

Hazeldene House Ltd

# Hazeldene House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Hazeldene House is a domiciliary care service and a care home. A domiciliary care agency provides personal care to people living in their own homes. Under this arrangement people's care and housing are provided under separate contractual agreements .

Hazeldene House is registered to provide accommodation, nursing and personal care for 75 people. It can accommodate older people and people who live with dementia. It can also provide care for people who need support to maintain their mental health and/or who have physical adaptive needs .

There were 62 people living in the service at the time of our inspection. 52 people who were living in the service at the time of our inspection had rented their accommodation in Hazeldene House. All these people received their nursing and personal care from members of staff employed by Hazeldene House Limited who was the registered provider .

Ten people received both their accommodation and care as part of a single package that was also delivered by the registered provider. Each person who lived in the service had their own bedroom with a private bathroom.

People's experience of using this service:

People told us that they feel that Hazeldene House is in a "much better" place. People and relatives felt they were being listened too and were confident any concerns would be addressed.

Some people did not receive safe care and treatment in line with national guidance from nurses and care staff.

Staff had not always received or had kept up to date with training needed to support people's needs.

There were enough nurses and care staff on duty to meet people's needs.

Medicine administration was not always recorded correctly. We made a recommendation about this.

People were safeguarded from the risk of abuse.

Lessons had been learnt when things had gone wrong. Falls within the service had reduced.

People and their relatives were consulted about the care provided and their consent had been obtained.

Nurses and care staff were courteous and polite and confidential information was kept private.

Equality and diversity was promoted and people were supported to pursue their hobbies and interests.

There were robust arrangements to manage complaints.

People were treated with compassion at the end of their lives and supported to have a pain-free death.

People and their relatives had been consulted about the development of the service and quality checks had been completed.

The service met the standard of Good in Caring and Requires Improvement in all other areas. There were two breaches of regulation.

Rating at last inspection:

At the previous inspection (published on 2 January 2019) the service was rated as Inadequate and placed into special measures.

Why we inspected:

This was a planned inspection based on the previous rating. At the time of this inspection we were aware of incidents that were still being investigated by third parties.

Follow up:

The overall rating for this service is Requires Improvement. This means we will keep the service under review and we will re-inspect within 12 months to check for improvements.

This service has been in Special Measures. Services that are in special measure are kept under review and inspected again within six months. We expect services to make significant improvements within this time frame. During this inspection, the service demonstrated to us that improvements had been made and is no longer an inadequate service overall or in any of the key questions. Therefore, the service is now out of Special Measures.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always Safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always Effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was Caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always Well-led.

Details are in our Well Led findings below.

**Requires Improvement** ●

# Hazeldene House

## 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 one inspector, a nurse specialist advisor 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, older people and residential care.

#### Service and service type:

Hazeldene House is a care home and provides domiciliary care service to people in their own homes. Under this arrangement, people's care and housing are provided under separate contractual agreements. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. In this case the Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager but they were not currently registered with the Care Quality Commission. The manager had only been in post for four weeks at the time of the inspection. They had submitted an application to become a registered manager. 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:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection in September 2018. This included details about incidents the provider must notify us about, such as abuse, serious injury or

when a person dies. Providers are required to send us information 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 looked at the following:

The environment, including the communal areas, bathrooms and people's bedrooms. We spoke with nine people living at the service and six relatives who were visiting

We spoke with the provider, the manager, compliance manager and five staff, including care staff, activities staff, domestic staff and a cook. We looked at six people's care records, medicines records, records of accidents, incidents and complaints. Monitoring and audit records. Three staff recruitment files. Staff supervision records, staff training records and rotas. Records of meetings with relatives and staff. Fire, health and safety and maintenance records

After the inspection, the manager sent us additional information we requested in a timely manner.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection, in September 2018, we rated the service as Inadequate in safe. We found some concerns in relation to the recording and identifying of individual risks. People were at risk of abuse due to incidents not being investigated robustly. Lessons were not being learned when things went wrong. At this inspection, we found incidents were reported and investigated and lessons were being learned. However, we still had concerns around management of specific health risks and their medicines.

Using Medicines Safely; Assessing risk, safety monitoring and management.

- One person had been assessed as having epilepsy. The care plan included risk assessments for other health conditions but failed to properly identify risks associated with epilepsy. There were no protocols in place for staff to follow in the event of a seizure. We spoke with the nurse on duty, and the clinical lead who reported that they or any of the nurses on the unit had not received epilepsy training and had limited awareness of seizure triggers and how to support in people emergency situations apart from calling 999. People living with epilepsy had not had any seizures however, the lack of suitable training his meant that people person were as put at risk of harm should they have had a seizure .

