

Hasbury Care Homes Ltd

Hasbury Care Home

Inspection report

154 Middleton Hall Road
Kings Norton
Birmingham
West Midlands
B30 1DN

Tel: 01214592234

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29 July 2016

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 took place on 27 and 29 July and was unannounced. We last inspected this service in June 2015 and found that the service required improvement. There were no breaches in regulation at the last inspection.

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 23 people living at the home.

The registered manager was not present on the first day of our visit as they were on annual leave. They were present on the second day of our visit. 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 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.

People told us they felt safe and they were supported by staff who had received training on how to protect people from abuse. We identified a concern about a person's safety in relation to an allegation that may not previously have been appropriately responded to. We brought this to the attention of the person in charge. On our second visit to the home we checked to make sure this allegation had been reported to the local authority and were provided with evidence that this had been done.

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, but incidents of falls did not always lead to an immediate review of the person's falls risk assessment.

There were sufficient numbers of staff available to meet people's individual needs. We saw that appropriate pre-employment checks had been carried out for 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. Staff told us and records confirmed that they received regular training and supervisions with senior staff to maintain their skills and knowledge.

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. 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.

People who lived at the home, their relatives and staff were encouraged to share their opinions about the quality of the service and there were effective systems in place if people wished to make a complaint.

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.

Incidents of falls did not always lead to an immediate review of the person's falls risk assessment and so some opportunities to reduce risk to people may be missed.

People told us they felt safe. We identified that a concern about a person's safety in relation to an allegation that may not previously have been appropriately responded to.

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

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 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's dignity and privacy was respected.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People were involved with the planning and reviewing of their care.

People were supported to take part in a range of activities they enjoyed.

People were encouraged to raise any concerns about the service and the provider responded when people expressed their opinions.

Is the service well-led?

The service was well-led.

There were systems in place to monitor and improve the quality of the service provided.

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

Good ●

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 27 and 29 July and was unannounced. The inspection team comprised of one inspector 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 service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for key information about what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. As part of our inspection we also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care.

During our inspection we spoke with eleven people who lived at the home and with five 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 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 received information from two health and social care 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 feel safe when they assist me with my shower" and "The staff make me feel safe." One relative told us, "I have no worries about safety." Another relative told us, "Safety, yes, they [staff] are very on the ball with that."

During our visit we identified that a concern about a person's safety in relation to an allegation that they had been hit may not have been appropriately responded to. It was alleged this issue had been raised with staff who had not responded in line with expected safeguarding procedures. We brought this to the attention of the person in charge. On our second visit to the home we checked to make sure this allegation had been reported to the local authority and were provided with evidence that this had been done. The registered manager told us that she would ensure all staff received additional safeguard and incident reporting training to ensure any future concerns were responded to appropriately.

The staff we spoke with told us they had received training in safeguarding people from abuse and records confirmed this. The staff we spoke with were able to tell us how they would respond to allegations or incidents of abuse. One member of staff told us, "I have not witnessed inappropriate treatment of any resident by staff, if I did I would remove the person from the situation straight away and would not hesitate to report it." 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. During our inspection we observed staff assisting people to move from chairs into wheel chairs and vice versa. These transfers were completed safely and people were not rushed by the staff assisting them. Care plans contained guidelines and risk assessments to provide staff with information that would protect people from harm, including how to move people safely. Staff spoken with were aware of the risks to people and were able to describe how these were managed.

Some people had experienced falls whilst at the home and written risk assessments were in place to try and reduce the risk of these reoccurring. We saw that these were limited in content and may not have assessed all the risk factors that could lead to falls occurring. Whilst the frequency and circumstances of falls were frequently reviewed this did not always lead to a full analysis of the person's falls, and so some opportunities to reduce risks to people may have been missed.

During our visit one person experienced a fall and staff contacted the ambulance service to make sure the person had not sustained a serious injury. Discussion with the attending ambulance crew showed they had no concerns about how staff had responded to this incident. Staff at the home told us it was their usual practice to have people checked by a healthcare professional following a fall. A post fall assessment checklist was also used to check the persons wellbeing following a fall occurring.

People told us there were enough staff to meet their needs. One person told us, "I think there is enough staff, and at night." The majority of relatives confirmed that there were enough staff to meet people's current needs. One relative told us, "I think there are enough staff as staff are always on hand if [person's name] needs assistance." One relative told us there had been times when there were no staff available to support people in the lounge area. During our visits 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.

All staff 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 (police checks). This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service. Most of the staff had been employed for many years and some had DBS checks that had been done several years ago. The registered manager told us it was planned to renew these checks to make sure staff circumstances had not changed.

People told us they received their medication when they needed it. One person told us, "I am given medication regularly and staff have not forgotten to give them to me." We saw medication being given to people, this was done safely. We looked in detail at the management of medicines for four people. Each person's record included their photograph to make sure no one was given the wrong medicines. Most tablets were dispensed from a monitored dosage system. We found the administration and recording of these tablets were accurate and indicated that people had received their medicines dispensed from these packs as prescribed.

Some medication was stored in a fridge as it needed to be kept below a certain temperature to remain effective. Records showed that in the previous weeks the temperatures had been monitored and the temperatures were satisfactory. We noted that in recent days that coincided with the registered manager being away on holiday the temperatures had not been recorded. On the second day of our visit we saw evidence that the registered manager had addressed this with the staff concerned.

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. We were aware that a medication error had occurred since our last inspection. We saw that following the error appropriate action had been taken to seek medical attention and action taken to reduce the risk of similar incidents occurring. Staff told us that all staff who administered medication had been trained to do so and that a system of checking their competency was in place.

Is the service effective?

Our findings

People were supported to maintain their health and welfare. One person told us, "They look after me very well; I think that they know what they are doing when they look after us." Another person told us, "They do a lovely job looking after me." Whilst some relatives commented on the environment they also stated that their family member received good care. One relative told us, "The building could be modernised but my mother gets good care and is well looked after." Another relative told us, "It's not a modern home but it is homely."

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. One member of staff told us, "We have regular training and if we identify courses which we would like to go on which is relevant to working with the residents, the management support us."

The staff team had worked at the home 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. Further training had been planned in August to refresh staff knowledge about specific topics relating to peoples' individual care needs, this included catheter care, falls prevention, continence management and nutrition. Staff told us they received regular supervision and support and that they were encouraged to undertake further training that included achieving recognised qualifications in care.

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. 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.

During our inspection we observed staff offering choices and seeking consent from people regarding their every day care needs. For example, staff explained to people what their medication was for and sought their consent before supporting them to take it. We saw that CCTV was in use in the lounge and dining area. The registered manager told us that the footage from this would only be viewed if there was an issue such as an allegation being made. Records of resident's meetings showed that people were regularly consulted about the use of the CCTV and had no objections. We discussed with the registered manager that consideration

also needed to be given to people who did not have the capacity to consent and this should be recorded in their care plan. Following our inspection the registered manager told us they had made a decision to use the CCTV to focus only on the exterior of the home.

People were supported to have sufficient food and drink. 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, "The food is very good and there are choices." Another person commented, "The food is lovely we have a choice and if we are hungry they would get you something else to eat." A relative told us, "They do encourage [person's name] to eat and drink. They spend a lot of effort to get them to eat and drink."

We had a meal with people 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. One person told us, "I told the staff that I do not like strong tea, I like it milky, they always give me the tea right now." People were offered regular drinks throughout our inspection and jugs of juice were readily available to people.

Staff demonstrated that they knew each person's needs and preferences in terms of food. 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. Staff had completed nutritional risk assessments and where identified as needed, people had been weighed regularly. People's weight was regularly monitored and where staff had concerns about weight loss they had sought advice from healthcare professionals.

People were supported to have their mental and physical healthcare needs met by appropriate health professionals. One person told us, "We see the Chiropodist, Doctor, and Opticians regularly and if needed." A relative told us, "They look after [person's name] well. They always call the doctor if needed."

Staff we spoke with were aware of people's health care needs and records showed that staff had taken action when there were concerns about the health of any of the people who used the service. We received information from a health care professional in relation to people's health care needs. They told us they had no concerns about the care provided by staff and that staff always acted on any advice given.

Is the service caring?

Our findings

We were told by people who used the service that the staff were caring and helpful. Comments from people included, "The staff are very good; they would do anything for you if you ask." Relatives told us that staff were kind and caring. One relative told us, "The staff are all lovely people." Another relative told us, "They are very kind staff and patient." A care professional told us that they had always found the staff to be friendly and approachable.

The majority of relatives told us they were made welcome when they visited. One relative told us, "I'm made welcome I get lots of cups of tea." Another relative told us, "I'm always brought a cup of tea as soon as I arrive and made to feel welcome." Relatives confirmed they could visit their family member when they wanted to. One relative told us, "Relatives can come and visit at any time" another relative told us, "I work all kinds of different hours and they let me in to see dad when I have finished work even when it is late."

We observed positive interactions between staff and people; we saw people being supported with kindness and consideration. We saw staff respond to people's attempts to communicate in a timely, supportive and dignified manner. One person became anxious and we saw a member of staff taking time to talk with them and provide reassurance. Another person looked uncomfortable in their chair, staff observed this and assisted the person to sit more comfortable with the aid of a cushion.

Staff respected people's privacy and dignity. One person told us, "They help me with my personal care, the doors are closed and they treat me with respect". Another person told us, "When the staff assist me with anything they treat me with respect and speak to me." One person told us that they preferred their own company and space and that the staff respected this choice. They told us, "I have a lot of privacy here." At our last inspection we had identified that care staff did not always offer healthcare professionals the use of people's own bedrooms to do personal treatment for the person they were visiting. We saw that action had been taken to address this issue and staff we spoke with told us how they protected people's privacy and dignity when health care professionals were visiting. We observed staff working in ways that promoted the dignity and privacy of people to include knocking on bedroom and toilet doors and seeking permission before entering.

People told us that the choices they made were respected by staff. One person told us, "I choose the clothes that I want to wear" another person told us, "I choose what time I go to bed and what time I get up."

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." Another person commented, "I enjoy knitting and I do it here, they have bought me wool." Some people told us they were happy spending time in their bedrooms and others enjoyed magazines, books and knitting. 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."

A care staff had recently taken on the role of activity worker and they had been allocated some extra hours to undertake this. They were very enthusiastic about their new role and had lots of ideas to improve the activities for people. They were currently working with people on the history of Birmingham and planned to do a display in the home about the things they had discussed with people. Recently new activities had been introduced and this included bird watching and a weekly tea party. We saw that events had taken place at the home, such as celebrating St Patrick's day, a 'horse racing' day and people's relatives and friends had been invited to attend a recent BBQ. This helped reduce the risk of people at the home being socially isolated and people were supported to maintain important 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." A relative told us, "I see the manager regularly and would feel confident to raise a concern." Another relative told us, "I have never had a reason to make a complaint."

We looked at how the provider responded to complaints that had been received. The complaint log showed that one complaint 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

A registered manager was in post but they were on holiday on the first day of our visit. We returned to the home a second day to meet with them.

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." Another relative told us, "Sally [the manager] is lovely. I often chat with her when I visit and I feel I would be able to raise any concerns."

The staff we spoke with confirmed that the home was well-led. 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. One staff gave us an example that staff had thought more fresh fruit should be available to people. They told us that when this had been raised it had been acted on and now more fresh fruit was available. Since our last inspection monthly team building sessions and a system of awarding staff 'appreciation certificates' had been introduced. This contributed towards staff feeling valued. All of the staff we spoke with told us they enjoyed working at the home.

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. At our last inspection we had identified that the registered manager or the provider had not always informed us of significant events that they were required to. This had now improved and we had been informed of most of the incidents that we should have been, We did however discuss with the registered manager one incident that should have been reported to us. They apologised for this oversight.

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. One person told us, "We do have meetings and they do ask opinions. When the meeting is over they do address what we asked." Examples of action being taken as a result of people's suggestions had included the purchase of a new CD player and mounting the television on a wall in the lounge so that it was easier for people to watch.

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. Where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences. Staff recorded when an accident or incident occurred and senior staff reviewed these to identify patterns or trends.

The provider had plans in place to improve and refurbish some areas of the home. We saw that one bathroom was in poor condition and that the bath panel was broken. Staff told us this bathroom was not in use as it was planned to convert it to a wet room. The registered manager told us that most people preferred a shower and so to respond to people's preferences this work was due to commence in August 2016.