

Mr & Mrs J W Roach

Hopwood Court

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Hopwood Court is a residential care home providing personal and nursing care to 23 people aged 65 and over at the time of the inspection. The service can support up to 23 people in one adapted building.

People's experience of using this service and what we found

People told us they felt safe and supported by the staff who worked in the home. Staff recognised different types of abuse and how to report it. The registered manager understood their safeguarding responsibilities and how to protect people from abuse. Potential risks to people's health and wellbeing had been identified and were managed safely. People, and where appropriate, their relatives, had been involved with decisions in how to reduce risk associated with people's care. There were sufficient staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care needs had been assessed and reviews took place with the person and, where appropriate, their relative. Staff had the training and support to be able to care for people in line with best practice. People were supported to have a healthy balanced diet and were given food they enjoyed. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

People were supported by staff who treated them well. Staff treated people as individuals and respected the choices they made. Staff treated people with care and respect and maintained their dignity.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People told us they were supported and encouraged to maintain their hobbies and interests that were individual to them. People had access to information about how to raise a complaint. People's end of life care needs were met in line with their preferences in a respectful and dignified way.

All people, relatives and staff felt the registered manager had people's best interests at heart and felt the home and the way the service was run was good. The registered manager was visible within the home and listened to people's and staff's views about the way the service was run. The registered manager had put checks into place to monitor the quality of the service provision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 09 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hopwood Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one Inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hopwood Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior care worker, care workers, the cook, the activities co-ordinator and the administrator. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment. Along with a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All people we spoke with told us they continued to feel safe by the staff who supported them. One person said, "Yes its safe, nothing wrong really". While another said, "Yes, I do [feel safe], it's just a nice home".
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. The registered manager understood their responsibilities regarding the action to take to protect people from harm.
- We saw staff were attentive to peoples' needs and ensured they were safe when walking through busier areas, and removed potential trip hazards.

Assessing risk, safety monitoring and management

- People's individual risks had been assessed and care plans had been developed with the person, and/or their family involved. The risk assessments we reviewed were up to date and reflected people's current care and support needs.
- All people we spoke with told us staff understood their care and support needs and had the help and support from staff when they needed them. One person explained how staff understood what they could do themselves, and what support they needed from staff to live independently, but also remain safe.
- Feedback from visitors and compliment records showed the person's family members were involved where appropriate. One relative said, "From an outsiders' point of view, as it is at the moment, I am quite happy, [the person] is safe, if [the person] was still at home in their flat, I would be very worried".
- Staff knew people well and were aware of people's individual risks and how best to support them. There was good communication processes in place, such as daily handovers, which ensured consistent and timely care was delivered.

Staffing and recruitment

- People told us there were enough staff on duty to meet their needs in a timely way. People confirmed staff were always visible, and prompt to answer call bells, with one person saying, "They [staff] come quite quickly really".
- We saw staff remained visible in communal areas and made regular checks on those people who preferred to stay in their rooms.
- Staff told us there were sufficient numbers of staff on duty and that they had time to meet people's needs. They confirmed that there was a good skill mix of staff on duty, where the more experience care staff worked alongside the newer staff and told us this worked well.
- The registered manager carried out safe recruitment practices before employing staff to work in the home.

Using medicines safely

- People received their medicines when they should and people we spoke with understood the reason for their medicines. One person told us, "They tell me what it's for", while a further person told us how staff always checked if they were in pain and if they needed any medicine to help with this.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- People told us staff kept the home clean and well kept. They confirmed their clothes were laundered well.
- We saw the home was clean and smelt fresh.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The management team completed daily checks to ensure staff were providing care and support in line with best practice. The team leaders worked alongside staff to ensure staff maintained a good quality of care.
- Where incidents had taken place, these were reviewed so that learning could take place to prevent them from happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs had been assessed and planned in line with best practice.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.

