

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Hasbury Care Home

154 Middleton Hall Road, Kings Norton,
Birmingham, B30 1DN

Tel: 01214592234

Date of Inspection: 02 July 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Hasbury Care Homes Ltd
Registered Manager	Mrs Rajwantee (Sally) Chundoo
Overview of the service	Hasbury Care Home provides personal care and accommodation for up to 24 older people. Nursing care is not provided.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

This inspection was undertaken by one inspector. At the time of our inspection there were 24 people staying at the home.

We set out to answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

There were effective recruitment and selection processes in place. These processes included the completion of an application form, being interviewed and appropriate checks being undertaken.

People in the home appeared relaxed and comfortable with the care staff who were supporting them. People confirmed they felt safe living at the home and the relatives of two people who lived at the home told us they thought people were safe.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. While no applications have been made under this legislation for any person living at the home we found that the manager understood their responsibilities in relation to the law.

The systems for ensuring people received their medication as prescribed needed to be improved. We found there had been some occasions where medication had run out before new supplies had been received. We spoke to the manager about this incident and subsequently received information outlining the circumstances of this matter together with assurances that the errors would not be repeated.

Is the service effective?

Staff received the support and training needed to ensure that they offered effective support to people that used the service.

There were some organised activities available for people and a schedule of activities was on display in the home.

People were observed to have been appropriately supported with dressing, personal hygiene and grooming. With the exception of one person, everyone told us they were satisfied with the frequency they were offered a bath or shower.

Our discussions with staff showed they had a good awareness of people's health conditions and records showed that people were supported to attend the health care checks that they needed to.

People had access to a range of health and social care professionals both within the community and those that visited the home. Following our visit, we spoke with a health professional who had regular contact with people at the home. They told us they had no major concerns about the care people received and that when they suggested areas for improvement that these were acted on.

Is the service caring?

People who were staying at the home made positive comments about the staff who supported them. One person told us, "Staff are all lovely and help me." Another person told us, "I could not find anywhere better." We spoke with the relatives of two people living at the home who told us they were satisfied with the care provided. One relative told us, "Staff are really lovely, I've no concerns, it's an excellent home."

From observations it was evident that staff took their time when supporting people and did not hurry them. We saw good interactions between people and staff. We saw that staff were friendly and laughing and joking with people as they offered support. We saw that people were supported by staff in a sensitive and respectful way.

Is the service responsive?

We found that people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People had opportunities to express their views about the service provided. This included their involvement in group meetings and service satisfaction surveys. Surveys seen indicated that people were mostly happy with the service. People told us they were able to raise any concerns they had.

Our previous inspection in January 2014 we found that there were some areas that needed to be improved and we issued compliance actions. At this inspection we found that improvements had taken place to meet the compliance actions.

Is the service well-led?

We saw that the home had a staffing structure that enabled the service to be managed appropriately. This included a manager that was registered with us and was responsible for the running of the service.

A care staff told us "It's very rare I have any concerns. The home runs smoothly, staff are all lovely to work with and the management structure works well." A relative of a person living at the home told us the manager was approachable. They told us the manager had been open about the findings of our previous inspection and that the home needed to make improvements.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 20 August 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Our previous inspection in January 2014 we found that improvement was needed to make sure care and treatment was always planned and delivered in a way that would ensure people's safety and welfare. This inspection found that improvements had been made.

We spoke with seven people who lived at the home. With the exception of one person, they all told us that they were happy with how their care needs were being met. One person told us, "Staff are all lovely and help me." Another person told us, "I could not find anywhere better." We spoke with the relatives of two people living at the home who told us they were satisfied with the care provided. One relative told us, "Staff are really lovely, I've no concerns, it's an excellent home."

From observations it was evident that staff took their time when supporting people and did not hurry them. We saw good interactions between people and staff. We saw that staff were friendly and laughing and joking with people as they offered support. We saw that people were supported by staff in a sensitive and respectful way.

People were observed to have been appropriately supported with dressing, personal hygiene and grooming. With the exception of one person, everyone told us they were satisfied with the frequency they were offered a bath or shower. The provider may find it useful to note that one person told us they had only had two showers in a three month period and they would like to have more. A relative told us that whilst they were satisfied with the personal care provided more attention could be given to people's nail care.

We tracked the care of three people using the service. This helped us to understand their experiences of what it was like to live there. Each person had a care plan and there were individual risk assessments in place. These included assessments of people's risk of developing pressure sores, manual handling needs and malnutrition. The provider may find it useful to note that for one person their risk of developing pressure sores had been assessed on discharge from hospital but had not been reviewed. We also found that,

although staff were recording they were checking people's skin for pressure areas the outcome of the check was not being recorded. Following our inspection we were informed by the provider that new charts to record the outcome had been introduced.

One person required the texture of their food to be altered to enable them to safely swallow it. We spoke with care staff about the support needs of this person and found they were aware of the person's needs. Our observations of the lunchtime meal showed the person had the food texture they needed and that they were assisted to eat with the type of cutlery as directed in their care plan.

We looked at the care of one person who was underweight. We found that a nutrition assessment had been completed for the person and that their food intake was monitored. The person was also had their weight regularly monitored and this showed the person had gained weight since moving to the home.

People had access to a range of health and social care professionals both within the community and those that visited the home. This included general practitioners, community nurses, chiropody and dental services. Records were kept of appointments or contact with health and social care professionals. Following our visit, we spoke with a health professional who had regular contact with people at the home. They told us they had no major concerns about the care people received and that when they suggested areas for improvement, these were acted on.

