

Pindy Enterprises Limited

Hazelbrook Christian Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out this unannounced inspection on 9 January 2018.

The last inspection took place on 3 and 4 of July 2017 where the service was rated as requires improvement. Due to discrepancies in the report we agreed to re-inspect this service.

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

Hazelbrook Christian Nursing Home is registered care for 38 people with either nursing or social care needs. The home is situated in Horwich town centre close to shops and other local amenities. It is readily accessible by car, public transport and motorway networks.

The home had a registered manager who had worked at the service for over 20 years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service, relatives and staff told us they found the registered manager helpful and supportive.

Staffing levels on the day of the inspection were sufficient to meet the needs of people who used the service.

Systems were in place to ensure staff were safely recruited. Staff demonstrated a commitment to providing high quality personalised care for the individuals who accessed the service.

Staff told us they received the training and supervision they needed to be able to carry out their roles effectively.

Robust systems were in place to ensure the safe handling of medicines and people received their medicines as prescribed.

Regular checks took place to ensure the safety and cleanliness of the environment. Systems were also in place to reduce the risk of cross infection in the service.

Care records contained detailed information about people's health and well-being.

People received a well-balanced and nutritious diet. Choices and alternatives were available and special diets were catered for.

People we spoke with told us the staff were kind and caring. We observed good interactions between staff and people who used the service.

There were a range of activities available for people to join in with if they wish. People's spiritual needs were met as required.

People were encouraged to provide feedback on the service they received. Any complaints or suggestions were acted upon to help improve people's experience of the service.

The home was not purpose built but had been adapted to ensure that people could move freely around the home and suitable aids and equipment were available. There was a passenger lift to the first floor.

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.

People told us they had no concerns about their safety. People were cared for in a safe and clean environment.

Staff had received training in safeguarding adults. There were systems in place to help ensure staff were supported to report any abuse they witnessed or suspected.

Staff had been safely recruited and there were enough staff to meet people's needs.

Systems were in place to help ensure that people received their medicines in a safe and timely manner as prescribed.

Is the service effective?

Good ●

The service was effective.

We saw that a detailed assessment was completed before people were accepted to the service.

Staff received the induction, training and supervision they required to be able to provide safe and effective care. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS).

People received a well-balanced and nutritious diet.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were supportive and helpful.

People's privacy and dignity was maintained.

There was a service user guide given to people and their families which provided information on the services and facilities available at the home.

Is the service responsive?

Good ●

The service was responsive.

Arrangements were in place to help ensure people received individualised care to meet their diverse needs.

People who used the service were involved in reviewing the support they received. This helped to ensure the service was responsive to people's changing needs.

People were encouraged to provide feedback on the service they received. Any complaints or suggestions were acted upon to help improve people's experience of the service.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They demonstrated a commitment to ensuring people's experience of the service was positive.

Staff told us they enjoyed working in and felt well supported both by their colleagues and the managers in the service

Quality assurance systems in place were used to drive forward improvements in the service.

Hazelbrook Christian Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 9 January 2018 and was unannounced. The inspection team comprised of one adult social care inspector and an expert by experience. The expert by experience had experience in working with people who required nursing care.

Prior to our inspection we contacted the Clinical Commissioning Group (CCG), the local authority safeguarding team and Healthwatch Bolton. Healthwatch is an independent consumer champion for health and social care. This helped us to gain a balanced view of what people experienced accessing the service.

We received a provider information return form (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and what improvements the plan to make.

During the inspection we spoke with the registered manager, registered nurses, the assistant practitioner, four members of staff, the cook and the activity coordinator. We also spoke with nine people who used the service and two visitors.

We observed the lunch time meal. This was to see if this was a pleasant experience and people were offering a meal of their choice and the availability of staff to assist people when required.

We reviewed records at the home including four care files, three staff personnel files, meeting minutes, training records, health and safety records and audits held by the service.

Is the service safe?

Our findings

We asked people what made them feel safe living at Hazelbrook. One person said, "I feel safe here because the staff are very nice". Another said "I've not been here very long, but it's a good place, they're very helpful". A third person said, "The protection you get from the staff and the staff are very helpful". One visitor said, "When the staff come in she [relative] smiles, so if the staff weren't kind, she wouldn't respond like that". Another visitor told us that equipment had been put in to their room for extra safety.

We asked if personal property was safe. One person said, "Well I've not lost anything". Other people told us their property and valuables were safe.