- Another person had been assessed by a tissue viability nurse TVN (Tissue Viability Nurses provides specialist advice regarding prevention and management of such wounds to the skin) as needing a pressure relieving cushion during the daytime due to redness around the sacral (lower back) area when seated in the chair. This was due to the higher risk of skin breaking down if sat unprotected for long periods. During the inspection, we observed this person sitting in a chair without a pressure relieving cushion as recommended by the TVN. We highlighted this to the staff and they said would find a smaller cushion for the person to use as they were sitting in a smaller chair. The person then transferred to the dining area to another chair and the person was still waiting for a cushion small enough to fit the chair. The manager told us the service was to purchase more smaller pressure relieving cushions to fit dining chairs but to monitor the person and encourage them not to sit for long periods. We observed staff doing this.

The failure to implement, manage and monitor health risks robustly to reduce the risk of harm to people is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This is a continuing breach of Regulation 12.

- Another person was diagnosed with diabetes which was controlled with insulin. We saw records that showed that nursing staff were following best practice by taking blood samples before and after meals but there were no protocols for staff to follow if glucose levels in the blood were too high or low. Records also showed that when the levels were abnormal this was not being communicated effectively at change of shifts

. Records showed that levels were being recorded but the provider wasn't ensuring this information was being made available in a way that kept people as safe as possible.

We recommend that the provider arranges diabetes refresher training for staff so they can recognise and effectively manage risks associated with diabetes.

- People were prescribed topical creams to manage the risk of skin wounds. Staff recorded that they had applied the medicine but they had not indicated where on the person's body. This meant that the provider could not be sure ensured that the prescribed medicine was being applied to the correct regions on a person's body . There was no evidence that skin integrity had deteriorated as a result but best practice was not being followed.

We recommend that provider ensures best practice is followed when administering topical creams.

- Medicines were ordered and stored safely. Staff were trained in medicines administration and the clinical lead nurse made sure their competence was checked regularly.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. The staff we spoke with could describe what abuse meant and how they would respond and report if they witnessed anything untoward.

- Staff told us the provider and new manager were very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise their concerns if necessary.

Learning lessons when things go wrong

- The provider and manager had worked with the local authority when safeguarding concerns had been raised. Accidents and incidents had been recorded by staff and monitored by the home manager to try to prevent similar incidents being repeated. Risks and preventative action was discussed with a compliance Board that had been recently created.

Staffing and recruitment

- People told us, and the rotas showed there were suitable numbers of staff to provide the care and support people were assessed as needing. The service was not at its full complement of people receiving care, therefore the new manager was actively recruiting new staff to make sure they had a full staff team when more people moved in.

- Domestic staff, laundry staff and cooks were employed so nursing and care staff could concentrate on providing people's care and support. The provider and manager had looked at ways to deploy staff in different ways to support the busiest times. Activities staff supported at meal times so they could make sure people got their meals when they wished and did not have to wait when staff were busy supporting other people.

- The provider made sure the service followed a robust process when recruiting staff to make sure only staff who were suitable to work with people living in the service were employed. Application forms were completed with no gaps in employment, references and proof of id were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people

who use care services.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. The service had a policy in place and staff. There was an infection control champion, whose role was to make sure staff followed the guidelines and policies. Staff said they had access to protective equipment like disposable gloves, and people confirmed they saw staff using them.
- The environment was clean and smelt fresh. One relative told us, "It's the same whenever we visit. The place is spotless and always smells fresh."

## 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or were inconsistent. Regulations may or may not have been met.

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."

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, 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.
- During the inspection we found that three peoples DoLS authorisations had expired and new applications had not been submitted. The compliance manager showed us a spreadsheet which did show that they had expired but had not been actioned at that time. The compliance manager told us that renewal applications will be made as soon as possible. This was an area for improvement.
- Staff obtained consent for people's care and support. Staff had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.
- When people could not make a decision, staff completed a mental capacity assessments and the best interest decision making process was followed and documented.

Staff support: induction, training, skills and experience

- Staff told us they had access to ongoing e-learning training and development relevant to their role. Nurses were provided with refresher training and updates in clinical skills such as catheter care and said the clinical lead was readily available for advice when needed.
- The provider's training spreadsheet showed a high compliance of staff with the required training.
- Staff told us and records confirmed they received supervision on a one to one or group basis, and had an annual appraisal. Some staff had not received the level of supervision as detailed in the providers policy; however, staff told us that they were happy with their supervision and the frequency.

