

Hazeldene Residential Home Ltd

Hazeldene House Residential Home

Inspection report

21 High Street
Clay Cross
Chesterfield
Derbyshire
S45 9DX

Tel: 01246862415

Date of inspection visit:
18 January 2022

Date of publication:
04 February 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hazeldene House Residential Home is a residential care home providing personal to up to 21 people. The service provides accommodation and residential care to people either on a permanent basis or for short-term care, as required. At the time of our inspection there were 20 people using the service.

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

At this inspection we saw improvements had been made. Some of these were in response to inspections from health professionals, others were part of a refurbishment plan to change the environment to be more modern and easier to maintain hygiene standards.

Measures were in place in accordance with infection, prevention and control. There were enough staff to provide the care and recruitment checks were made.

Medicine administration was completed safely, and regular checks were in place on the recording of medicine and their storage.

People's safety was sustained with risk assessments and maintenance of the home. People were protected from the risk of harm from staff who were trained and knew how and what to report.

There was an open culture and people and staff felt they could raise any concerns, and these would be listened to.

There was a relaxed atmosphere and people told us staff were friendly and kind.

CCTV had been implemented and this had been used to consider people's safety. Audits had been used and others were being developed to maintain quality and drive improvements.

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

Rating at last inspection

The last rating for this service was requires improvement (published 09 April 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of Safe and Well led only.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hazeldene House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Hazeldene House Residential Home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager registered with the Care Quality Commission in addition to the provider, both 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.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place September 2021 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior care workers, care workers, domestic staff and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and further quality assurance records. We requested policies and additional information from the provider.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- At the last inspection risk assessments were not always in place or provide clear guidance on action to take to reduce risks. At this inspection we saw risk assessments were in place and these detailed the measures required. For example, where people were at risk of falls sensory equipment was in place to alert staff should the person fall. This enables staff to respond quickly.
- Risk assessments were in place in relation to people's long-term health conditions. For example, guidance was in place for staff here people lived with diabetes. Should the person experience changes to their blood sugar levels, details were provided as to the actions staff were take or the contact information of a health care professional.
- Fire safety measures were in place along with individual emergency evacuation plans. This meant should there be an emergency guidance was provided for a safe evacuation.
- Maintenance within the home was well managed. This included ongoing repairs and the required safety certificates on appliances and utilities.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm.
- Staff had received training in safeguarding and were able to discuss with us the actions they would take to raise any concerns.
- People told us they felt safe and staff were confident any concerns raised would be investigated and actions taken to reduce any ongoing risks.

Staffing and recruitment

- There were enough staff to meet people's needs.
- The provider had a dependency tool which reviewed the needs of each person and then calculated the required staffing levels. There had been an increase in the staffing due to an increase in people using the service.
- An additional staff member had been employed to support afternoon activities and to prepare the tea. Staff we spoke with felt this was a good addition and enable people's needs to be met.
- The provider had a process for ensuring staff were recruited safely. Records showed pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions

Using medicines safely

- Medicines were managed safely. Staff were patient with people when administering their medicine, explaining about its importance and staying with the person until the medicine was taken.
- As and when required medicine was available and staff know the signs of when this should be offered to support peoples with pain or anxiety.
- Changes were in the process of being made with the pharmacy to support the medicine recording system. The provider was moving forward with electronic medicine management. We will review these on our next inspection.
- Measures were in place to ensure the stock was correct and that the medicine was kept at the correct temperature.

Preventing and controlling infection; Learning lessons when things go wrong

- A recent infection and prevention report from external health care professionals required the provider and registered manager to make several changes to the environment and auditing practice to ensure they were compliant in this area. These changes have provided us with the assurance the service now meets the required levels with ongoing measures to maintain the required standards.
- We were assured that the provider was preventing visitors from catching and spreading infections. The provider had created a visiting pod and had arranged space for testing to be completed. Relatives told us these were successful and enabled them to have safe visits.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. We saw that PPE stations had been put in place to enable easy access for staff.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection the governance oversight was not always in place to ensure a robust and consistent approach to managing risks and ongoing improvements. At this inspection improvements had been made.
- Audits had been completed and these enabled ongoing improvements to be made. For example, new dining and lounge chairs.
- Audits and policies were being developed to ensure ongoing compliance with the regulations. For example, the provider had introduced a more comprehensive medicine audit and an audit for mattresses and other pressure care equipment.
- CCTV had been introduced into the communal spaces. This has enabled staff to use this to consider safety measures or review footage when someone had an unwitnessed fall. Consent had been obtained and risk assessments were in place to ensure the required safety measures were in place.
- Ongoing improvements had been made to the environment. We saw a refurbishment plan was in place which identified communal spaces and individual bedrooms. The bathrooms were planned to be refurbished to consider people's mobility needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a relaxed friendly feel at the service, we saw people and staff reflecting their relationships with friendly greetings and understanding people's needs.
- Relatives we spoke with said staff were kind and responsive.
- We saw people had a choice of meals. One person told us, "The meals are all home cooked, lovely." A relative told us, "[Name] enjoys the food and when it was their birthday, they made a cake and celebrated."
- People were supported to spend their day as they wished. We saw some people chose to stay in their rooms and other people enjoyed the communal spaces.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Notifications were completed, this meant we were able to monitor the service and review the actions taken following any incident or event.

- The provider continues to respond swiftly to any concerns raised and put changes into place, including during and after this inspection. For example, changes to the laundry layout and a repair to a bathroom floor.

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

- Staff felt supported by the management and told us they were approachable. Staff had raised the need for more staffing around the teatime and this had been implemented.
- We found the home to be organised, placing great importance in the handover which provided staff with up to date information about people's needs.
- Relatives told us they felt listened to. We saw concerns were addressed through formal meetings or telephone conversations.
- The provider had completed a survey with people and relatives, with positive outcomes. One suggestion was for more activities and these have been introduced in the afternoons.
- Relatives were kept informed about any changes to their family member and any changes in relation to COVID-19 guidance for visiting or testing.

Working in partnership with others; Continuous learning and improving care

- Partnerships had been established with health and social care professionals.
- We saw how following any inspections any required actions had been completed. For example, the infection control audit and the fire inspection, which had been shared with us.
- When required the registered manager had obtained external advice to ensure the required guidance was being followed.