

Nestor Primecare Services Limited

# Hazelmere Extra Care Scheme

## Inspection report

Hazelmere  
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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

This inspection took place on 13 and 14 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

Hazelmere Extra Care Scheme is a domiciliary care service providing support to adults within the Hazelmere complex. Extra Care Housing is housing designed with the needs of older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self contained homes, their own front doors and a legal right to occupy the property. Hazelmere were registered with the Care Quality Commission on 28 August 2015 and this is their first inspection. The service currently provides care and support to 41 people.

There was a registered manager in place at this service. They had been registered since September 2015. 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 told us they were happy with the service provided and that the staff were caring, kind and friendly. People said "The staff are brilliant", "I have no complaints" and "Staff are kind."

Staff told us they enjoyed working at the service and providing support to people within the complex. They said they were supported by the management team and they appreciated that out of hours support was also available should they need it.

Care plans were well documented and up to date. They gave clear guidance to the staff team on how people wanted to be supported. Risk assessments were undertaken for a variety of tasks which included moving and handling, nutrition, falls and the environment. These were reviewed regularly and up to date. The management of medication was safe.

Staff were aware of how to report a safeguarding concern. They understood policies and procedures were available to safeguard people from harm and told us they would not hesitate to report any concerns.

Staff had received a range of training that included moving and handling, safeguarding, medication and health, safety and fire. A range of other training was available to the staff team specific to their role. Staff told us that the training was good. Staff had access to supervision sessions, annual appraisals and were invited to attend regular staff meetings.

Staff recruitment files showed that robust recruitment processes were in place. Staff attended an induction prior to working alone in the complex. Staff told us that they worked alongside an experienced staff member

before working alone. They confirmed the induction process was good and that they had the information they needed to perform their role.

People had access to information about the service. They said that they knew the information was in their care folder and some people had read this. Other people said they were not bothered about the folder but knew the information was available. An initial assessment was undertaken by one of the management team prior to the service starting.

A complaints policy was available and each person had this information within the care folder. Processes were in place to deal with any complaints received. A number of complaints had been received by the Care Quality Commission and these had been investigated by the local authority. They found that the majority of the issues raised were unfounded and that on the whole these had not been substantiated.

Quality assurance processes were in place which included observations of staff to ensure that care and support standards were being maintained. Regular reviews of people's care were also undertaken to ensure information remained up to date. Audits were undertaken in relation to the service provided and these monitored the services safety and effectiveness.

## 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.

Safeguarding procedures were in place and staff had received up to date training in safeguarding adults.

People's medicines were managed safely.

Safe recruitment practices and processes were in place. Checks were in place to make sure that unsafe practice was identified and appropriately addressed.

### Is the service effective?

Good ●

The service was effective.

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 supported this practice.

People were supported with the purchasing of food and with meal preparation where detailed in their care plan.

Staff had access to relevant training and received regular supervision.

People were supported with their healthcare needs when needed and with the involvement of family members or representatives where appropriate.

### Is the service caring?

Good ●

The service was caring.

People who used the service and family members said staff were kind, caring, helpful and friendly towards them.

Staff supported people to maintain their dignity, privacy and independence.

People had access to a range of information about the service.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and information was up to date.

People said they didn't have any current concerns or complaints about the service. A complaints policy was in place and people knew how to make a complaint if they were unhappy.

### Is the service well-led?

Good ●

The service was well led.

The service had a registered manager in place.

A range of quality assurance systems were in place to monitor the service provided. Audits were completed with actions taken when appropriate.

Copies of policies and procedures were kept in the office for staff to access as needed. Key policies were included in the employee handbook and policies and procedures were reviewed and kept up to date.

# Hazelmere Extra Care Scheme

## **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.

This inspection took place on 13 and 14 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using a service or caring for someone who uses this type of care service. The expert by experience had knowledge and expertise of caring for people with dementia and people who used regulated services.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our planning of the inspection. We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law.

Questionnaires were sent to people who used the service and relatives prior to the inspection visit. Information from these is included in the report.

We contacted the local authority safeguarding and contracts teams for their views on the service. They

raised no concerns about this service at this time.

On the days of our inspection we visited nine people who used the service, spoke with two relatives, the registered manager, the regional manager and three staff members. Staff members included senior care assistants and care staff.