We asked about staffing levels. One person told us, "There's always enough for me, there's no buzzer (in the conservatory), but staff are always around". We looked at the staff rotas and saw that sufficient numbers of staff were available to meet people's needs.

Our examination of the staff rotas confirmed staffing levels were provided at consistent levels. The registered manager told us that where possible any holiday or sick leave was covered by other staff rather than having to use agency staff. If this was not possible they used the same agency and tried to have staff that had worked at the home before. This helped to ensure consistency and continuity of care for people.

Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they were certain the registered manager would take any concerns seriously.

We checked to see that staff had been safely recruited. We reviewed three staff personnel files and saw that each file contained an application form with included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw there were procedures in place to confirm that that all nursing staff maintained an up to date registration with the Nursing and Midwifery Council (NMC). This helps ensure people receive care and treatment from nursing staff who meet national standards and code of conduct.

We observed staff administered medicines safely by supporting one person at a time. The staff member ensured that medicines was taken by spending time with the person offering them a drink of their choice. The Medication Administration Record sheet (MARs) were completed after the medication had been taken.

There were controlled drugs administered. These were stored correctly in line with The National Institute for

Health and Care Excellence (NICE) national guidance and recorded in the Controlled Drugs Register.

Medicines were stored in a clean and secure environment. The registered manager completed audits to maintain a check of medication. This showed the registered manager had systems in place to protect people from unsafe management of medicines. Staff confirmed only those who had received medication training and deemed competent administered medication.

Care records we looked at had completed risk assessments to identify potential risk of accidents and incidents. Risk assessments provided instructions for staff members. These included moving and handling, pressure care and managing falls. We saw personal emergency evacuation plans (PEEP) were in place. A PEEP provides the fire service with information about where people's rooms were in the building and what assistance or equipment was needed to evacuate them from the building in the event of fire. Fire drills and fire training took place on a regular basis so staff knew how to deal with a fire emergency. Emergency lighting and fire safety equipment was tested regularly. A fire safety risk assessment was in place. These checks helped to ensure that people were kept safe in the event of an emergency.

We looked at documentation and found equipment had been serviced and maintained in line with the manufacturers' instructions. Records were available confirming gas appliances; electrical appliances complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoists and slings) were safe for use. We observed they were clean and stored appropriately so people were safe when moving around the premises.

Infection control audits were in place and the registered manager check cleaning schedules to ensure the building was clean and free from any malodours. We saw staff wore personal protective clothing (PPE) such as disposal gloves and aprons when completed personal care tasks. The staff wore a different coloured apron when serving and assisting with meals.

We saw that accidents, incidents were well managed by the registered manager. Systems were in place to track and monitor and identify any trends and patterns and actions taken to reduce future risk.

We looked around the building and found it was clean, tidy and well maintained. We asked people what they thought about the cleanliness and maintenance of the premises and everyone said they were happy with it. One person told us, "Everything in my bedroom works and bedrooms were cleaned regularly".

Is the service effective?

Our findings

We looked at three staff files and saw records of a thorough induction, including essential training. Staff spoken with told us they felt the training they received was relevant to their role. Records we viewed showed training was on-going and staff received regular updates as required. Information on the PIR informed us that training needs were identified by the registered manager and the individual, these were then sourced and accessed to enable all staff the skills and knowledge to provide best possible care and practice. We saw that training was completed by e learning, face to face and with practical sessions for moving and handling and fire safety. The registered manager had also carried out family training workshops for relatives who were caring for people living with dementia. These had been successful and future workshops were to be planned.

We saw that a range of training had been booked throughout 2018. Training included Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS), safeguarding children and adults, syringe drivers updates, medication, wound care and food hygiene.

Staff were supported at all times with regular supervision meetings. These meetings provided staff with the opportunity to discuss with the registered manager any concerns they may have and further developmental needs. There was evidence that showed that annual staff appraisals took place.

We spoke with the chef and looked at the range and variety of the meals planned and served. There was a choice of breakfast dishes, including a range of cereals, toast and preserves. The main meal of the day was served at lunch time with a lighter tea served late afternoon. We asked people about the food. One person told us, "I like it, I always eat it and it's very well cooked". Another person said they would like more variety such as Italian or Chinese dishes. Another said, "It's excellent but if I don't want something they [chef] will make me something else". Hot drinks were offered throughout the day and there was a jug of juice and glasses in the main lounge.

