

***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

Date of Inspection: 31 January 2013

Date of Publication: February
2013

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ 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 31 January 2013, 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 staff and talked with stakeholders.

What people told us and what we found

There were 23 people using the service at the time of our inspection. We spoke with six of these people and the staff that were supporting them.

People told us that they were happy with how their care and support needs were being met. They told us that staff were available at the times they needed them and that they supported them in a respectful manner. People told us that staff offered them choices of how and where they wanted to spend their time. Comments included: "There are staff available to help me whenever I need them," and "The staff treat me very well."

People told us about the quality and choice of food and drink available. They told us that they were satisfied about the choice and quality of meals and that food and drink was readily available to them. A person using the service told us "The food is good and we get a choice of meals. I particularly enjoy the roast dinner on a Sunday."

People told us that they felt safe living at the home and that they would speak to the staff if they had any concerns. A person using the service told us "I would talk to the staff if I had any complaints."

During our inspection, we asked local authority staff involved in monitoring the home about the quality of service provided. They told us that they did not have any concerns about the service provided.

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

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

There were systems in place to ensure that people received enough information to decide whether to use the service. A 'service user guide' had been produced. This included information about the facilities and services provided at the home. It was available to people in formats that were easy to understand. We saw that these had been given out to people using the service. A newsletter was on display. This included photographs and information of interest to people using the service and their visitors regarding life at the home.

Arrangements were in place so that people were involved in making decisions about how they spent their time. For example, people could choose what time to get up in the morning and what activities they wanted to take part in. People were able to move freely around the home and garden and socialise with others at the times that they wanted.

People's diversity, values and human rights were respected. During our inspection, we saw that staff supported people in a respectful manner. We saw that they greeted people by their preferred names and spoke to them in a calm and sensitive manner. People were wearing clothing and jewellery of their choice. People's lifestyles reflected their age and interests. People had been actively involved in personalising their bedrooms. Arrangements were in place so that people could continue to practice their chosen religions whilst living at the home.

People were encouraged to maintain contact with their family and friends. People could meet with their visitors in private if they preferred. People could also choose to visit their friends and families outside of the home as they wished.

People using the service and their relatives had opportunities to express their views about the service provided at the home. This included their involvement in annual service satisfaction surveys. A report based on the findings of the 2012 surveys had been written. This identified that people were happy with the service being provided to them and that

they felt safe living there.

Group meetings involving people using the service and their families were held. This meant that people had the opportunity to put forward their suggestions about how the service was run. A person using the service told us "The 'residents meetings' are useful. Staff ask us for our opinions and whatever we suggest they sort out for us." A fish and chip supper had recently been arranged following a suggestion made by people using the service.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People told us that they were happy with how their care needs were being met whilst using the service. Comments included: "There are staff available to help me whenever I need them," and "If I use my nurse call, the staff come quickly."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The manager had undertaken assessments of people's care needs prior to them using the service. This was in order to ensure that their individual care needs could be met.

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. We found that care plans and personal risk assessments had been written from the information collected at their assessment. These individual plans were written with the involvement of people using the service. Care plans included details of what people could do for themselves and in what areas they required support.

Care plans included information about people's mental and physical health needs, social care needs and their preferences regarding their daily lives. These had been regularly reviewed in order to assess the effectiveness of the care and support being provided. Amendments had been made as necessary in order to ensure that people were receiving the support that they needed.

Risk assessments identified individual risks specific to people using the service and the staff who supported them. These included the risks associated with people's physical and mental health conditions and activities that they undertook.

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. A person using the service told us "If I am ill, staff get the doctor to come out to see me."

People's nutritional and hydration needs were being met. Menus identified a variety of meals and a choice of food was available. It was evident that staff had a good

understanding of people's dietary preferences. Special diets were prepared for reasons of health, religion or taste preferences. People were weighed regularly in order to monitor for weight loss or gain. People using the service told us "The food is good and we get a choice of meals. I particularly enjoy the roast dinner on a Sunday," and "Staff always remember what I like to eat and how I like my food prepared."

We observed the support people received during their lunch time meal. This was given in a sensitive and unhurried manner. We observed friendly banter between people using the service and staff during the lunch time meal. Condiments were available so that people could help themselves to these. Hot and cold drinks were regularly served throughout the day.

