

James Hudson(Builders)Limited

Hazelgrove Care Home

Inspection report

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Tel: 01159680706

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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: This service supports older people, some of who may be living with dementia. At the time of the inspection there were 33 people using the service.

People's experience of using this service:

The provider met the characteristics of 'Good' in all areas. More information about this is in the full report.

Some people raised concerns about the numbers of staff available to support them. Analysis of call bell response times showed that call bell requests were normally answered quickly. During the inspection, we did note that there were enough staff to meet people's needs. However, the registered manager told us they would review how staff were deployed to reassure people that staff were available for them when needed. The risks to people's health and safety were assessed. However, the level a person's bed was set to did not relate to the required setting within their care record. This could have placed their safety at risk.

People felt safe at the home and staff understood how to protect them from avoidable harm. People's medicines were managed safely, and staff understood how to reduce the risk of the spread of infection. Processes were in place to investigate and to learn from accidents and incidents.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People received support in line with their assessed needs. Although we did find one area of pressure care management that needed to be completed more thoroughly to ensure the person's healing pressure sore was monitored effectively.

Staff training was largely up to date and they received on-going assessment of their practice. People received the support they needed to maintain a healthy diet. People at risk of weight loss or gain and dehydration were referred to health specialists. People had access to other health and social care agencies where needed. The environment had been adapted to support people living with dementia and/or a physical disability.

Most people found staff to be kind, caring and respectful. People felt they were treated with dignity and respect. People's independence was encouraged. People were supported to make decisions about their care. The home offered a caring environment for those living with dementia. People's records were stored securely to protect their privacy.

People's care records contained guidance for staff to provide person-centred care and support. We found one issue in relation to the guidance to support a person with their diabetes. People were supported to take part in the activities, hobbies and interests that were important to them. People living with dementia were offered opportunities to take part in tasks that were interesting to them and/or relevant to their past.

Complaints were responded to in line with the provider's complaints policy. End of life care plans were in place where needed.

Audits were effectively used to assist the registered manager and the provider in identifying and acting on risks in an effective and timely manner. The performance of the registered manager was assessed by regular reviews carried out by representatives of the provider. Most people felt the registered manager would act on concerns raised. Staff felt supported by the registered manager. People and relatives had been given the opportunity to give their views about how the service could develop and improve.

There was a continued focus on learning, development and improvement. The registered manager had a good understanding of the regulatory requirements of their role.

Rating at last inspection:

At the last inspection the service was rated as Good (Report published 23 November 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled.

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 ●

Hazelgrove 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an inspector, a specialist advisor (nurse) 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.

Service and service type:

The service is a 'care home'.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

Inspection site visit activity started and ended on 21 May 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. The provider completed a Provider Information Return (PIR). 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 used this information to plan our inspection.

During the inspection, we spoke with nine people who used the service and four relatives. We spoke with three members of the care staff, a nurse and the housekeeper. We also spoke with the registered manager, care and development manager and nurse quality manager.

We reviewed a range of records. This included four people's care records and two staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection, we asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- We received mixed feedback from people when asked if there were enough staff to support them. Some stated there were and their needs were responded to quickly. Others felt staff sometimes took too long to respond. People and relatives praised the staff and felt they or their family members were kept safe; however, some commented on the fact that staff always appeared "busy". The registered manager told us they would review the way staff were deployed and would speak with people to offer reassurance that staff were available when they needed them.
- Some staff told us they felt there were times when there were not enough staff in place. This was disputed by the registered manager who advised that staffing levels were provided in line with people's assessed needs. They showed us the rotas, and this confirmed the number of staff that were in place did meet assessed levels. The registered manager told us people's needs were regularly reviewed and when more staff were needed, the provider always agreed. They assured us that they felt there were enough staff in place to meet people's needs safely.
- The registered manager told us agency staff were rarely used but if they were, the same staff were always used wherever possible to enable continuity of care. Robust recruitment processes were followed to ensure that people were protected from unsuitable staff. This included carrying out checks on staff's employment history, criminal record and identity.