We looked at a selection of records. This included four people's care and support records, three staff recruitment files, staff duty rotas, medication administration and storage, quality assurance audits, complaints and compliments information, policies and procedures and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us that they felt safe with the care and support they received from the staff team. They told us that they would speak to someone if they felt unhappy and comments included "I would tell the manager if I had a problem", "I would speak to the staff if I didn't feel safe" and "Yes I feel safe and secure here".

We had mixed comments from people and their family members about staff arriving on time and staying for the allocated time. Three people told us that staff were sometimes late and that sometimes they didn't stay for the full allocated time. Comments included they "Do what they have to do" and "They need to employ more staff to cover the new clients being taken on." Other people we spoke with were happy with the times allocated and that staff arrived on time and stayed for the allocated time. One person said "They sometimes stay longer" and another commented "The staff are very busy". Prior to the inspection we had a number of concerns raised about the service being short of staff; not being enough staff to cover the shifts; and a lack of staff at the weekends. We looked at the staffing levels and rotas for over a three week period. The rotas showed the "runs" that were completed by the staff team with the times staff worked. A "run" was for a group of people who were supported by a regular staff member. The registered manager told us that "runs" would be covered by the senior care assistant if needed for example if a staff member was sick or on annual leave. However, the hours the senior care assistants worked were not included on the rota. The hours for the registered manager and administrator were not included within the rota system. The registered manager told us that office was staffed from Monday to Friday, 9am to 5pm. The senior care assistants were on duty longer hours and would pick up the out of hours calls. When required uncovered calls would be forwarded to the registered manager or other 'nominated person on call' to ensure people were not left without support. During the inspection we found there was enough staff available to meet the needs of people who used the service. We discussed the current rota system with the registered manager and they agreed to review the rota preparation and process and to introduce an easy to understand and readable rota system.

Some people told us they had support with medication administration. This ranged from full support with all aspects of medication administration to people being 'prompted' to take their medication. One person said they were supported with their medication and that they received this at the appropriate times across the day. People's medication was stored in their bathroom cabinets which were kept locked. A medication risk assessment was completed to show the level of support a person required with their administration of medication. Records showed these were up to date. Medication administration record (MAR) sheets were in place which detailed the medication prescribed and the route to be taken and the time. Staff had signed to show they had administered people's medication. However, we found that on two MAR sheets that the quantity of tablets in each blister pack at a given time was not always included. We spoke with the registered manager and by the end of the inspection these records had been updated. If a medicine needed to be crushed to make it easier for a person to take, information was collated on the crushed medication form which included details of the medication; how it would be administered and included signed GP's approval. The person was aware that their medication was crushed to make it easier for them to take it. Staff told us that they had received medication training and annual competencies and records confirmed this. They also said they were aware of the registered provider's policy on medication. Training records showed that medication training was undertaken every three years and was up to date. Medication observations were



also included in the spot checks undertaken by senior staff. Information was also included in the employee handbook in regard to medication awareness.

Staff told us how they would keep people safe from harm. Staff described different forms of abuse such as financial, physical and neglect and told us they would inform the senior staff, registered manager or local authority if they had any concerns. They said they were confident that any concerns raised would be dealt with appropriately. We saw that the registered provider had copies of the local authority's policy and procedure on safeguarding adults from abuse. The registered provider also had their own adults safeguarding policies and procedures. Staff said they were aware of the policies and understood the term 'whistle blowing'. Staff said "If they thought something was wrong or another staff member had done something then they would report it". They said that information on whistle blowing was displayed in the office and staff room and was also included in the employee handbook.

Staff told us about their recruitment processes and they said that "Everything seemed okay." Staff recruitment files showed that appropriate checks had been undertaken prior to staff working for the service. Two references had been undertaken, one of which was from the staff members' previous employer. A Disclosure and Barring Service check (DBS) had been undertaken. A DBS was undertaken by employers to ensure that prospective staff members are suitable to work with people who used this service. Identity checks had been undertaken and copies of staffs driving licence, birth certificate or passport had been taken. Copies of questions asked at the interview and the staff member's responses were seen. This meant that the registered provider had good recruitment processes in place.