We looked at how medicine was managed in the home. Written records of medication administered were well maintained. Medicines were stored safely and staff had undertaken training in this area.

People had a range of activities to join in with, both within and outside of the home. Recent in house events included a musical entertainer, reminiscence, bingo, keep fit, arts and crafts and computer skills workshops. Recent trips made outside of the home included a local theatre, park and lunch at a local pub. People had a choice of whether to participate in these activities or not. Some people chose to spend more time in their bedrooms pursuing their own interests. A person using the service told us "I have made lots of friends since coming to live here."

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

There had not been any recent safeguarding concerns involving people using the service. People told us that they felt safe living at the home. They told us that they felt confident that they could raise any concerns that they had, with any of the staff working there. A person using the service told us "I am comfortable here, I feel safe"

Staff had undertaken recent training about safeguarding issues. From our discussions with staff, it was evident that they had a good understanding of safeguarding matters. A policy about protecting vulnerable adults was in place. This reflected local multi agency guidelines.

No deprivation of liberty safeguards had been applied for recently. Staff had undertaken training about this so that they would be aware of the actions to take should the need for this arise.

Staff supported people to purchase small personal items out of their own money. A robust system was in place in order to protect both people using the service and the staff team. Comprehensive records of all money spent were available and regular checks of the system in place were undertaken. This meant that any shortfalls could be identified.

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

People told us that they were happy with the staff team that were supporting them. During our inspection, we saw that staff supported people in a caring and sensitive manner and in a way that encouraged them to be as independent as possible. Staff had worked at the home for a number of years and it was evident that a good rapport had built up between themselves and people using the service. People using the service told us "The staff treat me very well," and "Staff have worked here a long time, they are kind to me."

There was an effective system to ensure that staff were kept up to date regarding their training needs. Staff had undertaken refresher training in a number of areas. This included fire safety, infection control, moving and handling, food hygiene, dementia awareness and first aid. In addition, all staff had achieved nationally recognised care qualifications. This meant that people were cared for by well trained staff.

Staff told us that they were supported within their job roles and that they could speak with their manager at any time they needed. A system of staff appraisal was in place. This was an opportunity for staff to discuss their work performance and their training and development needs. Practical supervisions were also undertaken such as observations of staff undertaking care and support tasks. This ensured that staff provided a good standard of care in a safe manner.

Handover sessions were undertaken at shift changeover. This included both verbal and written information from one staff team to the next. This ensured that people using the service had a good continuity of care and were cared for by people who had up to date information about them.

Staff were also 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 told us that these were useful as this meant that they were informed about any issues that may affect their work.

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

The provider took account of complaints and comments to improve the service. A complaints procedure was on display in the home and was included within the 'service user guide'. We looked at the complaints register held at the home. This identified that since our last inspection, there had been a small number of complaints made directly against the service. Records showed that these had been investigated in a timely and appropriate manner. A person using the service told us "I would talk to the staff if I had any complaints."

We looked at accident and incident records involving people using the service. These records included details of the actions taken by staff in response to these events. These actions were appropriate. Audits of occasions where people had fallen were undertaken. This was in order to monitor the number of falls people had so that actions could be taken to reduce the risk of further falls.

Internal audits had been completed. These covered areas such as infection prevention, personal care records, medication records, complaints, staff training and health and safety within the home. The provider reviewed this information so that any shortfalls could be addressed. Regular meetings were held between the provider and senior staff. Quality aspects of the service provided were discussed at this time.

Regular maintenance checks were undertaken in order to ensure that equipment was safe to use. The service had recently been awarded a top rating by food hygiene inspectors. This meant that people could be confident that their meals were prepared in a safe manner.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

At the time of our last inspection to the home, we identified that improvements were needed regarding the quality of records kept about the care provided to people using the service. The provider wrote to us and told us how improvements had been made. This included a review of the care documentation being used and an implementation of new documentation. The findings of our inspection showed that these improvements had been made.

From the care records looked out during our inspection, we were now able to establish the care and support that people received and how they had spent their time. This meant that a judgement could be made about whether people's individual care needs were being met at the home.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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