

Haresbrook Park Limited

Haresbrook Park Care Home

Inspection report

Haresbrook Lane
Tenbury Wells
Worcestershire
WR15 8FD
Tel: 01584811786

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 27 October 2015 and was unannounced. Haresbrook Park provides accommodation and personal care for up to 57 people. There were 54 people who were living at Haresbrook Park on the day of our visit. The home is split into two different areas; Country House had 29 beds for older people with dementia care needs. Glenview had 28 beds for people who had varying mental health needs.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People lived in a safe environment as staff knew how to protect people from the risk harm. Staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

Summary of findings

People told us there were enough staff to help them when they needed them. Staff told us there were enough staff to provide safe care and support to people. The provider used their own staff to cover any staff shortages, to support people with continuity of care. People's medicines were checked and managed in a safe way.

People received care and support that met their needs and preferences. Care and support was provided to people with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and were supported with enough fluids to keep them healthy. We found that people had access to healthcare professionals, such as their doctor or the district nurse.

People were involved in planning their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

People told us they knew how to make a complaint and felt comfortable to do this should they feel they needed to. Where the provider had received a complaint, these had been responded to.

People felt listened to by the registered manager. The registered manager demonstrated clear leadership and staff told us they felt supported to carry out their roles and responsibilities effectively.

We found that the checks the registered manager completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were cared for by staff who had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this.

Good



Is the service caring?

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Good



Is the service well-led?

The service was well-led.

People were included in the way the service was run and were listened to. Clear and visible leadership meant people received quality care to a good standard.

Good



Haresbrook Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 October 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience in supporting people with dementia care needs. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with seven people who used the service and four relatives. We also spoke with four care staff, the activities co-ordinator, the chef, the deputy manager and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at three people's care records and medication records. We also looked at staff schedules, complaints and compliments, incident and accident audit, three staff recruitment record, people, relatives and staff meeting minutes for a three month period and the monthly newsletter.

Is the service safe?

Our findings

All people we spoke with told us they felt safe living at Haresbrook Park. One person said, “I do feel safe, safe and looked after”. Another person said, “There’s absolutely no problem over safety. There’s always someone around”.

We spoke with four relatives about how they felt their family member was kept safe. One relative told us how their family member mental health had improved in a short period of time. They told us us, “I couldn’t believe the difference in (the person). They were calm and happy and really proud of the beautiful room they had. I could rest assured knowing (the person) was safe and in the right place”. Another relative told us, “I have total peace of mind. (The person) is so happy and I have to say that makes me happy”.

Staff supported people to feel safe, for example when a person became upset, staff acted quickly in supporting the person to reduce their anxiety by providing reassurance.

Two staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about the different types of abuse. We found that safeguarding information was on display at the home. We found that the registered manager had a good awareness of the safeguarding procedures and worked with the local to ensure people were kept safe.

The registered manager had assessed people’s individual risks in a way that protected them and promoted their independence. For example, one person was at risk of falls. Staff were able to tell us that the person was free to walk around the home, but had regular observation in place to ensure that the person continued to be safe while doing so. We found that the registered manager had made a recent referral to the person’s doctor and an external healthcare professional that specialises in falls prevention.

All the people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us that staff, “Answer the call bells and I haven’t got any complaints about that. They come as soon as they can”. All relatives we spoke with told us that there were enough staff to meet their family member’s care needs. Staff did not hurry people and allowed people to do things at their own pace.

The registered manager told us that they had a steady staff team and most absences were covered by their own staff. The registered manager explained that they preferred this as they knew the needs of the people who lived at Haresbrook Park. Staff we spoke with went onto tell us that the registered manager and deputy manager were visible within the home. One staff member told us that the registered manager and deputy manager were, “hands on” and would help if they were busy or short staffed.

We saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Four people we spoke with did not have any concerns about how their medication was managed. One person said, “They come and give me my medication and I trust them to do it”. We spoke with a staff member that administered medication. They had a good understanding about the medication they gave people and the possible side effects. People’s choices and preferences for their medicines had been recorded within care plans. We found that where a person had adverse effects to the medication they were taking, staff had recognised this and contacted the person’s doctor who reviewed and changed their medication. They told us, “We are still monitoring (the person) but they seem much better now”.

Is the service effective?

Our findings

All the people we spoke with felt that staff who cared for them knew how to look after them well and in the right way. One person said, “They are excellent”. Another person said, “I’m very happy with the care I receive”.