Assessing risk, safety monitoring and management.

- Risks to people's health and safety were assessed and reviewed monthly. This included risks in relation to nutrition, skin integrity and falls. Actions to reduce the risks were identified in people's care plans and they were updated when people's risk level changed.
- Records used to record when people needed to be repositioned to reduce the risk of them developing a pressure sore were in place. We noted the majority of these were completed in line with the assessed frequency as recorded in people's records. One person's records did show there were gaps in their records which could demonstrate the person was not being repositioned as frequently as required. However, the registered manager showed us records which showed that staff were sometimes recording repositioning on daily records, which would suggest that people were, in fact, being repositioned more regularly. However, the registered manager told us they would remind staff to complete the required records to ensure consistency.
- Equipment was in place to reduce the risk to people's safety when they were at risk of falls. Sensor mats to alert staff when a person had moved from their bed and beds that could be lowered so they were closer to the floor, helped to reduce this risk further. We did note one person's bed was set low but was not at the lowest setting as per the guidance in their care plan. This was rectified by staff and a review of all bed settings was immediately put in place. This will help to maintain people's safety.
- Personal emergency evacuation plans were in place to assist staff with evacuating people safely in an

emergency. We observed staff safely using equipment to support people with moving around the home. Regular checks of the environment were carried out. The regular reviewing of risk helped to reduce the risk to people's safety.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of avoidable harm. People told us they felt safe when staff supported them. One person said, "I feel safe, they take a lot of care."
- Staff were aware of the signs of abuse and could explain how they would report any concerns they had and felt these concerns would be acted by the registered manager.
- The provider had the systems in place to ensure the relevant authorities such as the CQC or the local authority 'safeguarding team,' were notified of any allegations of abuse or neglect. Records showed the registered manager had followed this process when required. This meant the risk of people experiencing avoidable harm was reduced.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "The nurse brings my pills at the right time."
- We observed staff administer people's medicines safely. Staff competency was regularly reviewed to ensure this safe practice continued. People's medicine administration records were comprehensively completed showing when they had received their medicines. When people required medicines to be given 'as needed', there were clear protocols in place to support safe and consistent administration. People's allergies and preference for how they would like to take their medicines were also recorded. Medicines were stored safely. This meant people were protected from the risks associated with medicines.

Preventing and controlling infection

- The home was clean and tidy. Equipment used to support people such as hoists, and wheelchairs were cleaned regularly. Staff were aware of the actions needed to prevent the spread of infection. We observed safe food hygiene practices both in the kitchen and in the communal areas. We observed staff using personal protective equipment (PPE) appropriately. This meant the risks associated with the spread of infection were reduced.

Learning lessons when things go wrong

- There was a process in place that ensured accidents and incidents were investigated. Post-incident reviews were carried out to help the registered manager to identify any trends or themes.
- Where needed, referrals had been made to other professionals such as occupational therapists, falls teams or other relevant agencies to obtain assessments of people's mobility. This helped to guide staff to reduce the number of incidents that occurred and to keep people safe.

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

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 needs were assessed prior to admission and again when they arrived at the home. This was to ensure their needs could be met by staff. Nationally recognised tools were used to assess risks such as nutritional and pressure ulcer risk. Staff had access to national and local best practice guidance which supported them to carry out their roles effectively.
- When people had wounds, or pressure sores, wound care plans provided a good level of detail about the care of the wound and regular wound assessments were completed. However, one care plan did not contain any measurement of the wound to assess healing. Photographs of the wound had been taken, but these did not always contain a scale and were taken from different distances making it difficult to assess how the wound was healing. This could cause a delay in the person receiving the appropriate support needed for the wound to heal.
- People received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination. People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation.

Staff support: induction, training, skills and experience.

