Inspection Report

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: 16 January 2014

Date of Publication: February 2014

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	✗ Action needed
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

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

Contents

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'.

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 16 January 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. We talked with commissioners of services.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

There were 22 people using the service at the time of our inspection. We spoke with nine of these people and four of the staff that were supporting them. We spoke with five visitors to the service, including relatives and health care professionals.

People told us that they were happy with how their care and support needs were being met. One person who had lived at the home for some time told us, "My brother found it (the home). He looked at it and was quite impressed with how clean it was and how friendly the staff were. As soon as I saw it, it did impress me. I like it. I like good standards."

People told us that staff were usually 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.

We saw that care planning was at times incomplete, which meant that staff lacked guidance in giving people effective care.

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, "After living for years on my own, I feel safe. Safer than before."

The systems in place for monitoring and assessing the service were ineffective and failed to identify and address issues that impacted on positive outcomes for people using the service.

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 27 February 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

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 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. We saw that these had been given out to people using the service. A person who was new to the home confirmed they had received enough information. One person who had lived at the home for some time told us, "My brother found it (the home). He looked at it and was quite impressed with how clean it was and how friendly the staff were. As soon as I saw it, it did impress me. I like it. I like good standards."

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 had been actively involved in personalising their bedrooms. One relative told us, "Staff treat people with respect, they are very patient from what I've seen." A person living at the home told us, 'People from the church come here and do communion. They (staff) have asked me if I want to go to church, but I don't want to inconvenience anyone."

We found that some people had a shared bedroom. Staff told us that when single bedrooms became available these were offered to people in shared rooms but that often people were settled and did not want to change bedroom. There were screens available should people wish to have some privacy whilst in their bedroom. The provider may find it useful to note that the screens were quite heavy and bulky and people would generally have to rely on asking staff to use the screens. This has the potential to restrict people's

independence and privacy.

People were encouraged to maintain contact with their family and friends and relatives told us they were made welcome at the home. People could meet with their visitors in private if they preferred but this would usually be in the person's own bedroom due to the limitations of the environment.

Group meetings involving people using the service were held. One person told us, "We have meetings once a month. Sally [the manager] runs it well." This meant that people had the opportunity to put forward their suggestions about how the service was run.

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Care and treatment was not always planned and delivered in a way that woud ensure people's safety and welfare.

We have judged that this has a moderate 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

People told us that they were happy with how their care needs were being met whilst using the service. Comments included: "I love it here, they look after me" and "This place is marvellous." A relative told us, "'As a care home, this is second to none. 11 out of 10. She's well looked after and she looks okay."

Generally people were observed to have been appropriately supported with dressing, personal hygiene and grooming. One person told us, "I can have a shower whenever I want."

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 saw that care planning was at times incomplete, which meant that staff lacked guidance in giving people effective care.

For one person there was no evidence that an assessment of their needs had been completed prior to them moving in. Following our visit, we were sent evidence to show an assessment had been completed before the person moved to the home. However we were concerned that a satisfactory assessment of the health monitoring that was needed to manage a particular health condition had not been completed. Therefore the person had moved to the home without arrangements being put in place to ensure monitoring of their condition would be undertaken. This meant that the person was at a greater risk of becoming unwell. Following our visit we were informed by the manager that the required arrangements for monitoring the person's health condition had now been put in place.

During our visit we found that one person needed to wear compression stockings to help manage a health condition. This was not recorded in their care plan and the manager was unaware these were needed. However, care staff spoken with were aware of this and the person told us they were wearing these on the day of our visit.

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. One relative told us, "They always let us know if [person's name] is unwell and they respond quickly." A person living at the home told us, "'The GP service is marvellous, we have a good relationship and the GP visits regularly." We had the opportunity to speak with two health professionals during our visit, neither raised any concern about the home.

There were individual risk assessments in place. These included assessments of people's risk of developing pressure sores, manual handling needs and malnutrition. However we noted that some of the assessments had not been reviewed regularly. For one person, who had recently been admitted their risk assessment for manual handling and pressure care had not been fully completed. This put people at risk of not receiving the support they needed to stay safe and well.

