

Firtree Associates Limited

Hazeldene Residential Care Home

Inspection report

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16 November 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hazeldene Residential Care Home is a residential care home providing accommodation and personal care for up to 27 older people many of whom had dementia. At the time of this inspection there were 27 people living at the home.

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

People and their family members gave us very positive feedback about the home and told us staff were kind and caring. We observed positive communication between staff and people.

People were supported to eat a varied and nutritious diet based on their individual preferences. People were complimentary about the food and told us they had enough to eat and drink.

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 supported this practice.

There were appropriate policies and systems in place to protect people from the risk of abuse and the management team and staff understood the actions they should take to keep people safe.

There were enough staff [care and ancillary staff] to support people's needs in a timely and unhurried way. Appropriate recruitment procedures had been followed to help ensure only suitable staff were employed. Staff had received training and support to enable them to carry out their role safely.

Systems were in place so that medicines were administered safely and as prescribed which staff followed. Infection prevention and control measures were in place and followed government guidance.

Most individual and environmental risks were assessed and managed appropriately. People had access to any necessary equipment where needed, which helped ensure people were safe from harm.

Care plans contained detailed relevant information about people's health and social care support needs. People and, where appropriate family members, were involved in the development of care plans. People were able to access health and social care professionals if needed.

The registered manager and provider's representative carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities. People, their family members and external professionals said the registered manager was approachable and supportive. Staff were also positive about the registered manager.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 June 2019) and there was a breach of regulations. The provider was required to send us monthly action plans to show us how they were auditing records to ensure these were accurate and up to date. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and a review of the information we held about this service to confirm that they now met legal standards. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hazeldene Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hazeldene Residential Care Home

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 Health and Social Care Act 2008.

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 completed by one inspector.

Service and service type

Hazeldene Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hazeldene Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 10 November 2022 and ended on 18 November 2022. We visited the service on 10 and 16 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do 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 reviewed information we had received about the service since the last inspection. This included inspection reports, action plans submitted by the provider and notifications. Notifications are information about specific important events the service is legally required to send to us. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six family members about their experience of the care provided. We received feedback from four external professionals. We spoke with 11 members of staff including the registered manager, senior care staff, care staff, activity staff, administration staff, catering staff and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed care being provided within communal areas of the home and viewed the home and garden. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including records of checks completed on the fire detection systems. We looked at training data, policies and procedures, records of accidents or incidents and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection completed in May 2019 inspectors identified that risks associated with people's care were not consistently assessed and documented. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the necessary improvements and was no longer in breach of regulations.

- Systems were in place to identify and manage foreseeable risks within the service, meaning people were protected from the risk of harm.
- Risks relating to individual people had been assessed and recorded, along with action staff needed to take to mitigate the risk. For example, risk assessments were in place for people at risk of falling, medicines management, skin integrity, nutrition, dehydration and mobility. Daily records of care showed staff were following risk mitigation measures. For example, a person was at risk of choking and required their food and drinks in a soft texture. We saw that these were provided in the correct texture during the inspection and kitchen staff described how these were prepared. The registered manager acted promptly when we identified some additional risk assessments were required, for example, for people prescribed blood thinning medicines. Staff were able to correctly describe the measures in place therefore there was no impact on people and the risk assessments were in place on the second day of the inspection.
- Fire detection systems had not always been checked weekly to ensure they were fully functioning. We noted that for most of 2022 these had only been checked monthly however, since October 2022 the registered manager had been checking these weekly. They said that they had realised this should be undertaken weekly and so were now checking that fire detection systems were working each week.
- Records showed equipment was monitored and maintained according to a schedule. In addition, gas, electricity and electrical appliances were checked and serviced regularly. Fire safety risks and risks from water systems, had been assessed by a specialist. Where external assessment had identified a need for improvements these had been completed.
- Personal emergency evacuation plans had been completed for each person, detailing action needed to support people to evacuate the building in an emergency. Staff were aware of the actions they should take if the fire alarms sounded. Fire evacuation drills had been completed to ensure staff knew and followed correct procedures in the event of fire alarms sounding.

