

Review of compliance

<p>Hasbury Care Homes Ltd Hasbury Care Home</p>	
<p>Region:</p>	<p>West Midlands</p>
<p>Location address:</p>	<p>154 Middleton Hall Road Kings Norton Birmingham West Midlands B30 1DN</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>October 2011</p>
<p>Overview of the service:</p>	<p>Care home offering accommodation and personal care for up to twenty four adults.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Hasbury Care Home was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 26 July 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People who use the service told us that they were happy with the service provided at Hasbury Care Home. They told us that they received care and support in the way they preferred and in a respectful and timely manner. People told us that they were supported by care workers who had a good understanding of their care and support needs.

People told us:

"I couldn't really be made more comfortable"

"I came from hospital to here. I am quite content".

"The staff come very quickly to help us. They are very good staff".

People that use the service told us that they were happy with the meals provided.

People told us:

"The food is excellent and there is plenty of it. We have a good Cook".

People told us that they are encouraged to pursue any hobbies or interests that they may have. People told us that they are supported to maintain relationships that are important to them.

People told us:

"I am happy here. I go to a club at the church three times a week"

"My family are coming to visit me today and they are taking me out somewhere".

People told us that they felt confident to raise any concerns that they may have about the service and that actions are taken in response to these.

People told us:

"If there was a problem we would speak to one of the staff or the owner"

People told us they had everything they needed and that their rooms were clean.

People told us:

"It is very clean here. I can vouch for that".

What we found about the standards we reviewed and how well Hasbury Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People are respected and are involved in making informed decisions about the service they receive and how the service is run.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

There are systems in place so that people receive effective, safe and appropriate care and support that meets their needs and protects their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

There are systems in place to protect people from the risk of abuse.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

There are systems in place so that people are supported by workers suitably qualified and competent to do so.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There are systems in place to monitor and improve the quality of service being provided to people that use the service.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

People receive the care they require but improvement is needed in the accuracy and quality of record keeping to ensure that peoples' needs are consistently being met.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that they had enough information about the service in order to know what was on offer to them. The service user guide had recently been updated and we saw that copies of these had been distributed to people that use the service. We found that this included information about the service and facilities provided so that people are made aware of what they can expect from the service.

People that use the service told us that they had opportunities to express their views about the service being provided to them. This included their involvement in regular group meetings and the distribution of service satisfaction surveys. People told us that actions are taken following any suggestions that they put forward and the findings of our visit further supported this.

We found that group meetings involving people that use the service were held regularly. We reviewed the minutes of the most recent three meetings and found that people had been consulted about a range of topics regarding the service being provided to them. This included ideas for meals, day trips, birthday celebration plans and the progress of the new shower room. During our visit we saw the manager talking to people about their preference of colour scheme for this room. Cheese and wine evenings are arranged for people that use the service and their families. These are also used as an opportunity to

discuss the service with people that use it. We looked at the minutes of a recent event and found that actions had been taken in response to suggestions made, for the benefit of the people that use the service.

Another system in place for communication between people that use the service, their relatives and the staff team included regular memos that were on display in the service.

We found that service satisfaction surveys had recently been sent to people that use the service and their relatives. These identified that, overall, people were satisfied with the service being provided. Comments included "The meals are very good", "the staff are caring and kind"" and "very pleasant surroundings". We saw that the results of the findings of the surveys had been included within the service user guide. This means that people are made aware of any actions being taken as a result of feed back they have given.

People that use the service told us that they were involved in making decisions about how they spent their time. They told us that care workers respected their decisions and the findings of our review further supported this. People told us "The staff get me up for breakfast at 7am and bring me a cup of tea in bed. That time suits me" and "I roll out of bed when I like".

During the visit we observed care workers support people in a respectful manner. We saw that they greeted people by their preferred names and offered people choices of how and where they wanted to spend their time. People had mixed views about whether they had been offered a key for their bedroom door. We discussed this with the manager who confirmed that this facility was available for all people following risk assessment. She advised that she would discuss this further with the people that use the service so that they were aware that this facility was on offer to them.

Arrangements were underway so that people could follow their religious beliefs if they wished. People were encouraged to maintain contact with their family and other people important to them. There was an open visiting policy and they could meet with their visitors in private if they wished. One person told us "My family are coming to visit me today and they are taking me out somewhere".

Other evidence

Our judgement

People are respected and are involved in making informed decisions about the service they receive and how the service is run.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they were happy with how their care needs were being met by the service. People told us "I couldn't really be made more comfortable" "I came from hospital to here. I am quite content". People told us that they were happy with how their personal hygiene needs were being met by the service. We saw that people were clean, hair was neatly styled and people were wearing clothing appropriate to their age, gender, culture and the time of year. One person told us "I prefer a bath in the evening as I like to get into bed afterwards. That is what I have and I can have a bath every day if I want to".