A wide range of risk assessments had been completed for people who used the service. These included the environment to ensure that it was safe for the person using the service and the staff member. It also included assessments on moving and handling, infection control, continence, falls, nutrition and medication. Risk assessments were specific to individual people's needs and were up to date.

Accidents and incidents were recorded as needed and the information is uploaded onto the computer system. These are then audited by a team of specialists at head office who identify any patterns or trends and inform the registered manager if further action is needed. They meet monthly and do incident reviews of all cases. The registered manager said that once the information is recorded and checked they may be asked for further information such as a falls risk assessment, any statements that have been taken or any training certificates.

Personal Emergency Evacuation Plans (PEEPs) had been completed for people who used the service. This helped to ensure that people were appropriately supported in the event of an evacuation or emergency. Information included details of equipment used by the person and if assistance would be needed. The registered manager said that they have a "Stay put" policy in place which meant that measures were in place to ensure that people were kept safe. For example each door within the building was fire-proof for up to two hours and the building had an integral sprinkler system in place. The building would only be evacuated on the advice of the emergency services. Records showed that the PEEPs were up to date and regularly reviewed. The fire risk assessment completed on 30 August 2016 stated that the premises is purpose built flats and are suitable for a stay put policy.

## Is the service effective?

### Our findings

People told us that the care and support they received from the staff team was effective. They said the staff knew them well and respected their needs and wishes in the way that they wanted to be supported. Comments included "The staff are really good", "Staff are kind" and "The staff are very good."

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 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity. The registered provider had up to date policies and procedures in regard to the MCA 2005. The registered manager explained that no one was currently being deprived of their liberty. Staff said they had received training in mental capacity awareness within their induction and had been given a copy of the five principles to the MCA 2005 which was a quick guide for the staff to use. Staff told us "It's about if someone is deemed to have capacity or not and it is decision specific", "Best interest meetings may need to be held with the person, family members and other professionals" and "Sometimes have to make best interest decisions for people living with dementia."

People told us that usually they or their family members contacted healthcare professionals such as the GP when needed. However, they felt that if they needed support the staff would help them. One person said "The staff will call the GP for me if I ask them." People's medical conditions and medication requirements were included in the care plans and records indicated these were up to date and reviewed regularly to reflect people's changing needs.

People were supported with the purchasing of food and the preparation of meals where detailed in their care plans. Some people used the on-site "Bistro" for their main meal of the day. The registered manager said that if someone cannot get to, or preferred not to go to the bistro then staff would deliver a meal from there to them. People told us "The food is good at the bistro", "I have lunch in the bistro and a staff member brings me a sandwich for tea" and "Staff make my breakfast and will make me a snack of tea and toast or crumpets if I want them." Care plans detailed how to support people with their nutrition and hydration needs. Details of meals eaten were recorded in the daily notes. Staff told us they were aware of people's preferences and that information regarding this was noted within their care plan.

People and family members told us they thought the staff were experienced and were trained for their role. Staff told us that they received the training and support they needed to carry out their role. Records showed that staff undertook a range of training. The registered provider used a computer based system to log all

training undertaken and this highlighted to the staff when further updates were due. The system would not allow a staff member to work if training was overdue. Training included safe moving and handling, medication management, first aid and basic life support, food hygiene and nutrition, infection control, safeguarding and health, safety and fire. Staff said that they had undertaken the registered providers' mandatory and refresher training as needed and records confirmed this. A range of other training was available to meet the specific needs of people such as awareness of dementia and peg feeding. Peg feeding is where a flexible feeding tube is placed through the abdominal wall and into the stomach. This allows nutrition, fluids and/or medications to be put directly into the stomach. This meant that staff had access to courses which related to specific conditions that people who used the service may have.

Staff attended an induction programme at the start of their employment. One staff member told us about their experience. They said that the induction gave them enough information to undertake their role and that they also shadowed an experienced staff member as well. The induction included a four day programme which covered the Skills for Care Care Certificate. The induction included practical sessions, workbooks and face to face learning. An induction checklist was used to ensure all relevant information was covered and at the end of the induction a Care Certificate was issued. Records confirmed this. Each staff member had a copy of the employee handbook which included a wide range of information about the company, terms and conditions and a range of policies and procedures. Staff signed to show receipt of this and records confirmed this.

