

Barchester Healthcare Homes Limited

Hagley Place

Inspection Report

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Date of inspection visit: 15/04/2014

Date of publication: 07/09/2014

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Summary of findings

Overall summary

Hagley Place is a care home that provides personal and nursing care for up to 60 people. Care and support is provided to people with dementia, nursing and personal care needs. At the time of our inspection 41 people lived there.

There was a registered manager who provided good leadership and supported the staff. During our inspection the registered manager took time to check that staff were alright and that people's needs were met.

The environment was comfortable, clean and hygienic. We saw staff wash their hands and wear protective clothing when they completed different care tasks.

All the people that we spoke with were happy living at the home and praised staff for the care they received. People gave us their views about the way staff treated them and told us, "Nothing is too much trouble" and staff were, "Nice" and treated them well. Staff were confident to recognise and report abuse, so that people were as safe as possible from harm. We saw that staff had received training on the protection of vulnerable adults and were confident to speak out if they observed poor or abusive practice.

We saw that staff were kind and caring. Staff were respectful in the way they spoke with people and showed how they supported people to do things that interested them. Staff had a good knowledge of the people they cared for. They knew how to support people to meet their needs and referred people to other health professionals when appropriate.

We found that risk factors for people's safety and wellbeing were identified and explored, so that they were as safe as far as possible from injuries or harm. For example, during our inspection we saw that staff provided people with support and equipment which included walking frames and specialised equipment that was right for them to meet their needs and safety.

Staff told us they were provided with good training opportunities to keep people safe and that met their individual needs and ensured they had the right knowledge and skills to support people effectively. The training for staff included the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no application have needed to be submitted proper policies and procedures were in place. Relevant staff have been trained to understand when an application should be made and how to submit one.

The registered manager showed us the quality assurance audits they had completed to check that the care and support people received met their needs and safety. The registered manager also held meetings with people and their relatives so that they could share future plans and seek what was important to people. This showed that the leadership of the home ensured improvements were sought so that people received care and support that met their needs, and assisted people to do the things that they were interested in.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who lived at the home and their relatives told us that they felt safe and staff responded to their needs with minimum delays. One person told us, "I feel safe and comfortable here" and a relative said, "Absolutely safe, no concerns about how staff treat her."

There was a focus on people's safety and we saw that staff assessed, identified and had taken action to reduce risks so that people were protected as much as possible from harm. For example, we saw that a pressure sensor mat had been placed next to a person's bed, so that staff were alerted when the person got out of bed. This meant that the risks to the person from falls had been reduced without their independence being restricted.

We saw that staff practices reduced the risks to people from the spread and/or outbreak of infections were reduced. We saw that people lived in an environment that was safe, clean and hygienic.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We saw that consideration of the Mental Capacity Act was evidenced in care plans where people gave their consent to their care and treatment. We also found that the registered manager and staff were aware when levels of intervention or supervision may represent a deprivation of a person's liberty.

Staff had been trained in the protection of vulnerable adults. Staff that we spoke with knew how to report concerns. We saw evidence that incidents of abuse had been appropriately reported to the local authority and the Care Quality Commission so that investigations took place and action taken to keep people safe from abuse.

Are services effective?

Each person had a range of care plans in place that provided information about how people preferred their care and support. The plans also included information about people's health needs and interests and wishes for the future.

We saw that staff had the most up to date information about people's needs. This included daily handovers that supported staff to deliver effective and consistent care and treatment to people.

Summary of findings

Staff worked in partnership with other professionals that supported people to receive appropriate care, treatment and support to meet their different health and social care needs. This included people's 'end of life' wishes so that people received the care and support that supported their needs at this time of their lives.

There was a comprehensive training plan in place for each staff member. We saw that staff had received training to enable them to meet the individual needs of people that they supported. Some staff told us that they would like future opportunities of more specialised training, such as the care and treatment of people's sore skin and wounds. This is known as tissue viability training and staff said that it would help to develop their skills further in meeting people's skin care.

Are services caring?

People, who lived at the home and relatives that we spoke with, told us that they thought staff were very caring and they always had time to sit and talk with people. During the day we saw staff treated people in a kind and caring way. One relative told us, "They (the staff) are kind, doing the very best they can."

People received personalised care in an attentive and patient manner to meet their different needs. During our inspection we observed staff spending time with people talking about the past and providing comforting gestures when people were distressed.

People were supported by kind and attentive staff. We saw that staff encouraged people to be as independent as possible and to make their own decisions. One member of staff told us, "Caring for residents is not just about getting them up, dressed, washed and fed. It is the whole package of life, loves and interests."