We saw that the dining room tables were set nicely with condiments and people were given the choice of where they wanted to sit. Some people preferred to eat in the lounge area and some had their meals in their own rooms as was their choice.

The kitchen was clean and well organised. In July 2017 the home had been awarded a five star rating by the national food hygiene standards agency. Five stars is the highest rating given.

The cook ordered fresh meat from a supplier and dairy products from the milkman. Fresh fruit and vegetables were offered. There was a four week rota for the menu, this was currently under review. Some people required a diabetic diet; other diets included soft and pureed meals. We saw the pureed diet was nicely served with the food pureed separately. This meant people could see the different colours and experience different taste and textures. The cook informed us that nobody had any food allergies and likes and dislikes were accommodated. There was no set budget for food; the cook said she could order what she wanted.

Support was given to individuals as required in a discreet and sensitive manner and interaction between staff and people who used the service was friendly and respectful.

In the care records we looked at we saw Malnutrition Universal Screening Tool (MUST) completed on admission. A MUST assessment identifies levels of risk of malnutrition or obesity and provide guidelines which can be used to develop the care plan. We saw where necessary people had a food diary in place and weight was monitored. We saw that referrals to the dietician or the Speech and Language Therapy team [SALT].

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 so that they can 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. We saw that people who used the service had signed consent forms, where they were able to, for issues such as the use of photographs.

We saw that DoLS applications and authorisations were correctly completed, monitored and reviewed in a timely manner. Staff we spoke with were aware of who was subject to DoLS and what this meant for the individual.

From the records we looked at we saw people were supported to access health care services in relation to their mental and physical health needs. This included appointments with dentists, opticians and GPs. Where necessary physical health care plans were in place to identify people's needs and included the action staff should take to support people to meet these needs.

Is the service caring?

Our findings

We asked people who lived at the home if they were happy with the care and support provided. One person told us, "The staff are very patient, nothing's too much trouble. They're very nice and helpful". Another person said "I am cared for very well, they [staff] sit and have a chat or speak to you as they're passing. They take an interest in you". A third person said, "They [staff] treat us perfectly". They're like my friends, but there's still that professionalism. One relative told us, "I've no concerns". Another said "[Relative] gets treated nicely, as far as I'm aware she's getting proper care. The carers are very nice".

We observed positive interactions throughout the between staff and people who lived at the home. Staff spoke in a pleasant manner; they called people by their preferred names. We saw that when staff assisted they went at the person's own pace and did not hurry them. We heard staff chatting with people about recent events that had taken place over the weekend. There was a friendly and relaxed atmosphere within the home.

People spoken with told us their specific needs were taken into consideration regarding access to areas of the home. One person said they could access all the areas they wanted to without difficulty.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was a sensitive and caring approach noted throughout the day. Staff had received training in equality and diversity and knew how to treat everyone as an individual.

Staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way. People told us that they felt the interaction was personal to them.

We observed staff explaining what they were doing with people, for example when using the hoist. Staff knocked on bedroom and bathroom doors and waited for a response before entering. One person told us, "They [staff] make sure the doors and curtains are closed when helping with care". People we spoke with told us that staff encouraged and supported them to be as independent as possible.

We saw that information was available for advocacy services should people require guidance and support. This ensured people's interests would be represented and they could access appropriate services to act on their behalf if needed.

Information on the PIR informed us that people and families, where appropriate were involved in care planning and decision making. People had an advanced care plan and their wishes identified and acted upon. A member of staff who had received specific training in this area was available to assist with advanced planning arrangements. We saw evidence of this in the care records we looked at. People had signed care plans to indicate their agreement with the level of support which they were to receive.

We saw that all care records were held securely. This should help ensure the confidentiality of people's

personal information.

Visitors were welcomed at all times. This was confirmed by relatives spoken with. One visitor said, "I visit a lot and have always been made welcome, the staff are lovely".

Is the service responsive?

Our findings

We found that all the staff responded quickly and efficiently to people's needs when they were required to. For example when care needs changed or if someone required support from other healthcare professionals such as GP, the falls clinic or the dietician. One person told us, "If I am not well they [staff] will ring for the doctor". The care plans we looked at were reflective of people's needs. Care plans had been updated and reviewed to recognise any health or social care changes. We spoke with staff about people's individual needs. We found they were knowledgeable about the support people in their care required.

