

Hurstway Limited

Hurstway 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?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

Our inspection took place on the 18 March 2015 and was unannounced. This was the first inspection since the service had been registered with us on 28 April 2014.

Hurstway Care Home provides personal and nursing care to up to 42 people. Some of the people that lived there were living with dementia others suffered from illnesses associated with old age or physical disability. Accommodation is provided over two floors and all

bedrooms are singly occupied and have en suite facilities of at least a wash basin and toilet. There is a passenger lift that connects the two floors. There are lounge and dining areas on both floors of the home.

On the day of our inspection 28 people were living in the home with people moving in on a gradual basis to prevent any negative impact on the people that already lived there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Interactions between staff and the people who lived in the home were generally positive, friendly, polite and caring but one person's experience was not always like this. All the relatives and people spoken with told us that they were happy with the care provided.

All the staff spoken with understood their responsibilities around the protection of people from harm and abuse. Staff were knowledgeable about people's needs and any associated risks. Staff had received training in how to ensure that people were protected from risks and injury.

On the day of our inspection some people had to wait for assistance as the staffing levels and skills did not provide sufficient support to people in a timely manner. This meant that people had to wait to be assisted with personal care and their midday meal was delayed.

People were supported to receive their medicines but there were some improvements that could be made to the recording of medicines to ensure that people received their medicines as prescribed.

People received care that was personalised and that they had consented to and were involved in the planning and delivery of their care. Where people were not able to give consent people who knew their needs had been consulted so that they received appropriate care and their rights were protected.

People were supported to receive the food and drink they needed to remain healthy. People were supported to have their health care needs met.

People were supported to maintain contact with people important to them.

We saw that there were some systems to monitor the quality of the service provided but these could be improved. The service was well led and there was an inclusive environment that enabled people, staff and relatives to raise concerns and ideas and people told us that they felt they were listened to.

You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

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

Staff were safely recruited but there were not always sufficient staff to meet people's needs.

Medication management ensured people received their medicines as prescribed.

Requires Improvement



Is the service effective?

The service was effective.

People were involved in the planning, delivery and consent to care.

People were provided with food and drink that met their individual needs.

Health needs were met by referral to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

Staff were caring and attentive to people and supported them to make choices and remain as independent as possible.

Good



Is the service responsive?

The service was responsive.

People received care that was personalised and that met their needs. Staff were responsive and people were involved in activities but this varied across the two floors. People were supported to maintain contact with people important to them and to raise concerns and complaints which were appropriately addressed.

Good



Is the service well-led?

The service was not consistently well led.

The service was led by a registered manager who involved people, relatives and staff in the development of the service.

There were systems in place to gather the views of people and to monitor the quality of the service provided but some improvements were needed to ensure that issues were identified and followed up.

Requires Improvement



Hurstway Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 March 2015 and was unannounced and was carried out by two inspectors.

We reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, serious injury, accidents and safeguarding alerts. A notification is information about

important events which the provider is required to send us by law. We reviewed the information we had received from Birmingham Local Authority who arranged services at the home. We used this information to inform our inspection.

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.

On the day of our inspection we spoke with six people, one relative and three staff and the registered manager. We observed how staff supported people generally, during lunch and with activities.

We also sampled six people's care records to check they received the care and support they needed. We sampled three staff files to confirm there was a robust recruitment process, training and support for staff. We looked at maintenance, complaints, medication records and audits used by the provider to monitor the quality of the service.

Is the service safe?

Our findings

Everyone we spoke with told us they felt happy and safe in the home. One person told us, "The staff are brilliant." Another person told us, "It's better than okay, it's brilliant." There were clear procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was being harmed or at risk of abuse. For example staff said they would observe for signs of bruising. Staff understood how to report concerns and told us how they would ensure these were acted upon. We saw that there was information available for staff, relatives and people so that they knew who they could contact if they had any concerns about care provided.

Risk assessments were in place in respect of the management of risks related to care of people. People were involved in how the risks to them were managed. For example, one person told us they were on a pureed diet because they had swallowing problems. We saw that risk assessments were in place for a variety of risks including moving people safely and the use of emergency call buzzers. All staff spoken with were able to tell us about the risk assessments and risk management plans in place to protect people. We saw that although emergency call buzzers were in place they were not always accessible to people. Some of these people had been assessed as not being able to use them but one person we spoke with was and said, "I can't reach it from where I'm sitting." This meant that some people did not have emergency buzzers in reach so that they could get support when they wanted or needed it.

