

Haresbrook Park Limited

# Haresbrook Park Care Home

## Inspection report

Haresbrook Lane  
Tenbury Wells  
Worcestershire  
WR15 8FD

Tel: 01584811786

Date of inspection visit:  
12 October 2021

Date of publication:  
17 November 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Haresbrook Park Care Home is a residential care home providing personal and nursing care to 27 people. At the time of the inspection no one was receiving nursing care. The service can support up to 57 people. The service is registered to support younger adults, older adults, people living with dementia and mental health. The home is purpose built with all accommodation and facilities on ground floor level over two units.

### People's experience of using this service and what we found

Improvements of the governance systems ensured better oversight of performance and quality.

Systems to assess, monitor and mitigate risks to people's safety and well-being had improved. For example, potential risks to people's health and wellbeing had been identified and were managed safely.

Staff had now received access to training and support to meet the needs of people they cared for.

The provider and management team were checking staff's knowledge and practices to assure themselves people were provided with effective care and improvements were ongoing.

People received their medicines as prescribed from staff who were trained and competent to do so.

Infection, control and prevention procedures had improved and helped to protect people from the risk of infection.

Staff were confident in recognising and reporting abuse. The management team had made improvements to the processes in place to record incidents and accidents so these were analysed and lessons could be learnt.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 18 December 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced focused inspection of this service on 25 August 2020, 01 September 2020

and 10 November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of people's safety. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haresbrook Park Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Haresbrook Park Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and a specialist advisor in nursing.

#### Service and service type

Haresbrook Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who lived at the home about their experience of the care provided. We spent time seeing how people were cared for. 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 seven staff which included the registered manager, care manager, senior carers and care staff. We spoke with a visiting health professional. We spoke with two relatives about their experience of the care provided.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including accident and incident records, policies and procedures and a sample of completed audits and checks were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. This included looking at additional documentation we had requested.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection, the provider failed to ensure people received care and support in a safe way. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- At the last inspection we identified risk relating to fire safety measures. At this inspection improvements had been made and we did not find any further continued concerns with fire safety.
- At the last inspection we found that peoples individual risks had not always been assessed and mitigated. At this inspection we found improvements had been made. For example, a relative described to us how their family member had been admitted to Haresbrook with sore skin and how they [home] had "been fantastic" and within days had seen improvement.
- At the last inspection we found people did not always have their medicines administered as prescribed. At this inspection we found improvements had been made in relation to medicine administration.
- We observed a senior carer support people in taking their medicines in a safe and caring way.
- We found medicines were stored, recorded and disposed of safely. However, we found that records for three people who required covert medicines were not readily available. This was rectified by the end of our inspection.
- At the last inspection we found staff were not always wearing face masks in line with guidance. At this inspection staff were following guidance and wearing face masks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection, the provider failed to ensure systems and processes were in place to protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At this inspection the registered manager demonstrated how they monitored and reviewed any accidents and incidents so lessons could be learnt.
- Accidents and incidents were discussed with the staff team during daily handover meetings.
- The registered manager made safeguarding referrals to the local authority where necessary.
- Staff had received training on how to keep people safe and knew how and who to report any concerns to.

- Staff we spoke with told us they were confident any concerns raised would be listened to and acted on.

#### Staffing and recruitment

- People told us there were enough staff to respond to their needs, and call bells were answered promptly. We saw staff took opportunities to engage with people whilst going about their duties.
- People told us that they knew the staff well and had built a good rapport with them. The provider told us they did not need to use agency staff.
- The registered manager told us they used a dependency tool to monitor and adjust staffing levels in response to people's care needs.
- Staff recruitment was ongoing and when staff were recruited this was completed safely. New members of staff were subject to pre-employment checks to ensure they were suitable to work with people who lived at the home.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found the bin for disposal of face masks was not a foot operated bin we raised this at the time of our inspection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

At our last inspection the provider failed to ensure care plans reflected people's need sufficiently and there were concerns that people were not appropriately dressed. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection the provider was unable to evidence their ability to meet people's care and support needs. At this inspection we found people's needs were assessed prior to moving into the home and as their needs change. This helped to ensure a plan of support was developed for people. The registered manager told us if they felt they could not meet people's needs prior to admission they would decline the referral.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.
- One person told us how they were supported to maintain their independence through the use of electronic equipment.
- People told us they wore clothing of their choice. No further complaints had been received in relation to people's clothing going missing.
- People confirmed staff knew how to meet their needs. Staff were able to describe individual risks to people and how they preferred to be supported. However, we found that care plans for people who were receiving respite care were not always completed in a timely manner. We discussed this with the registered manager who was aware and explained they were finding ways to develop their electronic recording system for those receiving respite care.

