Derbyshire County Council

Hazelwood Care Home

Inspection report

Skeavingtons Lane
Cotmanhay
Ilkeston
Derbyshire
DE7 8SW

Tel: 01629531942
Website: www.derbyshire.gov.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and took place on 8 August 2016. The service was registered to provide accommodation for up to 30 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 26 people were using the service.

There was a registered manager in post. 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.

The provider had determined the staffing levels, however these were not at a level to support people's needs. Medicines were not managed safely and in accordance with good practice. Risk assessments had not always been completed or updated to consider the risks and provide appropriate guidance.

The home had not always completed regular audits to identify where improvements could be made and had not recognised if accidents or incidents reflected any trends or patterns. The manager had not always notified us of events as part of their regulation requirements. Staff told us they felt supported, however they had not received any supervision, which would enable them to identify areas for their development or support.

Staff understood what constituted abuse or poor practice. There were systems and processes in place to protect people from the risk of harm. Staff received training to meet the needs of people living in the home and this was regularly updated. Staff received training and support from experienced staff as part of their induction to working in the home.

People received food and drink that met their nutritional needs and when required they had been referred to healthcare professionals to maintain their health and wellbeing.

Staff were caring in their approach, and offered support with aspects of people's needs. Staff we spoke with had a good understanding of people's support needs, and understood the importance of maintaining people's dignity and their privacy was respected.

People felt confident they could raise any concerns with the registered manager and that they would be addressed. There were processes in place for people to express their views and opinions about the home and we saw that their views and had been listen to and acted upon.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe
There were not enough staff to support people's needs. Medicines were not always managed safely to ensure people received their medicine as prescribed. Risk assessments were not always up to date to accurately reflect how to minimise people's risks. People felt safe and the staff knew how to protect people from harm. Checks were completed to ensure staff were safe to work in the home

Is the service effective?

Good

The service was effective
Staff received ongoing training to maintain their skill levels to support people. People received appropriate and timely support for their health needs. People enjoyed the food and were supported to maintain their nutritional needs. People were supported to make decisions and where people were unable to do so, support was provided in the person's best interest.

Is the service caring?

Good

The service was caring
People were happy with the staff and they were treated in a kind and caring way. People were encouraged to be independent and make choices about how they spent their day. Relationships and friendship that were important to people were maintained

Is the service responsive?

Good

The service was responsive
We saw that the care records reflected people's preferences and choices about their care. Activities were provided which included trips outside the home. There was a complaints procedure and people felt able to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not well led
The provider did not always have suitable arrangements in place to monitor and improve the safety of the service and drive improvements. The manager had not notified us of events as required in line with their regulation requirements. Staff told us

they felt supported by the manager; however they had not received supervision or an appraisal. Feedback from people was sought and used to enhance people's experience at the service. People enjoyed living at the home.

Hazelwood Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and team consisted of one inspector 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

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 spoke with seven people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We did this by using our short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with four members of the care staff, a health care professional and the registered manager. We reviewed four staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Requires Improvement

Is the service safe?

Our findings

We saw that there was not enough staff to support individual's needs. People told us they had to wait for support with their care needs. One person said, "A few more staff needed I think." Another person added, "Sometimes they're short, it would be nice to have more, to ease the pressure for them. Sometimes they run a bit ragged you know."

All the relatives we spoke with raised concerns about the staffing levels, one said, "I think they need more staff actually, the staff have to work really hard, especially at night time. There are people with more needs and they are not always there for them." Another relative added, "I feel there is not enough staff to get people up in the morning." Further comments were received by another relative highlighting their concerns around staffing, they told us, "Whenever there's a couple of staff off it's an issue, sometimes I have to get [name] changed like today. It's a wonderful home; it's just the staffing issues." Also "[name] says it would be nice to go outside, but they haven't got the staff to take them out or I am sure they would."

We spoke with several staff about the levels of staffing, they told us, "People go off sick and it's difficult to cover." Another staff member told us, "There is not enough staff to cover the shifts, there is loads to do, you get overwhelmed sometimes." We asked the manager how they evaluate the number of staff they required, they told us, they were not aware of any evaluation tool used to assess the level of staffing which reflected the needs of the people and the layout of the home. They said, "The provider tells us the number we are allowed per shift." The provider was in the process of recruiting two new cooks as the previous ones had both retired. During this period they had arranged for one of their other homes to provide the midday meal, which was delivered daily. The other meals and refreshments throughout the day were supported by the domestic and care staff with the addition of a kitchen assistant. The manager had contacted another service to request an additional staff member during the morning of the inspection. The manager told us, "I asked for help as I had not got a kitchen assistant today." This person was not on the rota and staff told us when there was no kitchen assistant or laundry staff they had to support these roles, along with their own caring duties. This meant the provider had not considered the impact of this situation in ensuring there were enough staff to support people's care needs.

The service supported some people who came to the home for day care. We asked the manager if they had any additional support for the people who attended for the day and they told us, "There is no additional staffing for the day people, they are mostly independent so don't need much looking after." Staff told us, "There is no extra for the day people and on a Saturday the person requires support with a hoist." We saw after lunch that one person requested support to get up from the table, they commented, "There is no one about." We saw another person supported them to stand and steady them with their walking aid. This meant we could not be sure people would be supported when they required the help.