- Most people and relatives felt staff had the skills and experience needed to care for them or their family member effectively. A relative said, "They've got a routine and manage [my family member] well. [My family member] can be challenging until you get to know their ways."
- Staff felt well trained and supported which enabled them to carry out their role effectively. Staff had completed training deemed mandatory by the provider for their role, with refresher training courses booked where needed. Staff received supervision of their practice. This meant staff continued to provide effective care in line with current best practice guidelines and legislation.
- Our observations throughout the inspection confirmed staff carried out their roles effectively. This meant people received effective care and support from well-trained and experienced staff.

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

- People received the support they needed to maintain a balanced diet and good nutritional health. People had enough to drink. One person said, "There are plenty of cups of tea, we have as much as we want, it's always there." Another person said, "The food is very good, sometimes I get some wine."
- People received support with their meals where needed. This included support from staff with eating and drinking or using specially adapted equipment to aid independence. People were offered a variety of choices of meals. Plates of food were brought to each table to show people what was on offer and to help them make a more informed choice. Food moulds were also used for people who required a soft diet. This helped to ensure these foods were presented in a way that resembled their original state. These practices

are particularly beneficial for people living with dementia to support staff with encouraging them to eat their meals.

- When people lost weight or were at very high risk nutritionally they were referred to their GP and a dietician where necessary. We saw records of one person, being given high calorie drinks and jellies as had been recommended by dietary professionals.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to their GP and other healthcare agencies to support them with receiving consistent and timely care.

- Staff understood how to identify when people needed intervention from a health or social care team.

Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.

Supporting people to live healthier lives, access healthcare services and support

- People's daily health and wellbeing was recorded in their daily running records and there was evidence of appropriate referrals to health and social care services when needed. Any areas of concern were reported immediately by staff to the registered manager or senior care staff and they were acted on accordingly.

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.

- Care records contained consent forms signed by the person for decisions such as the use of photographs and sharing their care records with other professionals. When people could not make decisions for themselves, mental capacity assessments had been completed and best interest decisions were documented. Where appropriate, records showed relatives had been involved when decisions were made about their family member. This ensured decisions were always made in people's best interest.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider had made DoLS applications where required. Staff were aware of the requirement to implement and adhere to conditions contained within the person's DoLS. This ensured people's liberty was not unlawfully restricted.

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

- The premises had been adapted to provide people with a safe but homely environment. People living with dementia and/or who had a physical disability could lead lives that were not restricted by their environment. There were signs in place to help people to orientate themselves around building. Handrails were in place to offer people support when walking independently of staff. Bathrooms, toilets and showers had been adapted to ensure they were accessible and usable for all people.

- People's bedrooms were decorated in their chosen way. Each person had personal effects that were used to support them in making their bedrooms personal to them. People had also been involved with choosing how the home would be redecorated. This included, carpets, furnishings and wallpaper. This ensured that the home was adapted, designed and decorated to meet people's needs and choices.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Most people and relatives felt staff were caring and kind. One person said, "They're very friendly, very kind." A relative said, "The staff are lovely, very good, kind, very caring. I've never had one complaint." Other relatives who were not present during the inspection had made positive comments and compliments which were recorded at the home. These comments referred to support shown to families when their family member had passed away, the care given to people during their stay at the home, and for marking special occasions such as birthdays, special for their family members.
- People overall felt well treated and supported by staff. Our observations supported this. We observed staff having cheerful, warm conversations with people. The activity coordinator was particularly warm and encouraging in their interactions. We did note during busy periods of the day, some staff interacted less with people other than when supporting with tasks. The registered manager told us they would remind all staff to engage fully with people at all times of the day.
- People's diverse needs were discussed with them when they first started to use this service. Where people had religious beliefs, staff did all they could to support people with practicing their chosen religion. Religious and cultural television programmes were made available for people should they wish to view them. Access to church services was also in place should people require spiritual guidance or reflection.