At our last inspection, the provider had failed to ensure people's consent was obtained. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- At the last inspection we found staff were not aware of who had DoLS in place and how this may effect their care. At this inspection we found staff had received MCA training and now understood the deprivation of liberties safeguards for people.
- Best interest meetings had now taken place for COVID-19 testing and vaccinations.
- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them. We heard staff seeking consent prior to supporting people.
- Where the registered manager had deemed people were being deprived of their liberty, applications had been sent to the local authority.
- The registered manager met their legal requirement to notify the CQC when a person had been legally deprived of their liberty.

Staff support: induction, training, skills and experience

- Staff had received training to ensure they had the skills and knowledge to meet people's needs. This included training in behaviours that may challenge. During the inspection we saw staff recognise when people became anxious and supported them in a positive way.
- Senior care staff were being supported to undertake additional training to qualify as care home associate practitioners (CHAPS) to support the nurses when the nursing service opens in the near future.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required assistance to eat and drink we saw this was done in a respectful way and at the persons own pace.
- People told us they were given a choice of meals to eat during the day which they enjoyed. One person said, "The food is wonderful" another person said, "The food is excellent you get a good choice of food." Where people had a sensory impairment, they were supported to maintain their independence with eating and drinking. One person told us, "They [staff] describe to me where the food is on the plate."
- Staff understood people's dietary preferences and understood how to meet these.
- Staff monitored people's weight to ensure this remained stable and people remained well.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Peoples healthcare needs were met and recorded. A visiting health care professional told us how the home had improved and were good at monitoring and identifying risk.
- People were offered physical activities such as swimming to support physical and mental health.

- People confirmed they were supported to attend health appointments, opticians, chiropodists and dental appointments, so they would remain well.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, the provider's systems and processes to manage and monitor the quality and safety of the service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 17.

- The provider had a system in place for audits and checks which were completed by an external consultant. We saw that there had been checks and follow ups in June and July 2021 with actions to be completed by the provider by 31 July 2021. However, we found that there were still actions that were either partially or not met.
- We found that the registered manager had effective audits and quality checks to continue to drive improvement.
- There was a new registered manager in post. We received positive feedback from staff and people who lived in the home about how they were approachable, supportive and caring. One staff member said, "It's better and different here now because they [registered manager] care."
- There had been significant changes in the homes staffing structure since our previous inspection. Staff were clear in their roles and responsibilities.
- The home had recruited a clinical lead who is due to start early November 2021. A clinical lead is a person who supervises the nurses and healthcare assistants and ensures the expected standards of care are maintained.
- At this inspection we found improvements had been made in medicine management, monitoring of incidents and accidents and training.
- Staff received guidance in providing care to people through meetings to discuss people's care and to reflect on the care provided. Staff told us communication across staff teams was improving, and this helped to ensure people received the care they needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives we spoke with knew who the registered manager was and spoke positively about the management team and the communication provided. A relative said, "They [registered manager/staff]

always keep us informed and updated...If I ask anything they tell me."

- The registered manager was enthusiastic to provide safe care which was centred on people's individual needs and resulted in good outcomes for them.
- The registered manager understood their legal responsibility to be open and honest when things go wrong.
- The provider was meeting their legal responsibility of displaying their last CQC inspection rating in the home. The provider's rating was also displayed on the their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since our last inspection the registered manager had made improvements and people were now involved in meaningful activities which included visits to the local swimming baths and day trips.
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and meetings. This feedback was then used to improve the service. For example, the registered manager had consulted people to see if they were happy with the food served and whether any changes to menus were required.
- Staff told us the atmosphere in the home had positively changed since the new registered manager came in to post. They felt listened to, valued and able to contribute to the improvement of care. One member of staff commented, "Management team is perfect, you can talk to them, they are approachable, they listen and keep us [staff] informed." Another staff member said, "Staff work well together, support and help one another, not like before 'them' and 'us' now we are a team." During the inspection we observed effective team working.
- The registered manager held daily meetings so they could engage with all the staff team. Staff received regular supervisions and felt well supported.

Working in partnership with others

- The service worked in partnership with key organisations such as healthcare professionals to support people's care provision.
- The registered manager and staff told us they had good support from visiting professionals such as GP's, advanced nurse practitioners (ANP) and district nurses.
- A visiting health professional described the staff team as caring, motivated and enthusiastic telling us how they had worked so hard to turn the home around.