Staff support: induction, training, skills and experience

- People told us staff were confident in their approach and had the knowledge and abilities to meet their individual needs.
- Relatives told us they were happy with the way their family members were cared for and were confident in the staff's abilities to care for their family member.
- Staff were confident in the care and support they provided. They told us they had received mandatory training that was appropriate for the people they cared for, such as safe manual handling and first aid training.
- There was a good skill mix of staff on duty at the time of our inspection and we saw the team worked well together to provide care and support to people.
- The registered manager was aware of their responsibility to support staff who were new to care to work towards Qualifications and Credit Framework (QCF) and the Care Certificate set out by Skills for Care. The Care Certificate supports new staff to gain confidence, so they have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were given a choice of meals to eat during the day which they enjoyed.
- People had access to fruit and snacks if they wanted.
- Staff understood people's dietary preferences and understood how to meet these.
- Staff monitored people's weight to ensure this remained stable and people remained well. Where people required support with weight management, this was shared with the kitchen staff so their meals could be adapted to suit their needs.
- We saw people were provided with drinks throughout the day, with a variety of different options. One person told us, "There are plenty of drinks, especially in the hot weather". The person continued to tell us that they did not drink a lot but, "They [staff] try to get me to, so I don't become ill". No person required their fluids to be monitored at the time of our inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Doctor visits remained via remote calls, we saw care records which demonstrated people had appointments when they required them.
- People confirmed they were supported to attend health appointments, opticians, chiropodists and dental appointments, so they would remain well.
- Staff were aware of people's upcoming health appointments, and so ensured people were ready and prepared to attend these appointments on time.

Adapting service, design, decoration to meet people's needs

- People, relatives and staff described Hopwood Court as 'homely'.
- Rooms and facilities had clear signage to help support people in finding the right place.

Ensuring consent to care and treatment in line with law and guidance

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them. We heard staff seeking consent prior to supporting people.
- Where the registered manager had deemed people were being deprived of their liberty, applications had been sent to the local authority.
- The registered manager met their legal requirement to notify the CQC where a person had been legally deprived of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt staff treated them as individuals and upheld their protected characteristics. One person told us they treated them with respect and kindness, and said, "Some are more like friends really" and "I know I shouldn't say that as they [staff] have their job to do, but they are". While a further person told us how staff understood what was important to them and said, "I have a lot of clothes, and [a staff member] took time from her own job to help me sort all my clothes in the wardrobe". They continued to tell us that clothes were very important to them and they like to look nice. They said, "Staff always help me try clothes on that my friend buys for me, so [the person] can send them back if they don't fit".
- The relative we spoke with thought highly of the staff, and felt confident the staff had their family member's very best interests at heart.
- People had the choice in where they wished to spend their time, for example, there was a quiet area should people wish to spend time there. Staff were friendly and supportive, they knew people well and what was important to them.

Supporting people to express their views and be involved in making decisions about their care

- People were able to speak with staff about their care and felt listened to and involved with these decisions and were supported to carry these out. One person told us they had a key worker who was, "The best carer I have ever come across" and that they had "A lot of kindness from [the staff member]".
- Relatives were involved and felt their views were listened to and respected.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

Respecting and promoting people's privacy, dignity and independence

- All people we spoke with told us they were treated in a dignified and respectful way. One person said, "Staff are very trustworthy, and the staff always like to give [people] the best".
- We saw staff were respectful towards people at all times and worked with the person at their own pace and respected their decision making.
- People shared examples of how staff promoted their independence, for example, with maintaining their personal care. One person told us how they liked to keep busy and were always willing to help with tasks where they could. While a further person told us, "It's pretty good, they help if you need them to, and leave you alone if you don't need anything".
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent. We saw staff respected people's privacy, and knocked on doors and waited

for a reply before entering.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People confirmed that staff understood their likes and dislikes and felt in control around how their care was managed.
- Where appropriate, people's relatives continued to be involved in the planning of their family members care from the beginning and confirmed they felt listened to. One relative told us, "To me this place saved [the person's] life, I thought I was going to lose them last year".
- Staff continued to be respectful of people's choices, such as how they wished to spend their day.
- Staff knew people very well and recognised when they were 'not themselves' so that prompt action could be taken. Relatives confirmed that where appropriate they were kept informed if their family member had become unwell. The registered manager shared examples of how staff recognised when a person was not themselves, and could address this promptly with external health care professionals.
- There was a good level of information about people's needs and preferences recorded in people's care plans to guide staff. Where people's needs were changing we saw this was communicated to the management team and assurances from external healthcare professionals were promptly sought.
- Staff told us they received a handover at the beginning of their shift, so they were aware of any changes to people's care and support since their last shift.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had taken into consideration people's communication needs when assessing and planning people's care. People told us they were happy with the way information was shared with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- It was recognised that due to the pandemic, staff had not been able to support people's social care needs as they had done so previously. One person said, "Because of COVID-19 we can't go on trips like we used to, I miss that". The registered manager had adapted to this situation, to support social interaction as much as possible. For example, a log cabin had been built, which had heating and lighting, so that people could meet their visitors in a comfortable environment.
- The registered manager had bought a large computerised table, which helped people connect to their family and friends for video calls. The registered manager said this worked well as the video screen was large

