

Heswall Care Limited

The Hazelwell

Inspection report

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12 April 2017

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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

The inspection took place on 11 and 12 April 2017 and was unannounced on the first day. This was the first inspection of a new service that was registered by CQC in June 2016. The service is registered to provide accommodation and nursing or personal care for up to 55 people and 25 people were living there, or having a short stay there, at the time of the inspection.

The home is a converted and extended four-storey property set in its own grounds in a residential area overlooking the Dee Estuary in Heswall, Wirral. There were bedrooms on the ground, first and second floors, however the second floor was unoccupied at the time of the inspection. Communal areas were provided on each of these floors, with staff and service areas on the third floor.

The home had a manager who was registered with the Care Quality Commission. 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.

There were enough qualified and experienced staff to meet people's needs and keep them safe. The required checks had been carried out when new staff were recruited and all staff had received induction training before they commenced employment.

We found that the home was clean and well maintained and records we looked at showed that regular health and safety checks were carried out. All areas were furnished and decorated to a very high standard and people had a choice of comfortable sitting areas both indoors and outdoors.

Medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

Where appropriate, applications had been made to the local authority for Deprivation of Liberty Safeguards. People were very happy with their meals and told us that choices were always available.

The members of staff we spoke with had good knowledge of the support needs of the people who lived at the home. The staff we met had a cheerful and caring manner and they treated people with respect. People who lived at the home and visitors who we spoke with expressed their satisfaction with the care provided and with the staff.

The care plans we looked at gave information about people's care needs and how their needs were met. They also gave detailed information about people's individual choices and preferences.

There was a friendly, open and inclusive culture in the home and people we met during our visits spoke

highly of the home manager. Quality audits were completed and identified where improvements were needed.

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.

The home was clean and well maintained and records showed that regular environmental safety checks were carried out.

There were enough staff to support people and keep them safe. The required checks had been carried out when new staff were recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had completed an induction training programme and had regular supervision meetings.

The service was compliant with the Mental Capacity Act.

Menus were planned to suit the choices of the people who lived at the home and alternatives were always available.

People enjoyed a high standard of accommodation.

Is the service caring?

Good ●

The service was caring.

Staff working at the home were attentive to people's needs and choices and treated them with respect.

There was a friendly and inclusive atmosphere and visitors were made welcome.

Is the service responsive?

Good ●

The service was responsive.

People had choices in daily living and staff were aware of people's individual needs, choices and preferences.

The care plans we looked at provided information about people's care and support needs and how their needs should be met.

A copy of the home's complaints procedure was displayed and a complaints log was maintained.

Is the service well-led?

Good ●

The service was well led.

The home had an experienced manager who was registered with CQC.

There was a positive, open and inclusive culture and people were able to express their views.

Regular audits were carried out and recorded to monitor the quality of the service and identify areas for improvement.

The Hazelwell

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.

The inspection took place on 11 and 12 April 2017 and was unannounced on the first day. The inspection was carried out by an adult social care inspector and an 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.

Before the inspection we looked at information CQC had received including an 'Enter and View' report from Healthwatch Wirral. During our visit we spoke with five people who used the service, two relatives, and ten members of staff. We observed lunch being served in the ground floor dining room and an activity session in the afternoon.

We looked at care plans for three people who used the service, medication records, staff records, health and safety records and management records.

Is the service safe?

Our findings

Everyone we spoke with at The Hazelwell said they felt safe and there was always someone around to help them if they required assistance. People told us that when they used their call bell it was responded to quickly and all said that there were plenty of staff about. One person said "I have used my call bell and the staff are always with me quickly." All the people we observed seemed relaxed and comfortable with the staff.

People considered that the staff were highly trained and covered all their care needs. One person said "I have to be hoisted at all times. The staff do this efficiently and carefully."

Safeguarding policies and procedures were in place and staff had completed a programme of training about safeguarding. Members of staff who we spoke with were aware of their responsibility to report any suspicion of abuse and said that they would not hesitate to report any concerns. They told us that the manager, the clinical lead nurse and the client liaison manager were all approachable.

