One member of staff informed us that some people enjoyed helping to dust around the home. Some people told us they were happy spending time in their bedrooms and others enjoyed

magazines, books and knitting. A daily newspaper was delivered to the home for people to read. One person told us they approved of the choice of newspaper that was delivered. The registered manager told us that an e-reader had recently been obtained so widen the choice of reading material for people. They also told us it was planned to make a computer available for people to use in the near future.

Staff told us that regular outings were organised, for example the week before our visit some people had been out to a shopping centre. We saw that regular events had taken place at the home and people's relatives and friends had been invited to attend. Forthcoming advertised events included a garden party and a Wimbledon day with strawberries and cream. This helped reduce the risk of people at the home being socially isolated and people were supported to maintain and develop relationships with people.

We asked people and their relatives how they would complain about the care if they needed to. People were aware they could speak to the registered manager or staff if they were unhappy. One person told us, "Sally [the manager] would look into any complaints, but I've been here years and never had cause to complain."

We looked at the provider's response to two complaints that had been received. The registered manager had acted on the complaints raised and people had been informed of the outcome and actions taken. Where appropriate an apology had been given. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

# Is the service well-led?

## Our findings

People told us they knew who the registered manager was and spoke positively about them. One person told us, “Sally is in charge, she is a nice lady.” Another person told us, “I can talk to the manager.” A relative told us, “If I had any concerns I would raise them with Sally [the manager] I previously raised two minor concerns and both were sorted out straight away.” One relative told us that the registered manager held meetings with people and their relatives and had an open approach.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC) of important events that happen in the home. The registered manager or the provider had not always informed us of two significant events that they were required to. This showed that they not fully aware of their responsibility to notify us so we could check that appropriate action had been taken.

Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the service. Staff told us that the registered manager was supportive and accessible and they felt comfortable raising concerns.

The provider had developed opportunities to enable people that used the service and relatives to share any issues or concerns. Meetings were held with people and their relatives and people also had the opportunity to complete a questionnaire about their views. This showed that overall; people were satisfied with the service they

received. Where people had made suggestions for improvements they had received a personal written response from the registered manager about the action taken in response to the suggestions made.

A number of audits had been completed by staff at the home. These included audits of the environment, medication and care records. Since our last inspection the registered manager had introduced a quarterly audit of falls that had occurred, to include identifying how many falls each person had experienced and the action taken as a result. However systems needed to improve to ensure that staff were consistently adhering to guidance in people’s risk assessments.

Some of the records we looked at had not been well maintained. Fluid and food intake charts had been completed for people assessed as being at risk of poor nutrition or dehydration. We found many examples when these records had not been completed fully enough. The lack of recording could have impacted on the monitoring of people’s healthcare needs and delayed appropriate action taken to respond to any changes. The provider’s auditing systems had not ensured that issues with the recording of people’s food and fluid intake had been identified and action taken to improve and rectify this.

Records were available to show complaints had been responded to but these were not all available within the complaints log and there was a delay in the registered manager being able to locate the records we requested. This meant the complaint log was not accurate in regards to the number of complaints received.