The registered provider told us that systems were in place so that assessments of people's individual care and support needs were undertaken prior to using the service. These included a summary of their physical and mental health needs so that it was possible to establish whether these could be met at the service. The findings of our review supported this and we found that people had the opportunity to visit the service before deciding if they wished to live there.

We pathway tracked four people that use the service. This helps us to understand their experiences of what it is like to use the service. We found that care plans and personal risk assessments had been written from the assessment information. These are individual plans written with the involvement of people about what they can do for themselves and in what areas they require support. They included information about people's physical and mental health needs, social care needs and their preferences regarding their daily lives.

We found that people using the service had been involved in reviewing their care plans and that care reviews were held regularly. This meant that people were involved in deciding whether their care needs continued to be met using the current plan of care. We saw that changes to the agreed care plans had been made should a person's care needs change. An example of this was that we found that appropriate hoisting and pressure relieving equipment was being provided to a person whose physical health had deteriorated recently.

We found that care plans took into account the physical health needs of people. People had access to a range of health and social care professionals both within the community and those that visited the service. This included general practitioners, community nurses, dieticians, district nurses, dentists and opticians. Care workers were available to support people during these appointments and we found that they carried out instructions given by the professionals following the appointments. People told us "If we need to see a doctor the staff arrange this straight away" and "the doctors come out to see us. The dentist comes here regularly but the chiropodist hasn't been for a while". We discussed this with the manager who advised that she would look into this without delay. Information about people's physical health needs was also available. We found that regular checks of people's weight had been undertaken in order to ensure that these were within normal limits.

People told us that care workers made sure that they had their medication at the times that they required. The findings of our visit further supported this. We found that there were robust systems in place for the management of people's medicines. Medication administration charts were well maintained and care workers told us that they had recently undertaken further training in this area.

We found that arrangements were in place to ensure that people's nutritional needs were being met. One care worker told us "We weigh people monthly and this information is recorded in their care plan. All people are quite stable at the moment but if someone is losing weight rapidly we would call the doctor and supplement the person's diet". People told us that they enjoyed the food provided at the service. They said "I have lived here for years. The food is excellent and "The food is excellent and there is plenty of it. We have a good cook".

We found that staffing levels ensured that people's plans of care and support were met. People told us that staff were available at the times that they needed them and care workers told us that the current staffing arrangements were satisfactory. People told us "The staff are very good. There is always someone around" and "The staff come very quickly to help us. They are very good staff". The manager told us that staff turnover was very low and from our discussions with the care worker team it was evident that they had a good understanding of people's current care needs. Care workers told us that they had read people's care plans. A key worker system was in place and it was evident that a good rapport had been built between people that used the service and the staff team. From our observations during the visit we saw that care workers knew how to support people whilst maintaining their privacy and dignity.

Due to the activity worker leaving his employment, a designated activity worker is not currently employed. The manager told us that she intends to recruit an activity worker in the very near future and in the meantime all care workers are aware that they have a responsibility in this area. From looking at the minutes of recent group meetings, we saw that people were involved in deciding what activities were provided by the service.

People had a range of activities to join in with. Recent events included a garden party, coffee mornings, a weekly exercise class and fortnightly musical entertainment.

We found that people had the opportunity to participate in a number of activities outside of the service. Trips out to a number of places of interest had recently been arranged and a small number of people chose to go to clubs within the local community. This meant that they had the opportunity to meet with people of similar ages outside of the service. People told us "I am happy here. I go to a club at the church three times a week" and "we have been to Bourton on the Water, Stratford and Weston".

Other evidence

Our judgement

There are systems in place so that people receive effective, safe and appropriate care and support that meets their needs and protects their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

Other evidence

We found that there were systems in place to protect people from abuse or the risk of abuse. Care workers told us that they had undertaken recent training about safeguarding issues. From our discussions with the manager and the staff team, it was evident that they had a good understanding of this. We saw that information about safeguarding procedures was also on display for people that use the service to view.

Managers and care workers do not manage people's finances or have access to people's personal details such as bank or building society PIN numbers. We saw that there was a robust system in place for supporting people whilst purchasing small items on their behalf. This meant that it was possible to check that money had been spent according to people's wishes.

We reviewed a staff file of a care worker who had recently come to work at the service. This included all necessary checks such as satisfactory references and criminal record checks. There was evidence that the applicant had completed a robust interview process so that people could be confident that systems were in place to ensure that new workers were suitable to work with vulnerable people.

During recent months we have received one concern of a safeguarding nature about the care provided to a person whilst using this service. This was being investigated by the local authority at the time of our visit. Whilst we are not aware of the final outcome

of this, the local authority has advised us that as a result of their findings of their investigation so far, they have determined that the person had received a good standard of service.