Information on the PIR told us that people who used the service received personalised care and treatment and this was achieved by meetings and discussions with relevant parties such as the individual, family and friends, where appropriate prior to admission. Pre assessments prior to admission were completed to maintain continuity of care. Communication with people who used the service, families, friends and care home staff were on-going. This was evidenced in the care plans we looked at.

At the last inspection we found that the activities provided in the home needed improvement. We spoke with people about how they spent their day. One person told us, "I enjoy the activities. We do flower arranging and gardening". Another person said, "We planted bulbs yesterday". We saw that these were on this person's windowsill. A third person said, "Sometimes we get entertainers coming and visitors. I am quite satisfied".

We spoke with the activity coordinator in the afternoon. The activity coordinator was new in post and was playing picture bingo with people in the lounge. The activity coordinator told us she was currently going round to people and asking them what activities they would like to do. She also told us they were going to have an activity shed in the garden. The registered manager told us they had applied for a Transformation Fund Application and this had been granted. This followed discussion with people who used the service and staff that people would like to have a separate area away for the home that could be used as a communal area. Space is limited within the home to achieve this. It was decided that a summer house within the grounds would provide the space to achieve this. People who used the service had volunteered suggestions for the use of the summer house as a pub with traditional pub games and then changed the theme to a cinema with refreshments provided at intermission. Families and friends would be welcomed to join in these events. On the day of our visit we saw the foundations for the summer house had been laid.

Information on the PIR showed that the home was working to develop activities to cater to the needs of people at the home and this had been discussed at the residents meetings. These included stimulation, music therapy and hand massage. The staff encouraged and assisted families to maintain social activities for people, with some attending local restaurants, weddings, weekly football matches, swimming sessions and shopping trips. The staff tried to help people achieve the quality of life they desired. Community groups were welcomed into the home with visiting ministers and local schools. The registered manager recently introduced a monthly visit from the local children's nursery for a project called "Bridging the Age Gap". The registered manager was trying to source individual activities for people who used the service specifically for people living with dementia and had recently introduced dementia dolls, lifelike breathing cats and dogs

and activity muffs. We saw evidence of this within the home.

The registered manager told us they had arrangements in place to ensure people's religious and cultural needs could be met and services took place within the home. Visiting clergy attended the home to offer Holy Communion and spiritual guidance to people.

People who used the service had opportunities to comment on the support they received. We saw that their views had been taken seriously and acted upon in order to improve their experience in the service.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. Information was also on display in the communal areas to advise people of how to make a complaint and to whom. People we spoke with during the inspection told us they knew how to make a complaint if they were dissatisfied with the support they received and were confident their concerns would be taken seriously.

The registered manager told us they always encouraged staff to record any concerns raised by people who used the service in order to demonstrate the action taken to resolve matters, even if this was done on an immediate and informal basis. This demonstrated a commitment to on-going service improvement.

The home had received a number of compliments from families and friends. Comments included, 'Thank you so much for your wonderful care of my mother. You made her feel very comfortable at Hazelbrook and her room was lovely. Her last days where filled with smiles'. Another read, 'Thank you for [name] care during the last two years and making [name] final days peaceful and calm and your kindness to me during this period'.

People's end of life wishes had been recorded so staff were aware of these. We found people had been supported to remain at Hazelbrook where possible as they neared end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff who they knew and trusted. Staff had undertaken training in end of life care.

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. The registered manager had worked at the service over 20 years and was very knowledgeable about the people living at the service.

We found the home had clear lines of accountability and a structured management team. In addition the registered manager was supported by the provider.

People we spoke with told us they were happy with the way the home was run. No concerns were raised, however people said if they had concerns they felt able to approach the registered manager and felt that their concerns would be listened to and action taken.

Before our inspection we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We saw that a log was maintained of any accidents and incidents which had occurred; this was reviewed regularly to see what lessons could be learned to help improve the service people received.

Records we reviewed showed regular staff meetings took place. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice.

These actions demonstrated the provider and registered manager listened and acted upon the views of staff.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensured they provided people with a good service and met appropriate quality standards and legal obligations.

We saw there was a system of audits in place relating care plans, accidents and incidents, medication, the environment and infection control. Any issues found on audits were quickly acted upon and lessons learnt to improve the care that was provided and to help prevent further similar occurrences in the future.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included the local authority, the CCG, district nurses and other healthcare professionals.

Records we reviewed showed regular staff meetings took place. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice.

Feedback was sought from people who used the service and families by the use of regular satisfaction questionnaires to help drive improvement.