Furthermore, the service did not follow best practice with the provision of clinical supervision for nursing

staff. Supervision was being provided to nursing staff but this did not follow the guidelines laid out by the Nursing & Midwifery Council (NMC). This was highlighted to the manager and this was addressed immediately by the clinical lead who arranged for clinical supervision to take place when practically possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed and documented people's needs and preferences in relation to their care and planned care based on this.

People had positive outcomes in relation to their care. One family member told us, "Mum has a chiropodist visit every 4 or 5 weeks, she needs that. When we first brought her here, she didn't like doing anything. Mum has changed; she joins in with things now and eating better."

- Staff used nationally recognised tools to assess risks of malnutrition and falls risks. People were assessed as needing monitoring for skin viability and tasks such as re-positioning of people in bed were completed consistently.

- Information on best practice guidance was available for staff in the clinical rooms and staff bases.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences. We saw that people were shown the different meal options on the plates at lunchtime, so that they could select which they wanted at the time. When someone said they did not want the offered options, they were asked what they would like and it was provided.

- People told us they enjoyed the meals and we observed snacks, including home made cakes were offered between meals. One person said, "I think the food is really good. I enjoy all the meals here and the cakes are lovely."

- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They monitored people's weight and when they were at risk of losing weight they monitored the amount they ate. They sought the advice of specialist professionals when they identified a need.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had good relationships with other professionals who had contact with the service. The manager emphasised to us the importance of developing positive relationships to maximise the benefits for people using the service.

- A GP from the local GP practice visited the service weekly to review people and staff told us they could request a visit at any time if necessary. They had regular contact with the District Nurses.

- One person who moved to the service recently was diagnosed with cellulitis in her lower leg but this had now cleared and had no further symptoms. A relative told us, "They are quick to recognise if people become unwell or if a known ailment flares up."

- On the day of our visit three social workers and a community physiotherapist were visiting different people in the home. We spoke with a visiting professional, who visited the home regularly. They told us staff were very good at communicating with them about issues and concerns and were open about identifying any risk issues. They said, "Engagement and communication is fantastic."

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

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access. There was clear signage for people, including pictorial signs, and the layout of the home was straightforward to facilitate way finding. The community areas were pleasantly

decorated and people's bedrooms were personalised with items they had brought with them and pictures they had chosen.

# 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

- People considered the service their home and had lived there for several years.
- People told us staff were kind and caring. We observed people were relaxed in the company of staff, smiling and chatting.
- Staff knew people well and spent time chatting with them about things they enjoyed.
- Staff spoke with people and referred to them with respect. During the inspection, staff spoke to us about several people at the service. They described people in positive manner.
- Staff valued people and their opinions and supported them to share these with us during our inspection. Staff introduced members of the inspection team to people as they entered communal areas.

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

- At the last inspection, people expressed that some staff found it difficult to communicate in English as it wasn't their first language. People were not being understood when asking staff to support them with their care. At this inspection, people told us that communication was still an issue at times but it was improving. One person told us, "It is getting better, and the lessons are seeming to help." We did not see any impact on people at this inspection and the provider told us that English lessons will continue until such times they feel they are not necessary.
- Staff knew about people's routines and these were respected. For example, people liked to engage in tasks they used to do when they were working in the community. This helped people keep calm and created conversation starters for staff.
- Staff knew what may cause people to become anxious and gave them the reassurance they needed. We observed staff asking people if they would like their item of comfort, like a teddy bear for example.
- People who needed support to share their views were supported by their families, care managers or paid advocates. Information on advocacy was available to people.

Respecting and promoting people's privacy, dignity and independence

- People told us they had privacy. Everyone had a key to their care suites and people were able to keep their doors locked if they wished. We observed staff knocked on people doors and obtained permission before entering. People told us staff did this all the time. Another told us, "They always knock and wait."
- People were supported to be as independent as they wanted to be. One person went to meet friends

regularly. They told us, "I can go out. I have a lot of relatives and friends who live locally; we just have to sign in and out so they know where we are."

Staff knew what people were able to do for themselves and when they needed support. One person told us, "I like to move around without the need for staff but they know if I look out of puff, they can help me the rest of the way." Another person told us they preferred staff to remain with them in case they needed support while walking to and from their room.

- People were encouraged to maintain relationships that were important to them. People's friends and loved ones were welcome at anytime. One family member told us, I can come any time. Sometimes they even give me a dinner too."