Using medicines safely

- Overall, suitable arrangements were in place for obtaining, storing, administering, recording, disposing

safely of unused medicines and auditing of medicines systems.

- We identified some areas to improve the medicines management such as accurately recording the exact time of administration of some regular dose medicines (Paracetamol), recording the outcome of prn medicines and increasing the information on prn guidelines to help ensure there were consistently administered as part of the positive behavioural support approach described by care staff. Where we identified these areas the registered manager ensured action was taken and implemented the necessary changes promptly.
- Staff monitored fridge and room temperatures where medicines were kept, checking medicines were stored within safe temperature ranges. Systems were in place to ensure that when additional medicines such as antibiotics were prescribed, these were obtained promptly meaning there were no delays in commencement of administration.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. The provider's procedure ensured this was reassessed at least yearly using a formal approach.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and followed, which protected people from the risk of abuse.
- People said they felt safe using the service. A person said, "I feel safe the staff are nice and always come quickly." Family members also felt people were safe. For example, one family member told us, "Yes, they [relative] are definitely safe here which I'm relieved about as they had so many falls at home."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member described the actions they would take if they witnessed or suspected abuse may have occurred. They told us, "I'd go to the senior or manager. If they didn't take any action I'd go directly to safeguarding (local authority safeguarding team) or to you [CQC]."
- The registered manager understood the actions they should take should they have a safeguarding concern.

Staffing and recruitment

- People were supported by appropriate numbers of consistent, permanent staff who they described as kind and caring.
- People told us they felt there were enough staff who knew how to support them. One person said, "They're [staff] brilliant. They know what they're doing." Another person said, "They (staff) always come quite quickly if I need them." Another person said, "The staff are lovely, I like them, they are very kind." A family member told us, "Whenever I have visited there appear to have been sufficient numbers of staff and they all seem very nice."
- Care staff told us they felt there were enough staff. One staff member told us, "We have time to do everything we need to do." They also confirmed two staff were always available when required to support people who needed a higher level of support such as with moving and repositioning. Staff were seen to have the time they required to provide people with responsive and effective care in a relaxed and unhurried way.
- Staffing levels were determined by the number of people using the service and the level of care they required. Short term staff absences were covered by existing staff members or regular agency staff which helped ensure continuity of care for people.
- Recruitment procedures were robust, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Preventing and controlling infection

- Discussions with the registered manager showed they were aware of government guidelines in relation to the management of risks relating to COVID -19 and other infections. We discussed with the registered manager that some staff were not following guidance to be 'bare below elbows' and there was a risk clean clothing in the laundry room could be contaminated from open containers of laundry awaiting washing. The registered manager took immediate action to rectify this.

- We were assured that the provider was responding effectively to risks and signs of infection.

The provider's infection prevention and control policy was up to date. Appropriate arrangements were in place to control the risk of infection including that presented by COVID-19. The home's policies and procedures reflected the latest best practice guidance from the Department of Health.

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable masks, gloves and aprons, which we saw they used whenever needed. People and family members told us staff always wore masks.

- We were assured that the provider was preventing visitors from catching and spreading infections. A family member confirmed they were supported to visit their relative safely.

- We were assured that the provider was accessing testing for people using the service and staff. The registered manager was aware of when they should ensure people or staff undertook COVID - 19 testing and what action they should take if a positive result was received.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People said they felt the home was clean. One person told us, "Yes, it is very clean, all the time." The home appeared clean and housekeeping staff completed regular cleaning in accordance with set schedules. Staff confirmed this and told us they had time to complete all necessary cleaning.

- We were assured that the provider was admitting people safely to the service.