Our judgement

There are systems in place to protect people from the risk of abuse.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

Other evidence

The registered provider told us that there were systems in place so that people's needs were being met by competent staff. During our visit we asked care workers we met about access to training and they told us that they were happy with the amount of training provided to them. Care workers told us that they had undertaken recent training relevant to their job roles including first aid, moving and handling, health and safety, dementia awareness and risk assessment for care. The staff training matrix and individual staff training records further support this. For example one care worker who had worked at the service for a number of years told us "I have got my NVQ 2 and 3 in care. I have had mandatory training recently. As one course stops another one starts. The training is ongoing".

Care workers also told us that they were supported within their job roles and that a system of staff supervision was in place. From records sampled we identified that people regularly met with their line manager and that an annual appraisal was undertaken. This is an opportunity for care workers to discuss their individual case loads, any concerns they may have and their training and development needs. One care worker told us "We have regular supervisions. The manager or deputy manager do mine. We talk about positives and weaknesses in my work performance and they ask me if I am happy with everything".

We found that staff meetings were held regularly. Staff told us that during these meetings that they had the opportunity to put forward their suggestions about the

service being provided. We found evidence of actions being taken in response to ideas put forward by the staff team.

Our judgement

There are systems in place so that people are supported by workers suitably qualified and competent to do so.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We found that arrangements were in place so that people had the opportunity to raise any concerns that they may have about the service provided. People told us that they felt confident to raise any concerns that they may have about the service and that actions are taken in response to these. People told us "If there was a problem we would speak to one of the staff or the owner" and "the manager will come if we ask".

There were systems in place to capture the views of people that use the service and those people important to them. This included group meetings and service satisfaction surveys. The manager told us that information from these are used as part of the ongoing monitoring of the service.

Other evidence

We have not received any recent complaints about the service. We reviewed the complaints and incident books held at the service. We found that the service does not receive high numbers of complaints and no trends or regular incidences were identified. We found evidence that all concerns, complaints and incidents are taken seriously, investigations are undertaken and comprehensive feed back is given to whoever has raised the concerns. We found that actions are taken as a result of concerns raised in order to improve the quality of service provided.

We found that quality monitoring systems were in place. Internal audits are undertaken such as accidents and incidents, complaints and medication. Ongoing audits are also in place to ensure that people were provided with a safe and hygienic place to live. This

included the use of maintenance diaries to ensure good communication between the staff team and up to date training about infection control and health and safety matters. We found that the service was clean, tidy and well maintained on the day of our visit. Personal protective equipment (gloves and aprons) were available for staff to use as needed and a hygienic facility was available for the washing of people's personal clothing and bed linen. A cleaning schedule was in place and shortly after our visit the manager sent us a copy of the procedure that she had written for staff regarding the cleaning of commode pots. One person that uses the service told us "It is very clean here. I can vouch for that". We did however identify that despite regular checks of hot water outlets being undertaken, a number of water temperatures in people's bedrooms were below normal limits. Shortly following our visit the manager sent us confirmation that actions had been taken by an external contractor in order to rectify this.

Our judgement

There are systems in place to monitor and improve the quality of service being provided to people that use the service.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

Other evidence

During our visit we saw that records relating to people using the service were appropriately stored. This should ensure that peoples' confidentiality was maintained.

The findings of our visit identified that a small number of improvements regarding record keeping were needed. This included the absence of a record being kept to evidence the frequency and timings of support being provided to a person who spent most of their time in bed. However other evidence on the day of our visit identified that this person's physical care needs were being met by the service. Shortly following our visit the manager confirmed that a "change of position" record was now being maintained for this person

We found that there were inconsistencies regarding the records being kept about the support people received regarding their personal hygiene care needs. There was confusion because there were two different bath and shower records being used for each person. Neither of these were an accurate reflection of the support being provided. This meant that it was difficult to determine how often people had a bath or shower. Other evidence on the day of our visit identified that people's personal care needs were being met by the service in a satisfactory manner. Shortly following our visit the manager confirmed that just one document was now in use so that an accurate

record could be kept.

We found that it was often difficult to establish what activities people had taken part in and whether they had enjoyed these. This was because information about this was being recorded in a number of areas instead of staff using the same document. Shortly following our visit the manager sent us an example of a revised document that was now being used. This included space for information about the success of an activity so that this information could be used when planning future activities.

Our judgement

People receive the care they require but improvement is needed in the accuracy and quality of record keeping to ensure that peoples' needs are consistently being met.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>Why we have concerns: People receive the care they require but improvement is needed in the accuracy and quality of record keeping to ensure that peoples' needs are consistently being met.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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