Staff told us they had received training that was appropriate to the people they cared for, such as safeguarding and mental capacity training. Staff gave examples of how learning and sharing experiences helped them to understand why and how to provide the right care for people. For example, a staff member told us how the mental capacity training had helped them develop awareness and understanding to ensure people’s rights were respected.

We spoke with a staff member who had recently begun working for the service. They explained to us how they were supported into their new role. They told us that they received training in areas such as manual handling and worked with an experienced staff member. They told us they only begun working alone when they and the registered manager felt confident for them to do so.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People we spoke with told us that staff sought their agreement before carrying out any personal care and staff their wishes. One person told us, “I can come and go when I like, I have good care [here]”. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. One staff member told us that if a person refused they would give them space and ask them later.

The registered manager had a good understanding of the (MCA) process and had completed assessments for people. The registered manager had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw that people’s capacity was considered when consent was needed. For example, the registered manager felt that some people were being restricted by staff from leaving the home alone. The registered manager completed an assessment to gain an understanding of the person’s capacity to make the decision to leave the home safely and free from harm. We found that following the assessment the registered manager had taken appropriate action. They told us and we found that where applicable best interest meetings were being arranged with people and their family. The relevant local authority had been contacted and had been approved to restrict those people of their liberty to leave the home alone.

People who we spoke with told us they enjoyed the food at the home. One person said, “I can certainly say the food is good enough. There is always something for me to eat, it suits me perfectly well and I like the fact it’s all freshly cooked”. Another person said, “The food is gorgeous and the people in the kitchen can’t do enough for you.” Another person told us, “The food is fantastic” They told us that they were vegetarian and that staff offered them suitable vegetarian options.

People were able to join others for their meal in the dining room if they wished or away from the main dining area, in their bedroom or lounge. We saw that staff supported those who required assistance in a discreet way and did not rush them. We saw people chatting with each other and staff. People were given time to enjoy their food and staff ensured people had enough to eat, with more offered to people.

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us and we found that those who required support with drinking were assisted by staff to do this. Staff said that people who

Is the service effective?

were unable to express their request for a drink had their fluid intake monitored. This was so that checks could be made to ensure staff were offering people enough fluids to keep them healthy.

Staff told us they monitored people's weight monthly and what action they took when they found a person's weight had changed. The chef told us that they were aware of those who were at risk of weight loss and ensured their diet reflected their needs.

People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged in a timely manner when they requested them.

One person we spoke with said, "The doctors really good too, I've seen him already." People saw external healthcare professionals when required. Staff recognised when a person became unwell and contacted the relevant health care professional where medication was prescribed. This treatment was given in-line with what the doctor had advised.

People had regular appointments with the optician and dentist. We saw an example where a person was supported with dental treatment in a timely manner when they began to experience some dental pain.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, “They’ve really helped me settle in, it hasn’t been long but I really feel at home”. Another person said, “The staff are exceptional, they work really hard and they always have a smile on their face. They would do anything for you and they have so much patience with us”. Another person said, “I do think the staff are fantastic. They are very, very caring and always have a smile”.

A relative we spoke with told us that the, “The quality of care speaks for itself. (The person) has improved in only three weeks. We are all delighted. The manager and her team are absolutely fantastic”. Another relative said, “Every member of staff I spoke to was really polite and really helpful”. Throughout the inspection we saw that staff were kind and caring towards the people they cared for.

People told us that staff supported them to make their own decisions about their care and support. People told us they felt involved and listened to and that their wishes were respected. One person told us, “If you need anything at all the staff will do anything to make sure you get it”. People

told us that staff worked with them to ensure they received the support when they required it. One person told us, “One of the things I’ve wanted is a table and they are doing everything they can to help me get one.”

People were supported and encouraged to maintain relationships with their friends and family. People told us that visitors were welcome at any time. One person said, “My sisters are coming today, anyone can visit you anytime”. Relatives we spoke with told us they could visit as often as they liked and were able to take the person out for the day and staff ensured they were supported to get ready to go out in plenty of time.

People had the choice to stay in their room or use the communal areas if they wanted to. We saw staff always knocked on people’s bedroom or bathrooms doors and waited for a reply before they entered. People told us they chose their clothes and got to dress in their preferred style. We saw that staff ensured people clothes were clean and changed if needed. Where staff were required to discuss people’s needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

People were involved in the development and review of their care. People's care was reviewed on a monthly basis or when their needs changed. People told us they felt staff understood their needs and provided appropriate support in response to them. One person told us, "I am very happy with everything". Another person said, "I would say they all definitely do their best to respond to our every need".