- The home had been awarded five stars [the maximum] for food hygiene by the local authority food hygiene inspectors

Visiting in care homes

Safe systems were in place to enable people to receive family or other visitors. Family members confirmed they were able to visit whenever and as often as they wished to do so and, could take people on outings away from the home.

Learning lessons when things go wrong

- Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents.

- Each month the registered manager undertook an audit to review any accidents or incidents to look for any patterns or trends. The registered manager told us the actions they had taken following incidents. The actions taken would help ensure that, should a similar situation occur, people would be safe. There had been few incidents however, the registered manager described actions they had previously taken to rearrange a person's bedroom to reduce the risk of further falls.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to good. 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

- Family members confirmed they and others involved in the person's care had been included in assessments of people's needs. One family member told us, "[Registered manager] went all the way to Surrey where [relative] was living to do the assessment." Another family member told us they had been asked all about the person's preferences such as food and things they liked to do.
- The electronic assessment and care planning system ensured each aspect of the person's care was assessed. Where necessary a plan was put in place to address identified needs and the choices people had made about the care and support they wished to receive.
- Staff followed best practice guidance, which led to good outcomes for people. For example, they used recognised tools to assess the risk of malnutrition and the risk of skin breakdown. Each person had an oral hygiene care plan in place and staff supported people in accordance with the latest best practice guidance on oral care.
- Any protected characteristics under the Equalities Act 2010 were identified as part of need's assessments meaning any required actions or additional support could be provided.
- The service made appropriate use of technology to support people. For example, an electronic system allowed people to call for assistance when needed and movement-activated alarms were used to alert staff when people moved to unsafe positions. Care planning and the documenting of care provided was recorded on a computer system, care staff were provided with portable devices which enabled them to have constant access to all information they may require. This system also allowed the management team to monitor care being provided in real time.

Staff support: induction, training, skills and experience

- People received care from staff who had the necessary knowledge, skills and experience to perform their roles. A family member told us, "The staff all seem to know what they are doing and [person] likes them all."
- Staff completed a range of training to meet people's needs, which was refreshed and updated when required. New staff completed a programme of induction before being allowed to work on their own. This included a period of shadowing more experienced members of staff. Staff who were new to care were supported to complete training that followed the Care Certificate and were expected to complete this within 8 weeks of commencing employment. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. This was confirmed by care staff we spoke with and training records viewed.
- Our observations of staff indicated that they followed training provided when caring for people. For example, we observed staff communicating with and supporting people with mobilising. The procedures

observed were appropriate and people were supported to feel safe throughout.

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

- People were complimentary about the food and told us they had enough to eat and drink. Comments from people included, "The food is lovely" and "There's plenty to eat". One person who required a modified diet due to a medical condition. The chef described how they used special moulds to help ensure the meals provided for the person were visually pleasing.
- People were supported to eat a varied and nutritious diet based on their individual preferences. Where required, people were provided with specialist crockery such as high sided plates or adapted cutlery to help them to eat their meal independently. Where support to eat was required we saw this was provided in a discrete manner on an individual basis.
- Individual dietary requirements and people's likes and dislikes were recorded in people's care plans and staff knew how to support people effectively. The chef was aware of people's individual meal preferences and requirements and confirmed these could be met. The chef said, "I can order whatever I need, so if someone wants something different I can just add that to the order."
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely. Food and drink intake was recorded, weight was monitored and contact with external professionals undertaken when required.
- People were provided with a choice of two main meal options; however, they could request alternatives if required. People were also provided with drinks and snacks throughout the day. Care staff and the chef confirmed that the kitchen was always available and food could be provided throughout the day and night if required.

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

- People and family members told us they were supported to access local healthcare services such as doctors or community nurses. This was confirmed in care records viewed.
- People's health needs were recorded in their care plans and contained information from health care professionals. Staff understood how to support people with healthcare needs. For example, a care staff member was able to describe the care a person with a urinary catheter required and may indicate the person had an infection and require medical intervention.
- Staff worked together to ensure people received consistent, coordinated, person-centred care and support. At the start of each shift staff received a handover and could access care plans should they wish to confirm any information. Staff explained how they had access to information about people via the handheld electronic care planning system. They said this meant they could check any details at any time.
- If a person was admitted to hospital, staff ensured key information about the person was sent with them. This helped ensure the person's needs continued to be understood and met.