Some people required the texture of their food to be altered to enable them to safely swallow it. We found some of the information in one person's care plan confusing as information that was no longer relevant had not been removed. We spoke with care staff about the support needs of two people who had been assessed as needing a pureed diet. Staff spoken with were not aware that a health professional had advised that both people should have their meals from a tea spoon.

We looked at the weight monitoring records for one person at the home, these showed they were underweight. We found that staff had sought advice from the GP and that the person was on nutritional supplements. We asked to look at the records for monitoring that the person was having sufficient nutrition and hydration. Staff told us they did not complete such records as they believed the person usually ate well. The lack of effective monitoring would not enable staff to establish if a balanced diet had been offered or eaten or how much of a meal the person had consumed. This put the person at risk of not receiving adequate nutrition and fluids.

There were some organised activities available for people, although we did not see any activities on offer on the day of our visit. We were told that activities on offer included a musical entertainer, bingo and gentle exercise. 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. Some people told us they would like the opportunity to go out more. One person told us, "I'd like to go out. I feel it's claustrophobic here."

During our inspection we observed people sitting in the lounge. This was one large room with a dividing wall in the centre. On one side of the room the television was on, music was playing on the other side of the room. This could lead to added and unnecessary confusion for people. One person told us, "'I can't always hear the television, but I've learnt to do without."

Safeguarding people who use services from abuse ✓ Met this standard

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 been two safeguarding concerns raised since our last inspection involving people using the service. These had been investigated by the local authority and the issues raised had not been substantiated.

People told us that they felt confident that they could raise any concerns they had with any of the staff working there. People also told us that they felt safe living at the home. A person using the service told us, "After living for years on my own, I feel safe. Safer than before." Another person told us, "'Oh, yes, [it's] very safe. Nothing nasty happens here. Quite a nice place. All the assistants are good".

Relatives told us they thought people were safe at the home. One relative told us, "I have no qualms and feel this is a safe place."

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.

The manager told us that there was no one in the home that was subject of Deprivation of Liberty Safeguards (DOLS) under the Mental Capacity Act 2005. These areas govern decision making on behalf of adults, and applies when people do not have the mental capacity at that point in their lives to make specific decisions. There were no DOLS in place for any person that lived in the home as no one's liberty was being restricted.

The manager informed us that the local authority commissioners had visited the home the previous week to conduct a monitoring visit. We were told that the commissioners had identified that improvements were needed when giving medication covertly to two people at the home. The manager told us that although this practice had been under the direction of the doctor there had been no mental capacity assessment or best interest meetings held. The manager told us that no medication was currently being given covertly and there was evidence that actions were being taken in response to the commissioner's recommendations.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People told us that they were happy with the staff team that were supporting them and that staff were usually available at the times they needed them. People using the service told us they got the support they needed from staff. One person told us, "If I use the buzzer at night the staff answer it quickly." Another person told us, "Staff act quickly. No waiting." The provider may find it useful to note that some people commented on the lack of availability of staff to take them on activities outside of the home. One person told us, "Staff don't (normally) get a chance to take you out, unless you go to a hospital appointment".

During our inspection, we saw that staff supported people in a caring and sensitive manner. Some of the 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. We found that staff spoke to people regularly and people usually got the support they needed. We were also informed that all staff had achieved nationally recognised care qualifications. This meant that people were cared for by well trained staff.

Relatives of people living at the home did not raise any concerns with us about staffing levels. One relative told us, "I think there are enough staff, it's usually the same staff when I visit." Another relative told us, "There are enough staff and they are always pleasant and helpful."

We spoke with members of care staff about the staffing levels at the home. Staff told us that agency staff were not used and existing staff were approached to work additional shifts when needed. Therefore people were regularly supported by staff who they were familiar with and knew how to deliver the care they needed.

Handover sessions were undertaken at shift changeover. This included verbal 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 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.