We saw people had variable experiences of care depending on which floor they lived on. We saw that the staffing levels

on the ground floor were sufficient to meet people's needs however on the day of our inspection people on the top floor received delayed support. We saw that staff were very busy and tried their best to meet people's needs but there was a delay in people getting assistance during our inspection. One person waiting for a wash told us, "I think they have a lot to do, two people looking after ten who need things done." At 11.30 some people were still waiting for personal care on the top floor. Staff told us that this was not usually the case. We saw that the staff were not being supported by the nurse to provide care and this had also resulted in lunchtime being delayed for people. We brought this to the registered manager's attention for them to address with the individual. The registered manager told us that there was a system they used to calculate the staffing levels that was based on people's dependency levels and the layout of the building. The registered manager told us that there was an ongoing recruitment programme and in the interim regular agency staff were being used. Staff rotas showed that there was continuity of care for people because regular agency staff were used.

All staff spoken with said all the required recruitment checks were undertaken before they started working and that they received an induction into their role. We looked at three staff recruitment records and we saw that all relevant checks had been completed.

We saw that medicines were appropriately stored and there were systems in place to order and receive medicines into the home. One person told us that they got their medicines on time. We looked at the medicines records of five people and saw that medicines were generally administered as required. We saw that only staff trained in the safe administration of medicines gave out the medicines.

Is the service effective?

Our findings

People we spoke with told us they were happy with the care provided. One person told us, "I can get up and go to bed when I like. My family can visit when they want." Another person told us, "I'm very happy, can't grumble." A relative told us that they had been involved in planning their family member's care and an assessment had been carried out before they moved into the home. They told us, "He [family member] was sorted before he came here." This meant that an assessment had been carried out and the service had determined that they were able to meet the individual's needs.

People were involved in their daily care and decided what they did, for example, whether they got up or stayed in bed and what they ate. People told us they were happy with the support they received. One person told us, "The staff are brilliant." One person had their main meal at the end of the day as was their wish rather than at midday along with everyone else. We saw that staff were confident and competent in supporting people to be moved when lifting equipment was used. Staff were able to tell us how they supported people if they were upset and angry and this was reflected in people's care plans. All the staff spoken with were knowledgeable about people's needs, their likes and dislikes and how much they liked to be involved in their care. Staff told us and training records confirmed that they were supported to gain the skills and knowledge they needed to support people safely. Staff told us and records confirmed that they received regular supervision and attended meetings so that they felt supported to carry out their roles.

The registered manager told us and we saw people's ability to make decisions had been assessed. One person told us that they were asked what help they needed and were involved in their care. Staff were able to tell us how they were able to get consent either verbally or through signs or body language. Staff told us that if people were unable to consent they asked people close to them about their needs and how they preferred care to be provided. Staff spoken with had a good understanding of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). Records showed that the majority of staff had received training in the Mental Capacity Act, so they had the knowledge they needed to be able to support people and ensure their rights were protected.

The registered manager told us that no DoLS applications had been made at the time of our inspection but forms had been accessed. She was in the process of completing forms because there were systems in place that could restrict people's liberty such as locked doors and the use of bedrails and some people were not able to consent to these restrictions. Some people had the code to be able to go out as they wished so that people did not have any unnecessary restrictions on their liberty unless it was for their safety.

People spoken with all told us they were happy with the food they ate. One person told us, "I enjoy the food." Another person said, "Food is good." Staff told us the food was all freshly cooked, choices were available and there was always plenty of food available. Kitchen staff were aware of people's likes and dislikes and any special diets such as vegetarian, soft or diabetic. We observed the midday meal and saw that people were given choices and support when needed. We saw that people enjoyed their meals. We saw that risk assessments were carried out to determine if people were at risk of not eating or drinking enough to remain healthy. We saw that there was a snack/hydration table available on each floor that contained fruit, cakes and drinks so people could access these if they wanted. We saw that people received snacks and drinks throughout the day and staff responded promptly to requests for drinks. We saw that people who were not eating well were closely monitored and encouraged to eat. Referrals were made to health care professionals such as speech and language therapists and dieticians for advice.

At the time of our inspection one person was assisted to attend an appointment for blood tests. People told us they could see the doctor if they were not feeling well. People were registered with a number of local doctors although a choice of practices was not always possible due to difficulties registering people with some practices. People were appropriately referred to other healthcare professionals including nurses who specialised in dealing with skin damage and eye clinics so that people with diabetes could have their eye sight monitored regularly because they were at risk of additional sight loss. Some people prone to falls were referred to the falls clinic for advice and support in respect of suitable equipment.

Is the service caring?

Our findings

All the people we spoke with made positive comments about the staff. One person told us, "Very friendly staff, and no complaints at all about place or staff." During our conversations with staff they spoke about the people they supported in a kind and compassionate way that respected people as individuals. Our observations showed that most staff interactions were caring and attentive towards people. We saw that staff chatted with people when they had the opportunity and we saw there was jovial conversations on the ground floor.

People told us that staff spoke with in a respectful and dignified way. We heard staff use people's preferred names when speaking with them. We saw that people's dignity was maintained when they were hoisted from one place to another and they were told what staff were doing. Care records encouraged staff to be mindful of and promote good physical appearance for people so that staff understood the importance of looking good to promote peoples dignity. We saw that everyone looked well cared

for. However, we saw that one person who often shouted out from their bedroom was sometimes ignored. We saw that a member of staff walked past the bedroom without responding when the person was shouting out and needed support with ensuring their dignity was maintained. No actions were taken to reassure the individual or ensure that their dignity was maintained.

People told us that they were comfortable with the staff and were able to make choices, for example, if they wanted to stay in bed or get up and that they were supported to do what they wanted. We saw that some people had chosen to stay in bed. People who got up late were given the option of whether to have a late breakfast or wait to have their lunch. We saw that one person was enabled to have their main meal in the evening rather than at midday as was their choice. We saw that care records ensured that people's independence and choices were encouraged and supported wherever possible. We saw that plate guards were provided so that people were supported to eat independently.

Is the service responsive?

Our findings

All the people spoken with told us they received care in the way they wanted. Although one person was waiting to be assisted with personal care they told us they had had their breakfast and said, "It's more than okay, it's excellent really." One person told us and we saw that they had a small fridge which enabled them to keep yoghurts in their room. We saw that people were provided with the equipment they needed to remain comfortable and safe. For example, we saw people with access to wheelchairs, recliner chairs, pressure relieving mattress and cushions. Although we saw that some emergency buzzers were not in the reach of people one person told us, "They [staff] come quickly if you press. They come and put me on my side sometimes." We saw and people confirmed that their needs were reviewed on regular basis so that any changing needs were met.

People had access to group and individual activities to take part in. One person told us that they were aware of the activities but they preferred to stay in their bedroom and listen to classical music. We saw that on the ground floor people had a cream tea and staff spent time chatting with them. We saw that staff did not have time to interact with people on the top floor in the same way that staff on the ground floor did due to the staffing levels. We were told

that the activities person went to support people on the first floor however this did not occur during our inspection. Staff told us that the activities person did baking with people, supported them to have their hair and nails done and sat with people in their bedrooms. There were group activities such as reminiscence, singing and dancing. We saw that there was an activities board that showed the activities available for people to be involved in if they wanted. We saw and people told us that they were able to maintain relationships with friends and relatives who were able to visit when they wanted.

People told us they knew how to raise concerns and complaints and we saw that complaints that had been received were responded to appropriately with actions taken to address the issues raised. We saw that questionnaires had been sent to people and their representatives asking for feedback on the service they received. These had been analysed and action plans put in place to address the issues. Information was available regarding the minutes of the resident/relatives meetings and outcome of the satisfaction survey on display around the home for people to access. Outcomes of meetings held and feedback from relatives and people who used the service was also displayed which created an open culture within the home.

Is the service well-led?

Our findings

This was the first inspection since this service was registered with us. All the people we spoke with told us that they were happy with the service provided and spoke positively about the staff. We saw that information such as the services available and how to raise concerns and make complaints were displayed in the home for people that lived there or their visitors to access.

We saw that people and their relatives were asked to provide feedback on the quality of the service provided. This was done through a variety of ways including comments books, questionnaires and meetings. Analysis of recent questionnaires, complaints and meeting minutes showed a high level of satisfaction with the service and had resulted in action plans being put in place to address any issues that were not satisfactory. For example, issues had been raised about items of laundry going missing and the car park needing more lighting. Plans had been put in place to address these issues. In addition issues had been raised about communication with relatives and communication boards were being considered to be put in bedrooms so that information could be passed on between staff and relatives.

There was a registered manager in post. People told us that they felt the service was well managed and staff told us that the registered manager was accessible, caring and listened to their views. There were regular meetings where staff were able to discuss issues and areas of concerns. The registered manager told us that she had carried out unannounced checks during the night to ensure that care

was appropriately provided and that admissions to the service were being made on a gradual basis to ensure that people's needs were known. The registered manager told us this ensured documentation could be put in place before the next person moved in and enabled recruitment to continue and for staffing levels to be increased as required. The registered manager was fulfilling her responsibility to notify us of significant events that occurred in the home so that we were able to monitor these.

We saw that there were some audits in place to monitor the quality of the service provided but these had not always been effective in identifying the areas for improvement that we had. For example, there were care plan, medication and weight audits. We saw that audits needed to be carried out on a regular basis regarding the accessibility of emergency buzzers and the level of support provided by agency staff so that improvements in the service could be made. We saw that although some issues had been identified in the care plan audits these were not always followed up in the next audit. We saw that the provider carried out some audits but these were not very regular and not always very detailed so that it was not always possible to see which records they had sampled.

We saw that there were some issues regarding the management of records. For example, we saw that tablet counts were not accurate, the risk assessment for one person was contradictory stating the individual was unable to use the buzzer but also said to make the buzzer available at night.