Staff told us they received regular supervision sessions and an annual appraisal. They said they found the sessions "A good process" and "I can talk about training and personal and work issues." Supervision sessions usually occurred every three months and records showed these were up to date. Staff were also invited and encouraged to attend staff meetings. Staff told us that they usually attended the meetings and they found them informative and could contribute if they wanted to. One staff member said "They could initiate a staff meeting if they needed to raise any issues and one was not due." Records indicated meetings were held on a regular basis. This meant that staff had access to a range of support to assist them in their role.

## Is the service caring?

### Our findings

People and their family members told us that they were happy with the support they received and that staff were caring and responsive to their needs. They said that they usually had the same group of staff supporting them and that this helped with the continuity of their care and support. Comments included "The staff are kind and caring", "Staff will do anything you ask them to do" and "The staff do their best."

Staff explained how they would support people and ensure that their privacy and dignity was maintained. They said they would talk to the person letting them know what they were about to do. They would make sure doors and curtains were closed and that when supporting a person with personal care they would cover parts of the body with a towel to help maintain the person's dignity. One staff member explained "That when they were supporting someone with personal care they would ask the person which toiletries they preferred to be used". Staff explained that they encouraged people to do as much as they could for themselves. Another staff member explained about how they always kept the person occupied with something to do whilst they were supporting them and kept talking to them and explaining what they were doing.

Staff described people's individual situations and how they supported each person with care and support that was centred on their needs and wishes. From discussions we saw that staff were very knowledgeable about the people they supported and that time had been taken to get to know the person and their preferences. For example one staff member explained that one person they supported was living with dementia and that their condition was deteriorating. They had known them for some time and were aware of their preferences and therefore they knew what the person used to like to do and they continued with this. They found if they continued to talk to them, reassured them and explained what they were doing before it happened then the person was calm and responsive to the staff member. This meant that the service provided individual care and support to people who used the service which helped to ensure that a person's needs and wishes were maintained.

People had access to information about the service. When the service commenced people received a customer care booklet which detailed information about the service and the range of care and support the service provided. The statement of purpose contained information about the services aims and objectives; the services provided; registered provider details; and information on how to make a complaint. Details of the registered manager and nominated person were also within the document.

We saw the service had received a range of compliments which were logged onto a database and shared with relevant staff members. Comments included "Thank you to the staff for their discretion, care delivery and professionalism", "The carers have been supportive and sympathetic to [Name] when their husband passed away", "We are happy with the care we get from the staff" and "I appreciate [Staff name] their trust and kindness.

## Is the service responsive?

### Our findings

People and family members told us that the staff were responsive to their needs, that staff listened to them and supported them to remain as independent as possible. Comments included "I am treated with dignity and respect by the staff", "Staff treat [Name] nicely" and "The staff are very kind."

People told us about how the staff supported them to remain as independent as possible and to maintain their social activities as well as to be supported out and about in the community. One person told us that they were supported to go shopping, although they said that sometimes this didn't happen, however the staff always made sure they had sufficient food in the home. Other people told us they used a taxi or dial-a-ride bus service to get out and about or family and friends would take them out. People told us that activities were arranged within the complex by the housing provider and a monthly plan of these was seen. Activities over the month included craft club; cinema afternoon; indoor bowling and darts; bingo; Tai Chi; fall prevention class; bridge and rummy clubs; coffee afternoon; pool and snooker night; and Yoga. These activities are held within the communal areas of the complex. People who lived there also have access to the Bistro, gym, IT suite, shop and library. This meant that people were supported to remain as independent as possible, follow their interests, to take part in social activities and to help to avoid social isolation.

We reviewed the care plan documentation held within the office and within people's homes we visited. We saw that care plans were written in a person-centred way. Person-centred care is a way of looking at and recording information that keeps people at the heart of the planning and developing care to make sure it meets their needs. Information in the care plans included personal details and next of kin, general health and medical history, all aspects of personal care and support and assessments to minimise risk to the person. We saw that these documents were up to date, had been signed by the person or their representative and had been regularly reviewed. People told us that they had regular contact with the registered manager and senior care assistants regarding reviews of their care and support. We saw that people had given their consent for the care and support they received and had signed the care plans where possible.