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

- Care records contained evidence of involvement of people and/or their relatives in the regular review of their care plans. Staff told us they invited people or their relatives to review their care plans at least every six months. People were also encouraged to make decisions about the home in general. This included contributing to decisions about activities, menus and décor.
- When people had difficulties in communicating verbally, guidance for staff on how to ensure people could give their views was recorded within their care records. This included people who were living with dementia. We observed staff communicate effectively with people and offering choices throughout the inspection.
- Information about how people could access an independent advocate was provided. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered support with having their voice heard.

Respecting and promoting people's privacy, dignity and independence

- People felt staff treated them with dignity and respect. A relative described how staff had supported their family member with care and dignity during personal care. They felt the staff understood how to support their family member and had worked hard to reassure them when personal care was being provided.

- □ There was a particularly strong emphasis on ensuring people living with dementia were able to lead meaningful and fulfilling lives. The home had been awarded and maintained the Nottinghamshire County Council's 'Dementia Quality Mark' (DQM). The DQM is awarded to home's who have displayed particularly high-quality care for people living with dementia. We found examples during this inspection which supported this.
- □ Staff had received training that enabled them to support people who were living with dementia. This training gave staff the skills to initiate meaningful conversations with people.
- □ Yellow signs had been posted throughout the home which asked questions about people's interests, hobbies and personal views about a wide variety of subjects. This was aimed to spark conversations between staff and people; but also, between people living at the home. People were also encouraged to undertake daily tasks that were relevant to their interests or their past; such as, laying tables, folding clothes and sorting laundry. A relative told us their family member liked to do lots of cleaning and the staff had given them their own box of safe cleaning materials, so they could do this when they wanted to. These examples and more were aimed to improve the lives of those living with dementia.
- □ People's privacy was respected. Signs were placed on people's bedrooms when personal care was being given to prevent unwanted entry. We did note one communal toilet door did not have a lock. After the inspection we were informed this had been fixed. These practices ensured people's privacy and dignity were maintained.
- □ People's independence was promoted. People told us that staff encouraged people to do as much for themselves as possible. This included daily tasks such as eating and drinking but also when personal care was being provided.
- □ People's care records were treated appropriately to ensure confidentiality and compliance the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed, and care plans were in place to provide information about people's care and support needs. When people were living with dementia and became distressed at times, their care plans provided information about how to calm and reassure the person and reduce their anxiety and distress. We observed staff responding to people's needs effectively.
- Most care plans contained detailed information about how to support people with maintaining good health. This included support with a wide variety of health-related conditions. However, guidance for supporting people with diabetes was variable at times. For example, in one care record there was not clear information about the signs of low blood sugar levels and what to do if they fell below the safe level. In other records this information was recorded. The registered manager advised they would address this and ensure consistency across all care plans
- People received their support from staff in the way they wanted, considering their likes, dislikes and personal preferences and interests. People told us they joined in with activities. We observed the activities coordinator run well attended activities during the inspection.
- People and relatives had access to the home's WI-FI and other technology to support them with maintaining access to family and friends and their community. An I-pad and other electronic devices were used to support people with this.
- The registered manager understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. Adherence to this standard is important to ensure that people are empowered, treated fairly and without discrimination. The registered manager advised that people were going to be supported to complete an assessment of their reading. This will then enable documents to be changed to suit people's individual needs. This would include larger and different styles of fonts and the use of different coloured paper.

Improving care quality in response to complaints or concerns

- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy. Staff told us they would report any concerns to the registered manager and encouraged people to speak with the manager if they had a complaint. They told us they received feedback from the manager about things that needed to improve or any changes.