Assessing and monitoring the quality of service provision ✖ Action needed

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 not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a moderate 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

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. We saw evidence that the provider intended to conduct a survey to capture the views of the people later in the year. This meant that the provider regularly sought the views of the people who used the service to improve the quality of the care they received.

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. As this related to a safeguarding matter it had been investigated by the local authority and the concerns were not substantiated.

People told us they were able to raise any concerns or complaints. A person who lived at the home told us, "If I tell Sally [the manager] about something she puts it right." One relative told us, "I did raise a concern about a bedroom and it was quickly sorted." Another relative told us, "They are on the ball here, they are grateful for any comments and they get them sorted."

We found that systems for monitoring the environment and health and safety had not been effective. We looked at the systems for checking the safety of water temperatures. Records for several months showed that the baths were providing water at 32 to 33 degrees Celsius which was considerably lower than would be comfortable. There was no evidence that action had been taken to rectify the water temperatures or to check if people were happy with the temperature of their baths

We looked at the systems for checking fire safety systems. This showed that the fire alarms and emergency lights had recently been serviced to make sure they were safe.

Records also showed that weekly checks were undertaken by staff of the fire alarms. We were concerned that although weekly checks were undertaken of the fire doors, records showed that from October 2013 to January 2014 one of the doors required attention and had not been repaired. The registered manager told us this was an oversight and arranged for the repair to be completed.

The provider did not have an adequate process for assessing the quality of the environment or ensure appropriate action would be taken when necessary improvements were identified. During our tour of the premises we saw an area of carpet that would have been a trip hazard to someone with mobility difficulties. The manager arranged for the carpet to be taped so that the risk was reduced. We found that some furnishings were in poor condition including some of the lounge seating and bedside cabinets. There were also some bedroom floor coverings and hallway carpets in a poor state of repair. We were shown evidence that action was being taken to address the hallway carpet and that five bedroom floor coverings were highlighted for replacement. The manager had an improvement plan for the home for 2014. This recorded that chest of drawers replacement was ongoing but was not specific about which ones were to be replaced, and when. The plan did not record that some of lounge seating needed attention. The manager told us that they undertook frequent 'informal walkarounds' of the environment to ensure it was in good order however the last recorded formal audit of the environment was dated April 2013.

We found that in two bathrooms there were lounge chairs that had foam cushions. Both had the covers missing exposing the foam. This would put people at risk of poor infection control. We were informed that the chairs were only in the bathrooms whilst arrangements were made to dispose of them. We asked what checks were made to ensure that good infection control practices were in place. We were shown a system to audit infection control practices. However records showed that no audits had been completed since May 2013.

We saw that systems were in place for recording any significant events and incidents that had happened. We looked at the record of one incident that had resulted in the person being admitted to hospital. The incident report did not detail if any investigation of the incident had highlighted any areas where changes in practice was needed.

During our visit we identified a number of concerns regarding the planning and delivery of people's care needs. Discussions with the manager indicated there was currently not a system in place to audit people's care records. However, we were told by the manager that she was currently in the process of reviewing the current care plan format so that it was more person centred.

We identified that the Care Quality Commission had not been informed of two deaths that had occurred at the home in the last 12 months. Discussion with the manager indicated there was not an effective process in place to complete the notifications as the manager had misunderstood when these needed to be done. This meant that we could not always be confident that all 'notifiable' incidents were reported to the CQC in accordance with the regulations.

During our visit the manager was unable to locate several records that we requested. This included a pre-admission assessment and evidence that the electrical installations in the home were safe. Although the requested records were sent to us after our visit this showed that there was not an effective system in place to locate and access records in a

timely manner. This had the potential to have an impact on the smooth running of the home.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The service failed to effectively plan care for people in all instances. Care that had been planned was not always delivered as people required. People's social needs were not addressed in full. Regulation 9 (1)(b)i)ii)iii)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The provider did not have an effective system in place to monitor and identify failings or improve the quality of service provision. Regulation 10(a)(b)

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 27 February 2014.

This section is primarily information for the provider

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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