We looked at staff rotas which showed that there was always at least one registered nurse on duty on the ground floor and a senior care assistant on the first floor. There was a minimum of six care staff on duty during the day, and two at night. Records we looked at showed that these numbers were maintained without the use of agency staff. At the time of the inspection, 14 people were living at The Hazelwell and 11 other people were having a temporary stay at the home. The manager told us that staff numbers were continuously reviewed to reflect occupancy and dependency.

The home also employed an adequate number of clerical, housekeeping and catering staff, a full-time activities organiser, a hairdresser and a maintenance person.

We looked at the recruitment records for three members of staff. The records showed that robust procedures had been followed to ensure that staff were safe and suitable to work with vulnerable older people. This included Disclosure and Barring Service checks and at least two written references.

There were either one or two domestic staff on duty each day and a laundry assistant. Disposable gloves and aprons were available and were used appropriately. Cleaning schedules were maintained and waste disposal contracts were in place. We walked all around the premises and all areas were clean, tidy and well-maintained. The laundry, sluices and storage areas were clean, tidy and well-organised. The home had a five star food hygiene rating.

We spoke with the maintenance person and looked at the maintenance records he kept. These showed that regular checks of services and equipment were carried out. Utilities and equipment had been newly commissioned in 2016 and the manager was aware of the dates when they would require servicing by external contractors.

A weekly fire alarm test was carried out and monthly fire equipment checks and fire drills. Fire evacuation

aids were provided for staircases. We saw good records of fire drills which showed that staff had training with using extinguishers. A 'grab bag' was kept at the ground floor nurses station and this contained a personal emergency evacuation plan for each of the people using the service. Contingency plans were in place for dealing with emergency situations.

Generic risk assessments covering all aspects of the service had been written in May 2016. Accidents were fully recorded and investigated. Movement sensors were fitted in all bedrooms but none of these were in use at the time of the inspection.

We looked at the arrangements for the management of people's medicines. There was a medicines room on each floor and these were clean and tidy. Each of the medicines rooms had a cabinet for the safe storage of controlled drugs and a drugs fridge. Room and fridge temperatures were recorded daily.

Medicines were dispensed in their original packaging and medication in current use was kept in locked cabinets in people's bedrooms. Any additional boxes or bottles were stored in the medicines room. Each of the medication cabinets had a thermometer and the temperature was monitored daily to ensure safe storage.

Administration records were electronic and the clinical lead nurse explained the process to us. Records we looked at indicated that people always received their medicines as prescribed by their doctor. When medication was prescribed to be given 'as required' (PRN), there were protocols in place to guide staff in deciding whether the medication needed to be given. Nurses and senior care staff had undertaken a medication competency assessment.

Is the service effective?

Our findings

People we spoke with said the food was excellent. They told us that it was all home cooked and was presented attractively. The expert by experience joined people for lunch and reported "It was a very pleasant relaxed, calm atmosphere throughout the meal. There were six members of staff in total and 12 residents sat in the dining room. The tables were laid out with cloth table cloths and napkins with spotless cutlery. A jug of water was on each table with a slice of lemon in each. There were several choices for lunch, soup and sandwiches (four varieties) or Spanish omelette with salad, or jacket potato. This was followed by fruit platter with ice cream or profiteroles. All the food was served hot, the chef was constantly testing with a thermometer. I sampled the Spanish omelette which was cooked beautifully."

One person required assistance with their meal and had a dedicated carer who looked after them from the start of the meal to the end. The carer was chatting and relaxed as she was assisting the person. This person told us "There is more than enough choice of meals and all cooked to an excellent standard. I have assisted feeding and I never feel that I am a bother. The carer looks after me from beginning to the end of my meal."

Another person was being looked after in bed and told us "I cannot get to the dining room, I have my meals in my room. I am assisted with feeding and the meals are delicious. Since coming into the home a few weeks ago I have actually put weight on, for the better."

A relative said "Mum doesn't eat much but she only has to request something and they provide it. She asked for blue cheese and that evening it was on the menu, they had gone out and purchased it for her." People also told us that there were always plenty to drink between meals and biscuits and snacks were always available. During the afternoon the hostess was serving drinks with home-made carrot cake and biscuits.

Care records we looked at showed that people's nutritional status was assessed and monitored. One person was being weighed weekly due to concerns.

There was a training file for each member of staff. The records we looked at showed that new staff completed a week long comprehensive induction programme before they started working at the home. Records showed that staff had an individual supervision meeting every two months and a supervision and appraisal planner was in place for 2017. People we spoke with all felt the staff were highly trained and could care for their needs.

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. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

One person who lived at the home had a DoLS in place. An application for another person had been made to the local authority and was awaiting consideration. The care plans we looked at detailed people's capacity to give consent and recorded where a Power of Attorney was in place. We looked at the care plans for the person who had a DoLS and this recorded what decisions the person was able to make. We saw that, where appropriate, relatives had been involved in making decisions about people's care.

People enjoyed a very well-appointed environment which was spacious, light and bright. The furniture in the sitting rooms was domestic in style but chairs and sofas provided postural support and were at a correct height for people to sit down and get up. Bedrooms had an en-suite shower room and there were also two assisted bathrooms and a large shower room which could accommodate a shower trolley for anyone unable to sit up. All bedrooms had a wall-mounted TV and a profiling bed. Pressure relieving mattresses and other equipment were provided to meet individual needs. Different types of hoists and slings were available to ensure that people could be moved and transferred safely. Assistive technology was in place where needed to reduce the risk of falls.

There was an outdoor sitting area with tables and chairs on each floor. The gardens were neat and tidy and plans were in place to develop raised flower beds and install a greenhouse.

Is the service caring?

Our findings

All of the people we spoke with considered that staff treated them with respect and dignity. They all felt that the staff treated them kindly and always knocked before entering their rooms. All stated they did not mind whether a male or female assisted them because they were all kind. One person told us "The staff are kind to both me and my wife. They go out of their way to make sure we are ok." Another person said "Nothing is too much trouble for any member of the staff, they are always pleasant and up for a laugh." One man said "I am not use to being around ladies but the staff are very discreet when they help me shower and dress so I soon got over my worries." Another person said "The staff would always walk the extra mile to help anyone."

We observed interactions between the staff and the people using the dining room at lunchtime and saw that staff treated everyone kindly and always had time to have a few words and addressed the person by their name. A relative told us "The home's got a good friendly atmosphere. The staff contribute to the homely feel." All of the people we spoke with said were happy at The Hazelwell felt they had a good life. One person said "Next best thing to my own home." and another "I have a good comfortable life and I am relaxed and happy." A third person told us "The home is lovely, I feel well looked after and content here."

Both relatives we spoke with said that their loved ones were always clean and smart in their appearance. One said "Everything they have promised has been delivered, and more." The home employed a hairdresser three days a week. This helped to preserve people's dignity. In the laundry there was a machine for labelling clothing and this meant that people's personal clothing did not go missing.

People were able to decide for themselves where they spent their time and where they took their meals. They were able to personalise their bedrooms with their own belongings, pictures and items of furniture. All of the people we spoke with said they had been asked to residents' meetings and three said they had attended and put ideas forward.

Relatives we spoke with knew the staff by name and one said "It's an excellent idea for the staff to have their names printed on their uniforms; it helps to remember the names and seems friendlier."

Information was provided for people in a welcome brochure. This was well presented and gave relevant information in an accessible format.

A visitor whose relative was receiving end of life care told us "Mum could not have had better care in a hospice. The staff blew Mum kisses, hugged her kissed her and made her feel special. I have been made comfortable and was given a bedroom when they thought Mum was going to pass away one night. They have been providing me with drinks and meals whilst I am here all day."

Is the service responsive?

Our findings

We asked people if they would know how to raise a concern if they were not happy. All said they would tell the staff if they needed to raise an issue. Everyone was confident that complaints would be dealt with quickly and efficiently. One person replied "I would always speak my mind. I would not be afraid to complain." Visitors said they would not hesitate to raise concerns but felt they would never have any. One relative said "I would talk to any of the staff if I felt a need to complain. I am confident they would listen."