There were some organised activities available for people and a schedule of activities was on display in the home. Activities on offer included a musical entertainer and gentle exercise. During our visit a game of bingo took place which people seemed to enjoy. People who lived at the home told us they were satisfied with the activities on offer. The provider may find it useful to note that a relative told us that the frequency of activities could be improved and people encouraged to do more. They gave an example of it being a sunny day but only one person had been assisted to spend time in the garden.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. While no applications have been made under this legislation for any person living at the home we found that the manager understood their responsibilities in relation to the law.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The majority of medication was securely stored in locked trolleys. Medication trolleys were properly secured, supervised and not left unattended whilst in use. Additional facilities were available for controlled medicines that required special storage. Some medication was stored in fridges so that they were stored at temperatures as directed by the manufacturer. We observed this medication was stored alongside food in the kitchen and not in a lockable fridge for the sole purpose of storing medication.

Records showed that regular audits of medication was undertaken, this included checks to ensure that the records retained tallied with the quantity and numbers of drugs kept at the home.

Staff we spoke with and staff training records demonstrated that staff received training and support to ensure they had the skills necessary to safely administer medicines. We found that the process of administering medication was undertaken by members of staff who had received appropriate training to administer medication. Evidence showed that further training in medication administration was scheduled to take place on the day after our inspection visit.

We spoke with two members of staff about a particular medication prescribed to one person. Whilst staff initially did not know what the medication was for they knew where to access this information and were able to do so without delay.

We looked at the administration of medicines for four people living in the home to determine if medicines were administered appropriately. The pharmacy supplied the majority of medicines in small containers specific to the person. They were also labelled with the day and time the medicines needed to be given. Each container had the name of the person and the medicines they contained and this acted as a separate check that medicines were given to the right person.

We found there had been some occasions where medication had run out before new

supplies had been received. A few days prior to our visit there had been a delay in a person receiving pain relief as staff had not made arrangements to have enough in stock. We spoke to the manager about this incident and subsequently received information outlining the circumstances of this matter together with assurances that the errors would not be repeated.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at the employment records for four members of care staff. These processes included the completion of an application form, being interviewed and appropriate checks being undertaken. This included at least two references being obtained and an enhanced check with the Disclosure and Barring Service (formerly the Criminal Records Bureau). The service had ensured that they gained appropriate information to prove the prospective member of staff's personal identity and ability to work in the UK.

We noted that some of the staff employed at the home had transferred from another company that was also owned by the provider. The provider may find it useful to note that consideration should be given to undertaking a new Disclosure and Barring check for these members of staff.

Records confirmed that staff completed an induction. This ensured that new staff members knew what their job role was and how they needed to support the people living at the home.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with three care staff about the training and support they received. Staff told us the level of training and support received was satisfactory. One care staff told us, "We get lots of training, it's a mix of both in-house and external training." Another care staff told us, "I get frequent supervision."

Training records showed that staff received the training they needed to meet people's needs such as safeguarding, moving and handling, first aid, medication, dementia awareness infection control and food hygiene. We saw that there was a training matrix in place showing that there was a planned approach to staff training. This provided assurance that people were being supported and cared for by staff whose training for their role was being kept up to date.

Staff were supported through staff meetings. These meetings provided an opportunity for staff to discuss any issues affecting the home and their work there. Any identified shortfalls in the service were discussed, so that staff were aware of the improvements that were needed. Information was also shared between the staff team using communication diaries and memos.

Staff also received frequent supervision where their care practice was observed by a senior member of staff. The provider may find it useful to note that the records of supervision lacked detail about any discussions taking place with staff to formally discuss any concerns or issues relating to their role and their overall performance.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Our previous inspection in January 2014 we found that the provider did not have an effective system in place to monitor and identify failings or improve the quality of service provision. At this inspection we found that improvements had taken place.

People were regularly consulted about the care and support they had received. We saw that the provider had conducted regular meetings with people who used the service to get their views on the quality of the service. Minutes of meetings indicated people were generally satisfied with the service.

At our last inspection we were told that it was intended to conduct a survey to capture the views of the people and their relatives. We found this process had started and some surveys had recently been completed. We were told by the manager that once more surveys had been distributed and received then an analysis of the findings would be completed.

We saw that there was a copy of the home's complaints procedure available to the people who lived in the home and to those who may represent them. This contained the information necessary if they wanted to raise an issue. Records showed that only one complaint had been received since our last inspection. Records and discussion with the manager showed the issue had been investigated and resolved.

People told us they were able to raise any concerns or complaints. A person who lived at the home told us, "There is nothing I would change here. I've not had to make any complaints but would tell Sally if I had any." A relative told us, "Any concerns I have raised have been sorted straight away."

We found that systems for monitoring care plans, the environment and health and safety had been improved. Infection control audits were now being completed on a monthly basis and environmental audits had been completed. During our visit we found that repair was needed to a window restrictor, this was completed before we left the home. We discussed with the manager the frequency of the environmental audits and following our inspection

we were informed these would now be completed on a monthly basis.

The home had a registered manager in place who was also the provider. Staff told us the manager was very approachable. One care staff told us, "A great boss, I can raise issues and she will take action if needed." Another staff told us "It's very rare I have any concerns. The home runs smoothly, staff are all lovely to work with and the management structure works well." A relative of a person living at the home told us the manager was approachable. They told us the manager had been open about the findings of our previous inspection and that the home needed to make improvements.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: The provider had not ensured there were satisfactory systems in place to make sure people always received their medication as prescribed. Medication that needed to be stored in a fridge was not stored securely. Regulation 13

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 20 August 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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