- Confidential information about people and their needs was kept safe and secure on a computerised system protected with passwords.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- At the last inspection in October 2018 we raised concerns that people's communication needs were not always being met by not complying fully with the Accessible Information Standard. The Standard was introduced to set out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. It also includes people who live with dementia and who need to have information presented to them in an accessible manner using techniques such as large print and graphics for example. At this inspection, the manager had identified and recorded people's communication needs as required by the standard. Some needs were being met, such as signage being provided in a format accessible to those with dementia. However, the service had not taken sufficient steps to ensure information such as care plans were available to them in a format people understood. The compliance manager told us they were aware of this and hopefully this would be addressed when the new care planning system is implemented at the service that will make care plans easier to read and follow.
- One person told us, "I do see my care plan from time to time but it is too involved and difficult to read."

We recommend that the provider seeks advice from reputable sources about the meeting of the Accessible Information Standard and ensuring information such as care plans are easy for people to understand whilst waiting for the new software to be implemented.

- Staff knew people well including their preferences, choices, likes and dislikes, these were recorded in their care plans.
- Some people had specific requests when getting ready in the morning for example, these were documented in their care plan.
- People told us that staff supported them in the way they wanted including not using certain washing powders to wash their clothes.
- Care plans were reviewed regularly and this was recorded.
- People could take part in activities they enjoyed, staff supported people to complete art and crafts.
- An activities person was allocated to each floor. During the inspection, there was a chair exercise class for people to join in and a musician was organised to attend the service.
- We also saw Easter cards that people had made on display and one person's nails had been painted recently.
- People told us they could organise their time how they wanted, and staff supported them to go out when they wanted to.

Improving care quality in response to complaints or concerns:

- The provider had a complaints process and people told us they knew how to complain.

- There had been three formal complaints in the past year. These were resolved to a successful resolution. When people raised a concern, it was dealt with immediately by new management.
- One person told us, "I have nothing to complain about but if I did, I feel more confident now that it would be dealt with."

#### End of life care and support:

- People were asked about their end of life wishes and when people were happy to discuss this was recorded.
- The service supported people at the end of their lives, people had moved to the hospice or hospital when staff could no longer meet their needs.
- The service prided themselves on being able to support people right to the end of their lives because people did not need to move out of their home to receive the support they needed. They could stay at Hazeldene House as this was a "home for life."

# 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.

Service management and leadership was not always consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection, in September 2018, we rated the service as Inadequate in Well-led. We found some concerns in relation to the effective monitoring of the service to ensure that people were receiving safe and quality care. At this inspection, we found incidents were reported, monitored and investigated. Lessons were being learned, especially with safeguarding incidents. Incidents were being more robustly recorded and these were being sent to CQC on a monthly basis. The culture of the service had improved and staff had confidence in the current management. However, there were still areas that needed improving or systems and process needing time to be embedded and sustained.

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

- There were checks and audits in place and these had been consistently completed.
- Audits had been completed on all areas of the services including medicines, staff training, care plans and people's mental capacity.
- These audits had not identified the shortfalls found at this inspection such as risk assessments and medicines. When shortfalls had been found there was no action plan in place to show how the shortfalls would be rectified and if they had.

The provider had failed to assess, monitor and improve the quality of the service provided. The provider had failed to maintain accurate records. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had completed checks on the service to check the quality of the service. The compliance manager had started carrying out a number of audits to ensure quality was sustained and any shortfalls at the service were starting to be discussed at weekly and monthly compliance boards. This was a new process introduced by the provider to cover all its registered services to enable them to have better oversight of risk. The provider told us that the early signs of this process were positive. We will check the progress at the next inspection.
- Records had been completed accurately, maintenance records were complete to show the checks that had been completed.

The provider had failed to assess, monitor and improve the quality of the service provided. The provider had failed to maintain accurate records. This is a breach of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Continuous learning and improving care; working in partnership with others:

- The manager had recently joined the service and had not yet attended local forums and engaged with other managers in the area.
- The manager told us that this would be a benefit to them and would register themselves with nationally recognised support networks. We will check this at the next inspection.
- The service worked with other health professionals to provide joined up care.

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

- There was an open and transparent culture within the service, people knew the manager and greeted them with a smile.
- The manager had already built relationships with people, staff and relatives. The manager had already held two events to enable her to meet people and to let them know of any plans for the service going forward. It also gave people the chance to ask questions.
- The manager had informed the Care Quality Commission of events as required, in a timely manner.

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

- People were able to express their views about the service. People were invited to attend regular meetings, where they were kept up to date about changes within the service and were able to express their views.
- Quality assurance surveys were completed quarterly, and people had been positive about their experience of the service.
- Staff attended regular staff meetings, staff told us that the new manager listened to their views and acted where possible.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The failure to implement, manage and monitor health risks robustly to reduce the risk of harm to people. This is a continuing breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor and improve the quality of the service provided. The provider had failed to maintain accurate records. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.