End of life care and support

- People who were nearing the end of their life had care plans in place that clearly identified their wishes and the steps staff should take to ensure they were comfortable, and any symptoms were controlled through medication.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Providing people with person-centred, high quality care and support was a key aim of the provider. The findings of this inspection have found that in most cases the provider had succeeded in achieving this. People were encouraged to lead independent and meaningful lives and through clear, robust management, staff had supported people to do so.
- An industry recognised website, carehome.co.uk is used for people who use services and/or their relatives to give feedback and to write a review about the quality of the care provided at homes. This enables others to make an informed choice as to whether they, or their family member may wish to use the service. At the time of writing the home had received an average score of 9.6/10 from a total of 14 reviews. All 14 of those reviews stated they were 'likely' or 'extremely likely' to recommend the home to others. A relative we spoke with during the inspection agreed. They said, "[My family member] has been here for [a number of] years, they are very happy here. I would definitely recommend it."
- Most people felt able to raise issues with the registered manager and most thought their concerns would be acted on. Staff also felt able to approach the registered manager and felt supported in their role. We found the registered manager to be passionate about making continual improvements to the quality of the care provided as well as maintaining compliance with fundamental CQC standards.
- The registered manager was aware of their responsibility to apologise to people and/or their relatives when mistakes were made. This reflected an open and transparent approach to care.

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

- There was a focus on continuous learning and improving care. The issues we have highlighted in this report were acted on immediately to reduce any further possible risk to people. The registered manager was supported by a nurse quality manager and care and development manager. Both offered guidance to the registered manager on ensuring continued improvement and compliance with fundamental standards and held the registered manager's performance to account.
- A wide range of quality assurance processes were in place which helped the registered manager assure themselves of people's on-going good health and safety. These included checks of people's medicines, care plans and the safety of the environment. Where actions were identified, these were delegated to the appropriate staff member and the actions were reviewed. Actions were then reviewed by the senior management to ensure they had been completed.
- The management team and the provider used innovative methods to learn and improve care. A review of inquests conducted by Coroner's across the UK was used to inform staff of examples that could lead to the

death of people at the home. The provider had identified falls and choking as two key risk areas and training was provided to staff across the provider's group of services.

- Staff were provided with a handbook that explained the expectations of them when carrying out their role. Additionally, staff performance was assessed in line with the provider's core aims and values. This was to ensure staff were clear about their roles and how they contributed to the performance of the home.
- High quality staff performance was recognised through an award system both internally across the provider's group of services and nationally via the Great British Care Awards. People from within the home nominated staff for a variety of awards. The home's nutritionist recently won a national award.
- The registered manager and all staff had a clear understanding of their role and how they contributed to ensure risks were mitigated and regulatory requirements were met. The registered manager understood the requirement of their registration with the CQC. They could explain what incidents needed to be referred to the CQC and why. This meant the registered manager would continue to operate in an open and transparent manner.
- It is a legal requirement that a provider's latest CQC inspection is displayed at the home where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were given the opportunity to provide feedback about how the service could develop and improve. In October 2018 a survey was sent to people and their relatives asking them for their views about the home and the quality of the care provided. The results were largely positive with people speaking highly of the staff, activities and relatives being made to feel welcome. The registered manager told us people could give their views in meetings with staff and them. Some people and relatives we spoke with felt they would like more opportunities to meet formally with the registered manager, or, as part of a wide group to discuss their views of the quality of the service provided. This will aid the registered manager and the provider in further improvement and development of the home.
- Staff felt able to give their views. They felt their views were respected and acted on. Newer staff members praised the warm atmosphere and they welcomed the support provided that enabled them to provide people with good care.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies to provide high quality care and support for all. We found recommendations made by other agencies had been acted on, resulting in a cohesive approach to the care provided.
- An 'intergenerational project' was in place. The home worked in partnership with a local childcare agency to have children come and meet people at the home, to sing songs and to help bridge the gap between younger and older people.
- Annual review meetings were held with representatives of the GP practice which attended to people's needs at the home. These meetings helped both services to agree a cohesive approach to providing people with care they needed from the home and their GP.
- The provider had completed a nationally recognised audit tool which helped them to assess, in detail, the quality of the care provided in key areas of care. These included, pressure sores, continence, falls and restraint. The findings of this audit were then used to form actions to help the home to continue to improve.