We saw that mostly staff treated people with respect and dignity when they supported people with their behaviour that challenged. However, we saw that staff sometimes struggled to maintain the support in a respectful and dignified way. The registered manager was made aware of this and assured us that they would address these issues immediately.

Are services responsive to people's needs?

People were offered a range of activities and there was evidence of unplanned engagements with people, such as, chatting to each other whilst having a drink in the cafe area. One relative told us, "The great thing is the coffee area for promoting conversations." The registered manager and the staff member responsible for activities told us that continual improvements were being made.

Summary of findings

People told us that staff listened to their views and supported them to keep in touch with people who were important to them by way of visits. The registered manager showed us that they were doing their best to make improvements to people's quality of life by ensuring people felt part of a community.

Staff were aware that they were required to involve appropriate people in the decision making process if a person who lived at the home lacked the mental capacity to make a decision as directed by the Mental Capacity Act 2005. People access to independent advocates. These practices supported people to have decisions made in their best interests and by people who knew them well and were involved in their care and treatment.

We saw that complaints were listened to and taken seriously. The registered manager worked in an open and responsive way where complaints were encouraged, explored and responded to in good time. One relative told us, "It (the home) seems to be well led. Certainly any issues you go and ask and they are dealt with."

Are services well-led?

The registered manager sought the views of the people who lived at the home and their relatives. The registered manager told us that this was important to them as Hagley Place was a fairly new home and they wanted to ensure that people felt part of a community and this was their home.

The provider had an effective quality assurance system in place and identified actions had led to improvements in the service that people received. The registered manager carried out a regular programme of audits and checks to make sure the quality of the service was maintained. Where investigations had been required, for example in response to accidents, incidents or safeguarding concerns, the registered manager had completed a detailed investigation. This included information such as the actions that had been taken to resolve them.

We saw from records that before a person came to live at the home staff support levels had been agreed. We saw from staff rotas, and our observations, that there were sufficient staff on duty to meet the needs of people that lived at Hagley Place. The registered manager was aware that the lunchtime meals on the first floor was a busy time for staff as they supported people with dementia. The registered manager showed their awareness of this and was available to support staff and people to meet their needs.

Summary of findings

What people who use the service and those that matter to them say

We spoke with five people who lived at the home and four relatives. All the comments that we received from people throughout our inspection informed us that people were happy to live at Hagley Place and staff cared about them.

We received comments from people about the way staff treated and cared for them that included, "I only have to ask and it will be done" and "They are all marvellous and should be paid more."

One relative told us they felt involved in any decisions that needed to be made and staff kept them informed of any changes in their relation's health. They told us how their relation had been unwell and staff made sure that the person received the care and treatment that they required. They said that their relation was, "So much better now. They (the staff) put our minds at rest, as her needs change they can meet them. They (the staff) are very warm and she responds to them."

Another relative said that their relation, "Just seemed to have blossomed" whilst living at the home and they were a different person due to the, "Positive atmosphere which is uplifting." Whilst another relative described how staff would hold their relation's hand and talk to them when they were upset. They said, "Staff are lovely, jolly and very kind."

All the relatives that we spoke with felt that people received care that was personal to them in an attentive and patient manner to meet their different needs. Each relative was able to provide examples of care and support to meet changes in their relative's health needs or when people needed some assistance due to being sick or spilling drinks. One relative told us, "They (the staff) are always there when she needs them, without question." Another relative said, "They (the staff) really impressed us from the beginning, time to settle in for mum. Now like part of the family, nothing is any trouble, so very welcoming."

Hagley Place

Detailed findings

Background to this inspection

We visited Hagley Place on 15 April 2014. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection team consisted of a lead inspector and an expert by experience who had experience of the needs of older people and dementia. The expert by experience spent time with people to gather their views about life at the home and the care and support that they received.

We spoke with five people who lived at the home and one relative that visited on the day. After our inspection, the inspector contacted a further three relatives by telephone.

At this inspection we looked at the communal areas of the home which included the toilets, bathrooms, dining and lounge areas on both the ground and first floors.

We spent time on the ground and first floors of the home and observed the care and support that people received to meet their different needs over the course of the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We used SOFI to capture the experiences of people who had dementia on the first floor of the home.

The registered manager and five members of staff spent some time with us during the day. This included nursing and care staff, and activities staff who told us about people's care and life at the home.

We also looked at the care records of five people who lived at the home and various management records. These records were used to review, monitor and record the improvements made to the quality of care and support that people received.

Are services safe?

Our findings

During our inspection we looked at the cleanliness of the home and the hygiene practices of staff that made sure people lived in a home that was clean and comfortable. We spoke with people and their relatives to gain their views about the home environment. One person who lived at the home told us, "They (staff) always clean my room daily and it is homely." One relative told us, "Environment is beautiful and always looks clean." We saw that this was the case.

All the areas in the home, which included lounges and dining areas, were clean, tidy and smelt fresh. We also saw that the toilets and bathrooms had been cleaned with equipment that was appropriate and available to be used where required.

Staff practices kept people as safe as possible from the risk of the spread of infection in the home. For example, we observed all staff washed their hands appropriately between tasks. This showed that staff practices reduced the risks of the spread and outbreaks of infections. The atmosphere at the home was relaxed and we saw interactions between staff and people were mostly attentive and respectful. The people we talked with told us that they felt safe at the home and had no concerns about how staff treated them. One person told us, "I am safe and happy." A relative we spoke with was complimentary about the care and support provided and felt that staff at the home kept their relation safe.

Risks to people's mobility, nutrition, communication and understanding had been assessed. People's care plans included the equipment needed and actions staff should take to minimise their identified risks. In the care plans for one person we saw that they were at risk of falls and action had been taken to keep them safe of falls from their bed. This included equipment such as a pressure sensor mat to alert staff to the person's movement. Staff that we spoke with about this person told us that they were unable to have bed rails as they would be at risk of climbing over these. This showed that risks were decided on an individual basis that had taken into account the least restrictive way which supported the person's independence and kept them as safe as possible.

One person's relative told us that their relative was kept safe by staff who ensured that their bed was lowered when they were in bed so that the consequences of them falling

out of bed were reduced. Another said that staff supported their relation by using specialist lifting equipment that helped them to get safely in and out of the bath. They told us this made them feel reassured that staff knew how to keep their relation safe but continued to have their needs met, as they liked a bath.

The staff practices that we observed during the day demonstrated that staff knew when people needed some assistance or just some supervision which was then carried out in a discreet manner. We saw that appropriate equipment was in place such as hoists should people need assistance to move. We also saw staff supported people with their walking at discreet distances as people walked with their frames. This meant that people received the care and support that they needed in a way they preferred whilst the risks to their safety and welfare were reduced as far as possible.

The people who lived at the home were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. Staff spoken with and training

records showed that staff had received training on how to manage people's behaviour that challenged to ensure their safety and that of the person. During our inspection staff showed that they knew how to manage people's behaviour that challenged in a way that was appropriate to the individual and ensured their safety and that of others. This was done in a gentle and the least restrictive way by distracting the person with conversation and looking at other things of interest to them.

Staff had access to safeguarding procedures and all staff had received training to help them to recognise and respond appropriately to any signs of abuse. We spoke with two staff members who were able to describe the action they would take to keep people safe if they witnessed an incident of possible abuse. Staff were aware that incidents of potential abuse or neglect must be reported to the local authority so that they could be investigated.

The registered manager and staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards as they had received training and could access information about this. The registered manager told us that people received safe care in a homely environment with routines to support people and not to control people. This

Are services safe?

showed that the registered manager had the knowledge that any options considered when meeting each person's health and social care needs were the least restrictive to people.

Are services effective?

(for example, treatment is effective)

Our findings

Before people came to live at Hagley Place, a detailed assessment had been completed. We saw that people's preferences and views on what they wanted had been recorded. From the records, we saw that the people who lived at the home and those important to them, such as relatives, had been involved in assessments of people's needs. This meant information about people's needs provided staff with a good understanding of each person's individual care, communication, physical and health needs when they moved to the home.

We spoke with three relatives by telephone during our inspection. Relatives said that they had been involved in their family member's care and on-going reviews. One relative told us, "We feel included in her life." Another relative felt that there were plenty of, "Consultations and discussions with staff", about their family members care.

We looked at a five care plans. Each person had plan designed to meet their range of needs. All plans reflected people's needs and preferences which meant people had plans that were personal to them. Examples included personal hygiene, wound care, current symptoms, pain management, social interests and spiritual beliefs. This helped to raise the awareness of staff so that people were treated as they wished to be, and people's preferred routines that were important to them, were met.

Staff told us, and we found from the training records, that staff could access a variety of training which included, moving and handling, dementia care, and infection control. All the staff that we spoke with felt that the training that they had received gave them the skills and knowledge to meet the needs of the people that they provided care to. However, some staff felt that they would benefit from more opportunities to undertake specialised training such as the care and treatment of sore skin. During the day we saw that staff put their training into practice and, provided support and care, that reflected care plans in place, responding to people's needs as assessed and planned for.

In one person's care records we saw that they required some assistance and support when they walked. We saw that staff had referred this person to physiotherapists so that the person and staff would have specialist advice and support to aim for improvements to this person's physical needs. We also saw that this person was incontinent but

improvements had been made and this person was now able to at times ask staff for support to go to the toilet. All the staff that we spoke with told us about this person's improvements since they came to live at the home. One member of staff told us, "They are now becoming independent, the work we have all done as a team helped X (person's name) to recover and their walking has improved. We are all so proud of the care we have provided."

During our inspection we saw that this person walked supported by staff to ensure their needs were effectively met at the right time and in the right way. We also spoke with one relative who told us that they had seen staff walk with their relation as they were unsteady when they walked. This demonstrated that people received effective care from staff that knew them well and understood their needs.

People's needs were reviewed on a regular basis and staff had daily handovers after each shift. We saw the handover that had taken place on the morning of our inspection. There was information about each person and it provided an overview of how people had been with any concerns about their health and welfare noted. This showed that people's needs were being monitored so that any problems were identified and action taken to promote people's wellbeing.

We found that people had regular access to health professionals for advice and treatment for their specific needs. On the day of our inspection we saw the doctor visited people who lived at the home and records confirmed that people were reviewed by their dentists and opticians. We also saw that some people were at risk of weight loss. Staff monitored their food and drink on a daily basis. Staff told us that people at risk of weight loss had been reviewed by their doctor and had access to food supplements. During our inspection we saw that this was the case and where people found it hard to sit at meal times for long periods staff had looked at other strategies to ensure people's nutritional needs were met. For example, some people liked to walk whilst they ate their food and to support people's needs finger foods were available. This showed that people received individualised care and support to effectively meet their needs.

We also saw that one person was identified at high risk of sore skin which included pressure sores. We saw that their care plans included guidance about the equipment they

Are services effective?

(for example, treatment is effective)

needed and the frequency of changing their position that ensured regular pressure relief. Staff we spoke with told us about what they needed to do to promote good pressure area care. When we looked at this person's records we saw that this person's sore skin had almost healed and one member of staff confirmed to us that this was the case. This example, along with staff discussions about people's care, demonstrated that staff delivered effective care and treatment that promoted people's health care needs.

Staff that we spoke with were able to tell us about people that were nearing the end of their lives and the care and

support that staff provided to ensure people were comfortable with their needs met. Staff also told us that they could access Macmillan nurses for specialist advice to further support people's care needs towards the end of their lives. We saw that people's wishes were recorded in their care records. The care records we looked at included records of discussions with people who lived at the home and their relatives about religious beliefs, end of life care and resuscitation wishes. This showed that people received the care and treatment they required at this time in their lives.

Are services caring?

Our findings

We spoke with five people who lived at the home and four relatives to gain their views and experiences of the care and support that staff provided. One person told us, "They (the staff) are kind here all of them." One relative said, "From what I have seen the care is very good and the staff are kind to her." Another relative told us, "They (the staff) really do jolly her along and are very kind."

When we arrived to complete our inspection the atmosphere was relaxed with people talking with staff and enjoying a morning drink. During our inspection we saw staff had time to sit and talk with people about any individual worries they may have, how they felt that particular day or just to pass the time of day. This was done at people's own pace and showed that staff treated people as individuals.

During our inspection, we observed a number of different care tasks taking place. We watched people being supported appropriately at different times and by different staff. People's dignity was respected during these tasks and we saw staff were caring and kind when they supported people. For example, we observed the lunchtime meals and saw staff offered support and assistance to people who could not eat independently. This support was not rushed and staff gave people their full attention during this time. This made sure people's preferred eating routines were effectively managed in the most caring way.

Throughout the day of our inspection we saw staff spoke with people in a patient and respectful manner and showed compassion when people became unsettled. However we saw one occasion when staff used inappropriate words to describe one person's behaviour that challenged. We spoke with the member of staff and they recognised that they should not have used these words. We also discussed our observations and concerns with the registered manager who assured us that they would address this issue immediately.

We saw that people who lived at the home could have privacy as they wished. Each person was able to lock their bedroom door if they wished. There were a number of rooms around the home on both of the two floors, in addition to people's rooms, where people could meet with friends and relatives if they wished.

When we spoke with relatives they told us that they had seen really caring and kind actions by staff when people required some unplanned assistance. For example, one relative described how their relation had been upset on one occasion and staff took time to sit beside them and held their hand. Another relative told us about the time when one person had been sick and the reception staff immediately took action to get care staff to meet this person's needs. The relative said that staff showed that they cared and were kind to this person.

Are services responsive to people's needs? (for example, to feedback?)

Our findings

During our inspection we saw that people were able to engage in a wide range of activities. For example some people were involved in painting and chatting and others were going out with their relatives. We also saw that people who lived at the home had opportunities to use new technology such as small hand held computers to follow their interests and listen to the news. All the people that we spoke with liked the challenge of using the computer.

The garden was accessible to everyone, including those who used wheelchairs.

Staff told us and we observed that people's independence was promoted. We saw one staff member encouraged a person to help themselves to their drink, giving support and prompts when needed. Staff did this discreetly so that the person did not feel embarrassed. This meant that people's independence was promoted as far as possible by staff who showed an understanding of people's feelings.

Some people that lived at the home had difficulty expressing their wishes clearly. However, care records sampled showed that people's relatives were involved in their care plans. We saw that relatives had been invited to attend people's care reviews. Relatives that we spoke with told us that they felt involved. One relative told us, "They (the registered manager) are very willing to listen and

address things, I do believe this." Another relative told us that the registered manager was, "Very approachable." This showed that people and relatives were involved in their care.

We saw that where staff needed to establish people's capacity to understand the risks attached to certain aspects of their needs, this was always recorded. The registered manager and staff were aware that where decisions needed to be made people could have an advocate to support them where required. This meant that any decisions made were in the best interests of the person as directed in the Mental Capacity Act 2005.

The registered manager kept records of complaints they received. The records included the complaint, the registered manager's initial response and details of their investigation and findings. We saw that the registered manager addressed each element of the complaint in detail and identified the root cause of the problem. The registered manager sent a detailed and honest explanation to the person who had raised the complaint, setting out what they would do to resolve the issue. This meant that people's complaints were fully investigated and resolved where possible to their satisfaction. Relatives that we spoke with told us that if they had any concerns that they would talk with the registered manager. All the relatives felt that the registered manager would listen and address these.

Are services well-led?

Our findings

The views of people and relatives had been routinely used to improve the quality of services delivered. Three relatives that we spoke with told us that they were invited to meetings at the home. Two relatives who had attended the recent meeting at the home told us that they were provided with information about any future plans and had the opportunity to raise any suggestions they had. All the relatives that we spoke with were happy with the care and support that their relatives received. One relative told us that they had nothing but praise for the registered manager and the staff. They told us that they, "Would recommend the home to anyone, I am very pleased."

Our observations of how the registered manager interacted with people who lived at the home, staff and visitors showed us that there was a positive and open culture. The registered manager was supportive of staff during the day, taking time to check that they were alright and that people's support needs were met. Staff were able to carry out their duties effectively, and the registered manager made themselves available if they needed any guidance or support.

The registered manager identified the number of staff needed to be working in the home across different parts of the day to meet people's needs and keep them safe. Our review of the staff rotas at different times showed that minimum staffing levels identified and planned for had been met. We received mixed responses from staff in regards to whether there were usually sufficient staff to meet people's needs. However, most of the staff felt that staffing levels were sufficient to meet people's needs, and their chosen routines. During the day of our inspection we did not observe anyone waiting for long periods for staff to meet their needs and call bells were responded to promptly. We also saw that the registered manager checked the length of times for call bells to be answered by staff and they found that staff worked effectively to meet people's needs when they called for staff assistance.

There were a number of practices in place to ensure staff felt supported in their caring roles. For example, we saw that staff meetings and staff updates were displayed. We also saw that there was an open invitation to all staff displayed in the staff room to gain their suggestions about areas for improvement. We saw that the registered manager responded to staff suggestions and any issues that staff had. All staff that we spoke with felt they were motivated and provided good care to people who lived at the home. We saw that the registered manager rewarded staff for good care practices.

The registered manager was able to describe the improvements they were making. For example, they told us that they wanted to reduce the number of agency nurses that worked at the home. While recruiting for permanent nurses they ensured agency nurses had an induction before they started work at and where at all possible the same agency nurses worked at the home. Also the registered manager said that also improved the remuneration for qualified nurses.

The manager's quality assurance system included monitoring and analysing accidents and incidents. The records we looked at showed that when the registered manager identified possible causes, they took action to minimise the risk of a reoccurrence. In one care plan we looked at, we saw that a sensor mat beside a person's bed had been sought, so that staff could respond more promptly if they fell out of the bed.

In addition to this audits had been undertaken to assess and monitor the quality of the service provided. These included audits of health and safety, medicines and care plans. This showed that the registered manager was able to analyse the quality of care and service that people had received and had taken action when required to make improvements. These practices ensured people were not harmed as a result of unsafe care, treatment and support.