enough to make people life sized and helped improve interaction compared to smaller screens. This computerised table also was used for activities such as word searches, which we saw people using and enjoying.

- People spent their day according to their wishes. Some people told us they preferred to stay in their rooms but were given the opportunity to go to the communal areas if they wanted. While other people preferred to visit the communal lounges.
- People in the communal areas told us there were always staffed to talk with, and organised entertainment, such as crafts and quizzes. People told us they also enjoyed the external entertainment, such as singers, who visited the home.
- In the main lounge we found the atmosphere was lively, the music was playing, and people were dancing with staff. Quizzes and crosswords took place and we saw people discussed topics with staff which brought about opportunities for people to reminisce.

Improving care quality in response to complaints or concerns

- People we spoke with had no concerns or complaints, nor had to raise one in the past. One person said, "I have never been given cause to".
- The registered manager had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- People and the relative we spoke with told us they knew how to raise a complaint if they needed to but were very happy with the service provided.

End of life care and support

- We saw in people's care records that discussions had been held with people, and where appropriate their relatives about their end of life care wishes.
- We read comments from relatives expressing their thanks to staff for the support given during this time.
- Staff understood how to support people who needed end of life care and support. They sought support and worked with external healthcare professionals to ensure the right medicines and equipment was in place, should a person require these.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All people we spoke with knew the registered manager and found them approachable and responsive to their requests. One person told us, "[The registered manager] is really lovely".
- People and their relatives felt involved in the running of the service. While people were happy with the service, people told us they had not had any resident meetings this past year. We spoke with the registered manager about this, who told us, that these were now done as an individual conversation, rather than large group discussions, but would take on board people's feedback.
- Staff told us there was a good morale and a stable staffing team who worked well together. Staff felt the registered manager was approachable and listened to their ideas or suggestions for the way the service was run. One staff member said, "[Registered Manager] is golden, very supportive both in work and personal matters."
- Staff felt valued and appreciated for the work they did. They were proud to work at Hopwood Court and of the positive outcomes they achieved for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- People and the relative felt the service continued to be well run. They felt the registered manager was approachable and understood what was important to them. All people felt confident that should they have any concerns these would be addressed promptly.
- Staff were clear about their roles, and the values upheld by the registered manager, who ensured they continued to promote a culture that delivered good quality care.
- The registered manager monitored performance of staff through supervisions, spot checks of staff practice and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided.
- Checks of care records and medicines took place to ensure the paperwork reflected people's good quality care.
- The registered manager told us that they were had arranged appointments with computer companies to bring in a computerised system so care plans; risk assessments and daily tasks would be recorded on this. They felt this approach would reduce staff's time to complete this, so they could spend more time with

people.

- The registered manager was continually looking at ways to improve the service and kept up to date with best practice through training and updates through websites such as Skills for Care and Outstanding registered managers.
- The registered manager understood their responsibilities to be open and transparent with people, where events had happened in the home, we saw this was communicated with the appropriate people and external agencies.
- The provider understood their responsibilities for reporting events and incidents that were legal required to the CQC. The legal requirement to display the CQC ratings of the last inspection was also displayed in the home

Working in partnership with others

- The registered manager and their staff team worked with people, relatives and healthcare professionals to provide the best outcomes for people.
- The registered manager worked in partnership with external agencies to ensure people received a holistic service.
- There was a good approach to teamwork within the home. The management team had good oversight of the care and support people needed. We saw management staff working with carer staff to help meet people's needs. Staff told us they worked well together in a joined-up approach. Communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.