The home's complaints procedure was displayed in the entrance area and a copy was included in the brochure. It gave contact details for individuals and bodies that people could approach if they wished to make a complaint or raise a concern. This included contact details for the provider. The manager maintained a complaints log which showed how complaints had been investigated and responded to.

People were happy with the social activities provided. Three people said they did not really mix and were happy to stay in their own rooms, however another person told us "I am hoisted into the mini bus once a week and taken for a trip out. Last week I went the Floral Gardens for a coffee. It makes me feel more human to be out in the outside world." Another person said "Next week they are going to take me in the mini bus and drop me off at home for the day as it's my anniversary, then they will collect me at the end of the day. I look forward to days spent at home; it would not be possible without the hoist and the mini bus."

A relative said "The home is nice and my mum loves the social aspect of sitting chatting to the other lady residents. She also loves the weekly entertainers and sings along. Mum also loves the trips out in the mini bus, this is a great asset." The home provided transport for people either in a car or a minibus.

The home employed a full-time activities organiser and a notice-board displayed the activities programme for the week. In addition to the sitting rooms there was a fully equipped cinema room and a library. During the inspection there was an artist performing in the lounge. He had a guitar and speakers and was singing old songs. People were enjoying the entertainment and singing and clapping along.

Both visitors we spoke with said they had been involved with their family member's care plan. They had also been consulted about care plan reviews. The care assessments, plans, reviews and charts were electronic and all appropriate staff had access to the system. Staff we spoke with had good knowledge of people's care needs and were able to describe in detail the support they provided to individuals. The records we looked at included details of people's daily routines and preferences, for example preferred bedding, as well as their care needs.

The electronic system generated alerts when any reviews or care interventions were due. The files we looked at had been kept up to date with regular reviews, involving the person and/or their family periodically. There was a 'resident of the day' system whereby the nurse or senior care worker on duty that day was responsible for reviewing and updating assessments and plans.

Is the service well-led?

Our findings

The home had a manager who was registered with CQC. She was a registered nurse with considerable previous experience of managing care homes. The manager was supported by a clinical lead nurse who also had experience as a home manager. The people living at the home who we spoke with all knew who the manager was and most knew her name. All said they would speak to her if they wanted to raise a concern. One person said "I mentioned to the manager that I could hear another resident shouting and being noisy. The same day I was given another room at the other end of the corridor." Both of the relatives we spoke with said they knew the manager well and would always raise concerns with her if they had any.

People we spoke with considered that the home was well run. A visitor said "The home has got a warm, friendly, peaceful feel to it." A member of staff told us "I worked in home care before so this was quite different for me, but everyone's so helpful, I soon settled in." Another member of staff said "I love this job. I have just had a couple of weeks off on holiday and was looking forward to coming back to work. The manager is so hands-on, I've never met anyone like her, she's great."

Records showed that a staff meeting was held every two months. Minutes from the staff meeting in January 2017 recorded some issues within the staff team, however minutes of the meeting in March 2017 showed that these had been addressed. In addition, there was a short daily meeting at 11am which was attended by a representative from each department. This ensured that everyone working at the home was kept up to date with any changes and any current issues could be discussed.

Relatives we spoke with said they attended relatives' meetings and were actively encouraged to participate. Monthly resident meetings were held and were well attended. Quarterly relative meetings were also well attended. Records of these meetings showed that people had felt able to express their views and make suggestions.

We saw records of monthly health and safety checks, kitchen audits, and environment audits. There were also clinical governance audits covering areas including falls, wounds, nutrition, infections, and un-planned hospital admissions. Monthly checks of medication and service user files were recorded on the electronic system. In January 2017 a 'whole home audit' had been carried out by the provider's representative. This was not scored numerically but had identified some minor areas for improvement which had been addressed.

Providers are required to send the CQC statutory notifications to inform us of certain incidents, events and changes that happen. The manager had sent in statutory notifications to the CQC for the events that happened at the home.