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

- The environment was suitable for the needs of people living at Hazeldene care home.
- There was a range of communal areas available to people, including a dining room, lounge and conservatory which allowed people the choice and freedom of where to spend their time. An enclosed garden area was available for people with level access from the conservatory.
- Consideration had been given to supporting people living with dementia or poor vision. Toilets and bathrooms were well signed to make them easier for people to find.
- All parts of the home could be accessed by a passenger lift.
- People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people did not have capacity to make decisions, MCA assessments had been completed such as for personal care and receiving medicines. These had included consultation with those close to the person and decisions had been made in the best interests of the person. These had been fully documented.
- Where people had capacity to make some or all decisions relating to their care, we saw they had consented with the proposed care and support.
- Staff were clear about the need to seek verbal consent from people before providing care or support. People's right to decline care was understood. Care staff said that, should people decline care or medicines, they would return a short while later to again offer assistance. Should people continue to decline they would encourage but respect the person's decisions and inform the management team.
- Where necessary, applications had been made to the relevant authority and nobody was being unlawfully deprived of their liberty.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

At the last inspection completed in May 2019 inspectors found there was a lack of effective systems and processes to ensure good governance and accurate records. This was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the necessary improvements and was no longer in breach of regulations.

- The registered manager had completed an assessment of the service and the services continuous improvement plan was shared with us. This showed how they were intending to address the various issues they had identified. A range of audits and monitoring processes were in place completed by senior staff, the registered manager and provider's nominated individual. An annual plan of audits, surveys and equipment/services checks was in place to ensure these were completed on a regular basis. Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents.
- The provider's representative [Nominated individual] told us they were regularly at the home meaning they could monitor the service provided. Records of monitoring visits showed they spoke with people, staff, visitors, observed care in communal areas and reviewed a range of records.
- When we identified further areas for improvement the registered manager was receptive to our suggestions and ensured immediate action was taken. For example, the additional information detailed in the safe section of this report in relation to medicines management and infection control.
- Staff were organised and carried out their duties in a calm, professional manner. Staff were very positive about working at Hazeldene. Comments from staff included: "I love working here, I really enjoy my job", and "I can always get support if I need it."
- Registered persons are required to notify CQC of a range of events which occur within services. The registered manager understood their responsibilities and had notified CQC about all significant events as required.

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

- People and their family members were all very positive with the service provided at Hazeldene and felt it was well managed. One person told us, "It's all good here, you won't find any problems." A family member said, "I can't fault them [registered manager and staff]. The whole transition to residential care was handled so well and was as 'pain free' as possible." An external professional told us, "[Registered manager] is proactive at asking for support or advice, very welcoming when we are there and happy to receive advice and support which they act on."
- People, family members, staff and visiting professionals were confident that if they raised any issues or concerns with the management team, they would be listened to and these would be acted on. A person told us, "If I thought something was wrong I would say." A staff member said, "I would definitely say something to [registered manager] and I could go to [nominated individual]." Another staff member told us, "I am confident to raise anything and to give my opinions on things we could do."
- People, family members and staff said they would recommend the home as a place to live. This was also the view of external professionals.
- Pleasant positive interactions were seen between people and staff throughout the inspection. People appeared to be comfortable and relaxed with staff and registered manager. It was clear from talking with staff and the registered manager that they had got to know people well as individuals.

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

- The registered manager was aware of their responsibilities under the duty of candour which requires the service to apologise, including in writing when adverse incidents have occurred.

Working in partnership with others

- The registered manager had joined a variety of networks to support the homes development. They were engaging with external health and social care professionals in a positive and proactive way.