Daily records showed the times that staff arrived and departed on each call. People told us that usually the times were around the previously "planned and agreed times" although sometimes carers could be late for calls. Information regarding the tasks undertaken, food and drink offered and taken; and any observations by the staff member were recorded. Staff members' checked on each call for any early warning signs which could indicate a problem with the person and if seen the staff member would contact the senior care assistant or registered manager as appropriate. Each record was signed by the staff member.

One person told us that they had only started using the service a few weeks ago and that the carers were "Good". Other people told us that they had been using the service for a number of years and that "The staff are excellent". The registered manager explained that referrals were usually from the local authority or continuing healthcare commissioners. The registered manager or senior care assistants would visit the person and obtain details of their needs and wishes and produce a care package tailored to meet those needs. If these were accepted by the person then a date to commence the service was arranged. Following

the start of the package a full care plan and risk assessments would be produced and discussed with the person using the service and their family members as appropriate. The registered manager explained that reviews could be scheduled annually or more frequently dependant on the complexity of the care package and also in response to changing needs. For example, one person had recently had their package of care reduced as they had improved in confidence and mobility.

People told us about the support they received. They said that "The care is good" and "The staff here are very nice and helpful."

People and family members told us they knew how to raise a concern with the service. All the people we spoke with had not made any complaints but said they would speak to the senior staff or the registered manager if they had a problem. People said "I would tell the carers or senior if I was unhappy" and "I would speak to the person on reception or the manager." People and family members told us that they were aware of the registered provider's complaints procedure. We saw it contained details of the complaints manager and timescales for the progress of the investigation. Information on how to contact other organisations such as the Local Government Ombudsman (LGO) and the Care Quality Commission (CQC) was also included. The registered manager kept a log of all complaints and concerns which included details of the issue; follow up information and discussions. We had received a number of concerns from people about the service provided and the staffing levels. Concerns were forwarded to the local authority commissioners who undertook investigations into these issues and on the whole these were not substantiated. Where issues had been substantiated then appropriate action had been taken regarding this.

## Is the service well-led?

### Our findings

People and family members told us that the service was well led and that generally the support from the registered manager and office staff was good. People said "The service is well led by the manager", "It's good on the whole", "It's very good here", "First impressions are good" and "The manager is brilliant."

A registered manager was in post and had been registered with the Care Quality Commission (CQC) since September 2015 (18 months). People supported, family members and staff spoke positively about the registered manager and said they felt supported by her.

People and family members told us that on occasions there had been problems with the support they had received. People's non-care calls had not been undertaken or had been moved to a different day or time. These issues had occurred either when a regular staff member was off sick or other issues with staffing. The registered manager explained that issues had occurred in the past and that some staff had left. However, due to a successful recruitment drive they were in the process of employing three new care staff which should help with staffing issues.

People told us that their care package and the quality of the service provided were regularly reviewed with the senior care assistants. They said that they visited them on a regular basis. Documentation confirmed this and comments included "Happy with what I receive", "Allocated times not always adhered to and no continuity of staff", "Really happy with the support of the staff", "Staff go out of their way to help" and "No issues."

Records showed senior care assistants audited the care worker visit books once completed and note any actions to be taken. Information from these was uploaded onto the computer system and when actions were noted these were highlighted to the registered manager. The registered manager ensured that the actions were completed. The registered manager undertook regular audits on medication; care plans, staff recruitment files; training, supervision and the induction process. These were then reviewed within the audit which was completed on a quarterly basis by the area manager. Action plans seen recorded actions to be taken, by whom and noted the target date for completion.

The registered provider had a business continuity plan in place which included the type of risk, preventative measures and contingency arrangements for example evacuation of the building in the event of a fire, gas leak, flood, loss of staff or failure of the IT systems or utilities. Location of emergency evacuation plans, emergency contacts, staff contact details, local recovery locations and key contacts were also included. This meant that the registered provider had considered the implications of a major emergency occurrence at the service and the steps needed to be put in place to manage this.

The registered provider had a set of policies and procedures for the service which were reviewed and updated as required. All staff were provided with access to the employee handbook when they started working at the service. The handbook contained details about key policies and procedures in order to assist staff to follow best practice in their role. Policies were available in the main office which ensured that staff

had access to relevant guidance when required.

From discussions with the registered manager and the area manager we saw that the ethos of the service was to be open and transparent in their approach. They regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner.