

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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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

People's experience of using this service:

People and their relatives were positive about the quality of care at the home. Typical comments included, "The staff are fabulous – it feels like they are because they really care." People told us how much they enjoyed the efforts that staff made to organise fun social events and make the place feel homely.

People told us they felt safe in the home and received their medication at the right times. There were enough staff on duty to keep people safe and to allow staff to spend time with people without having to rush.

Staff received the training they required to meet people's needs and told us that the training had helped them to improve their practice. People told us how much they enjoyed the food on offer and we saw they had access to food and drinks throughout the day. Staff were consistently monitoring people's health and acted quickly to refer people to healthcare professionals when it was needed.

Staff treated people with kindness and respect and were patient in helping people when they became anxious or confused. People's independence was promoted because staff allowed people to mobilise independently and carry out tasks that people could do for themselves.

People and relatives knew how to complain and felt confident that action would be taken if they had any concerns. There were plenty of activities and events to keep people busy and people's individual needs had been assessed and were being met.

People and staff were happy with the way the service was being led and managed. The registered manager was well-known and people felt they were approachable. There was a culture of quality improvement in the home, with action being taken when issues were identified.

More information is in the detailed findings below.

Rating at last inspection:

Good (report published 07 September 2016)

About the service:

Hasbury Care Home is a care home that provides personal care for older people, some of whom are living with dementia. At the time of the inspection, 19 people lived at the service. The home was established over two floors, with a range of communal areas included dining spaces, a large garden and smaller lounge spaces.

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

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service improved to Good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Good.

Details are in our Well-Led findings below.

Good ●

Hasbury 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Hasbury Care Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with five people and two relatives to ask about their experience of the care provided. We spoke with three members of care staff, the nominated individual and the registered manager. During the inspection we also spoke with one visiting healthcare professional.

We reviewed a range of records. This included three people's care records and medicine records. We also looked at two staff files around staff recruitment. We also reviewed records relating to the management of the home including checks and audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes

- People we spoke with told us that they felt safe in the home and we saw that staff took care to maintain a constant presence in communal areas to make sure people were safe.
- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One member of staff said, "I would always share my concerns with managers and they have always listened to me."

Assessing risk, safety monitoring and management

- People had access to equipment such as walking aids and lifts which helped them to mobilise safely around the home. We saw that staff took care to keep rooms clear of obstacles to reduce the risk of trips and falls.
- Records showed that checks were carried out on the building to ensure people were kept safe. These included checks on fire safety and moving and handling equipment.
- Risk assessments were in place to reduce the risks to people and guidance was provided for staff to help them reduce these risks. Risk assessments were reviewed following any accidents or when people's needs had changed.

Preventing and controlling infection

- People were protected from the risk of infection. People and their relatives told us they thought the home was kept clean and tidy. One relative told us, "The bedroom is always clean no matter what day or time I come."
- We saw staff had access to personal protective equipment such as gloves and aprons when delivering personal care and care was taken to cover food when it was being taken to people's rooms.

Using medicines safely

- Medication was stored and disposed of safely and records showed that people received their medication at the right times. Staff took care to give medication safely and in line with people's care plans.
- Some people required medication 'as and when required' and we saw people being asked if they wanted these medicines. There were clear protocols for staff to follow when giving these medicines.

Staffing levels

- There were enough staff on duty to meet people's needs and keep people safe. People told us that they did not have to wait long when they asked for assistance. One person said, "The staff will come within five

minutes if I press my call bell."

- We saw that staff had time to sit and talk to people and did not have to rush when offering care and support.
- Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Learning lessons when things go wrong

- Incidents and accidents were monitored and analysed so that changes could be made to reduce the risk of further harm. For example, one person was transferred to a downstairs bedroom following a series of falls.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Records showed that best interest discussions were had when people lacked capacity to make decisions and these discussions involved relatives and other professionals when relevant. For example, a number of best interest meetings were held to agree the best way to support one person who had fallen on a number of occasions. A sensor mat had been placed in the person's bedroom to enable staff to monitor their safety but this had been removed following a review meeting as it was agreed it was no longer needed.
- Records showed that the provider had made DoLS applications where people had been assessed as lacking capacity and staff had a good understanding of the MCA. We saw staff asking people if they wanted support before providing it.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.
- The registered manager carried out detailed assessments of people's needs prior to admission to ensure the service could meet their needs.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when required to promote their health and well-being.
- People told us that they were supported to attend appointments such as dentists and opticians and records contained details of these appointments. One relative told us, "My Mum sees the GP and district nurse more now than she did when she lived at home."

Staff skills, knowledge and experience

- Staff received training which was effective and relevant to people's needs. We saw that all staff completed the training that was required, including sessions on dementia, safeguarding and moving and handling. Some training was delivered by external specialist trainers.

- Staff told us they found the training had helped them in their work. One member of staff told us, "The training is brilliant here and we get loads of information. The best one was the dementia training which was really useful".

Eating and drinking enough with choice in a balanced diet

- People we spoke with told us they liked the food and if they did not like what was on the menu, they could request something else. One person told us, "The food is lovely here. They cooked a meal just for me last night and it was lovely!"
- People could choose where they wanted to eat and staff were available to support and prompt people at meal times. Food was provided in line with people's needs. For example, some people required softened food or a fortified diet and we saw that these were provided.
- People were offered drinks and snacks on a regular basis throughout the day.

Staff providing consistent, effective, timely care within and across organisations

- The visiting professional we spoke with was positive about the home and told us referrals were appropriate. They also told us that their professional advice provided was followed carefully.
- Records showed that staff monitored people's health care needs and contacted specialists for advice. For example, some people had been referred to their GP or a dietician when they had lost weight.
- Staff told us that there were effective systems in place, such as handover meetings, to ensure they were able to keep up to date with any changes to people's needs.

Adapting service, design, decoration to meet people's needs

- People told us they liked their bedrooms and we saw people being able to choose to spend time alone or with others. There were a number of communal areas for people to enjoy and staff told us people enjoyed spending time in the large garden in warmer weather.
- There was a range of bathrooms on both floors so people could choose to have a bath or a shower and people could move safely between floors by using the lift.
- The registered manager told us plans were in place to make the environment more suitable for people living with dementia. These plans included installing new signage so people could find their way around the home.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We observed people were treated with kindness and were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us, "The staff are ever so good; they are great and I am always happy."
- We observed staff supporting people with patience. For example, people were being helped to mobilise at a pace they were comfortable with and were told what was happening before support was given.
- Staff responded quickly when people became anxious or confused and used touch and distraction to support people.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to and involved in how their care and support was provided.
- We saw that people were asked to make choices about everyday life in the home such as what food they wanted and where they wanted to sit. One person said, "The staff always let me choose what I want to eat and wear."

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted. For example, we saw people being prompted by staff who then stepped back and let people complete tasks on their own when they were able to do so. One person told us how staff supported them to take their medication independently. One relative told us that their family member was now mobilising more independently since living in the home.
- People's dignity and privacy was respected. One visiting professional told us they had observed one member of staff deal with a difficult incident whilst maintain the person's dignity.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were free to visit anytime and always felt welcome.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People and relatives told us about how much they loved the parties and events that staff organised. One person said, "The social events are great. We all get dressed up and we've had a great time". One relative said, "The staff really join in and make an effort."
- Staff were knowledgeable about people and their needs. We saw one person's care plan refer to the benefits of having their feet raised and we saw staff ensure this happened. Care plans were reviewed and amended when people's needs changed to ensure people received care and support that was in line with their needs and preferences.
- People told us they were able to find plenty of things to do and we saw people engaged in a number of activities during the inspection. Staff were supporting people to reminisce with old newspaper cuttings and others were knitting, reading and watching TV.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to complain and felt confident that any concerns would be dealt with quickly. Relatives told us they were kept informed and involved in reviews of people's support.
- We saw that the provider had received one complaint in the last 12 months and this had been investigated. The complainant had been provided with a formal response.
- The provider kept a record of compliments which had been received from relatives and visiting professionals. Comments included, "Since [person's name] have been in your care, I have seen a huge improvement in their health – keep up the excellent work".

End of life care and support

- No-one was receiving end of life care at the time of our visit. However, care plans contained information in relation to people's individual wishes regarding end of life care, including religious preferences and who they wanted to arrange their funeral.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care

- A range of checks and audits were carried out to monitor the performance of the service and staff. These included checks on falls, medication, daily records and care plans. We saw examples of where recommendations were carried out as a result of an audit.
- There was an on-call system in place which staff could use to contact managers during evenings and weekends and staff told us this worked well. One member of staff said, "The care is good here because managers react very quickly to issues that arise."
- The registered manager told us that they attended a number of local forums and meetings to keep up to date with good practice guidelines.

Engaging and involving people using the service, the public and staff

- People and relatives were encouraged to give their feedback on the quality of the service through questionnaires and in organised meetings.
- Feedback was used to plan activities and make improvements to the home.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and staff told us they felt listened to and that the registered manager and provider were approachable. One relative said, "I know the manager very well and I would speak to her if anything as wrong."
- Staff spoke positively about the registered manager and felt they were supportive. One member of staff said, "The manager does correct me when needed and the level of support is good."
- Managers spent time with people and led by example to demonstrate how people should be supported with respect. We saw that the registered manager worked 'on the floor' every weekend to ensure they kept in touch with people and staff.

Working in partnership with others

- Health professionals we spoke with felt there was a positive working relationship between the registered manager and themselves.
- The service had good links with the local community and the provider worked in partnership for people's benefit.
- The registered manager reported that working relationships were good with other partners such as the local GP, dentist and pharmacy, all of whom had been working with the home for many years.