A relative told us how staff recognised if their family member was feeling low in their mood and would contact the doctor to review their medication. They went on to tell us that staff, "Always keep us involved". Another relative told us how their family member's mental health had improved as staff had responded to them in the right way, they said, "(The person) thinks staff are wonderful and has improved so much."

We spoke with staff about some people's care needs. All staff we spoke with knew about the person's health care needs and what support the person required. Staff had handover of information before they began their shift, to ensure they had the most relevant and up-to date information about the person's care and support needs. Staff told us that they would speak with the person to ensure they were providing care to them the way in which they preferred. Staff told us that people's most recent information was in people care records and this was easy to follow. Relatives we spoke with told us that staff always respected people's decisions about their care.

We found that a new activities co-ordinator had been employed by the provider to help improve people's social activities and provide support in maintaining their hobbies. One person told us about their social support, they said, "I have my crocheting to do and they have taken me out when I need to go". The activities co-ordinator had met with

individual people along with their family members to discuss what social aspects were important to them. History maps were then drawn out to help care staff understand the person's past life and topics which may interest them to discuss. Staff we spoke with found these helpful to enable them to discuss topics with people that interested them.

It had also been raised at 'residents meetings' that the people enjoyed going to the theatre and watching shows. On the day of our inspection some people had spent the afternoon at the theatre to watch a play. On their return people told us that they had enjoyed their afternoon out.

At the time of our inspection the provider was in the process of redecorating the home. We found that people's views about the decoration of the home had been sought. For example, people were given a choice of colours for their own doors to their room.

People, relatives and staff felt confident that something would be done about their concerns if they raised a complaint. A relative told us, "I have no concerns or complaints, if I did I would speak with the deputy manager first".

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had provided information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome.

We looked at the provider's complaints over the last seven months and saw that one complaint had been received. We found that this had been responded to with satisfactory outcomes for the person who had raised the complaint.

Is the service well-led?

Our findings

People told us they had many opportunities to contribute to the running of the service. We saw examples where the registered manager had listened and promoted the views of people who used the service. For example, transport was not always available to people who lived in the home and people had raised this at meetings. We found that the provider had listened to people and had put plans in place for purchasing another mini-bus for people to use.

People who we spoke with told us they found the registered manager was approachable and responsive to their requests where it was required. One person we spoke with said, “The manager is a lovely lady and so is the deputy, if I had any problems at all I would go and see one of them. Not that I do have any.” Another person told us, “(The registered manager) wants to make a real go of it and she will. She has some great ideas and she asks us what we want.” Another person said, “It’s great having a manager that understands what we need. She works really, really hard but she’s always got time for a laugh. You can always have a joke with her.”

All relatives we spoke with were positive about the leadership of the home. One relative told us, “I can’t tell you how absolutely delighted we are with the improvements and it is all down to the care and great management of the home.” They went on to say, “I am 120% relieved that my (family member) is in Haresbrook Park, I have total peace of mind and you couldn’t ask for more than that. I would recommend it to anyone for their relative.”

Staff told us they felt supported by the registered manager and their colleagues. All staff members we spoke with told us they enjoyed their role. Staff had confidence in the registered manager to be able to make positive changes should they have any concerns. One staff member said, “There are lots of changes going on, but it’s all for the better”. The registered manager had recognised that staff had worked hard. The registered manager told us, “Staff are happy now, I speak with them if there is a problem”.

The registered manager had checks in place to continually assess and monitor the performance of the service. They looked at areas such as environment, care records, staffing, training, incidents and accidents. This identified areas where action was needed to ensure shortfalls were being met. For example, it was recognised that an area for improvement was staffs knowledge and understanding for people with a dementia related illness. The registered manager told us that extra training was being provided to staff along with practice discussions at team meetings to raise awareness in supporting people with a dementia related illness in a dignified way.

The registered manager told us that they were supported by the provider with management training to support them in their role. The registered manager told us that the provider supported them with their ideas to improve the home and the service provision. For example, external works to ensure the grounds were safe for people to use were being undertaken at the time of the inspection. The provider had also begun work to improve the interior decoration of the home.