The home is divided into three units. Staff told us they are allocated a unit each and supported people with their needs in these units. If a call bell rings in another unit it is left for the staff allocated to that unit to respond, which may mean the person has to wait for a response. There was no additional care support available if a person needed two staff or a person had left their unit and required support in another part of

the home. Throughout the inspection we heard call bells rang for more than 5 minutes, before they were responded too. One person told us, "It all depends how long I have to wait, round about five minutes. Sometimes it can be a bit longer in many cases, I am not the only one, and they have other people." We asked the staff about the time it takes to answer the call bells, one staff member told us, "People are left in their rooms, they have to wait." Another staff member told us, "Sometimes people are waiting." They also added, "The people that are self-caring, but need us to check they're ok, we just don't have the time." We saw that one person who had supported themselves to get ready had not put on their socks. The staff member saw the socks on the person's walking aid and offered to assist the person to put them on. The staff member said, "Had I not of seen the socks on the trolley they would have been without them all day as they need some assistance." This meant we could not be sure people were supported in the areas they needed or in a timely manner.

Risks to people were not always managed in a safe way. We found that there were people in the communal areas without the support of staff and without access to the call bell system. Although some people in the communal areas were independently mobile, we saw that others were unable to mobilise without support. We observed two periods of fifteen minutes when staff were not available to support anyone who required assistance .During one of these periods we saw one person had wandered down the corridor and became anxious as they were disorientated. The administrator guided the person back to the lounge and settled them as no care staff had been present to support the person.

This demonstrates a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received support with their medicine. We observed when medicines were being administered the staff member dispensed the medicine into a medicine pot and left it with the person to take independently. The staff member told us, "They don't like us leaning over them whilst they take their tablets." The staff member did not observe all the people taking their medicine and could not be sure they had been taken. We saw the medicine administration record (MAR) was signed once the empty medicine pot was collected. On one occasion the MAR sheet had not been signed, and therefore we could not be sure the person had received their prescribed medicine.

We checked the stock of medicine held by the home. The stock did not match the records shown on the MAR sheet. The manager confirmed, "The old stock has not been added to the new stock." This meant there was not a clear system to manage the medicine stock at the home.

One person had chosen to administer some of their own medicine. They told us, "I have a locked drawer for my medicine and I always lock my bedroom door." We saw the risk assessment to support this person, however, it did not cover the storage of the medicine or how the staff ensured the medicine had been taken.

One person had chosen to get up later and missed their morning medicine. Their morning medicines were not dispensed until lunch time. There were no checks made with the GP or pharmacist on the impact of the time delay, or the effect of the person's other medicines they required

Where people were at risk of avoidable harm associated with their care, we saw this had been assessed. We saw that there were assessments in place to identify what support people needed to move around safely and when they were in bed. However not all the assessments were up to date to reflect the needs of the person and how to support them. For example we read one person's assessment which showed the need for two members of staff and the use of equipment to move them safely. However staff we spoke with told us that the person was able to mobilise and only required support from one member of staff.

Another person who frequently used services in the community had no risk assessment to identify the safeguards to ensure the person was safe when leaving and returning to the home or the identified measures required if the person had any difficulties. We discussed these plans with the manager who confirmed they needed to be completed or updated to ensure the people's safety.

Some people were receiving their essential medicines covertly or without their knowledge as they did not understand the importance of their treatment. Covert administration is when medicine is hidden in food or drink and the person is unaware they are taking this. We saw records which confirmed that a health care professional had agreed this was the most appropriate way to support this person with their medicine to maintain their health and wellbeing.

We saw when people required support to transfer into suitable seating this was done safely. People told us they felt safe whilst being transferred, one person said, "They look after me all right." One relative said, "They all know what they are doing. I've noticed every time they lift them, they do it properly and that's important." We observed people being supported to move and saw that guidance and reassurance was provided to them to ensure they felt safe.

People told us they felt safe. One person said, "I do feel safe, definitely. I only have to press the buzzer and there's someone here." A Relative told us they felt [name] was safe, they said, "Compared to what they had at home, people around 24 hours a day, I don't have to worry about people knocking on the door." Staff had received training in safeguarding and knew how to report any concerns. One staff member said, "I would go to the manager and then check it had been followed up."

Recruitment procedures were in place to ensure new staff were safe to work with people who used the service. Staff we spoke with confirmed they had to wait for their police checks and references to be completed before they could start working at the service. We saw recruitment records which confirmed these had been obtained prior to new staff working with people.

People had a personalised evacuation plan in place to identify what support they needed to evacuate them safely in case of an emergency. The service had identified the support level using a traffic light system and this was indicated on each bedroom door by a coloured circle. We saw that if specialist equipment was required this was available in the person's room. This meant the provider ensured that there was a safety procedure for evacuations

Good

Is the service effective?

Our findings

Staff we spoke with told us they had received an induction and support when they commenced work. One staff member said, "When I started I shadowed other staff members. I worked with staff; you pick up things from the different staff." There was a training plan in place and the provider had a link with a training organisation that sent reminders when staff required refreshers. The manager told us they also sent out a training prospectus so staff could access further training. One staff member told us, "The training was good; it covered everything I needed to know about equipment and transfers." Another staff member told us they had received three days training on first aid. They said, "I learnt loads and it has made me comfortable in my job. I feel I would deal with something if it happened." This demonstrated that the provider supported training and made it accessible to the staff.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We checked to see if the provider was meeting the requirements of the act. We saw that assessments had been completed for people who had not got the capacity to make their own decisions. Where people needed to be supported with decisions about their life these had been done through a best interest meeting. For example one person was supported through a best interest assessment with family and health care professionals to support the decision for their long term residency at the home. Staff had received training in the Act and understood the importance of decision making. One staff member told us, "Its important people are helped and encouraged to make their own decision." They added, "For some decisions it requires family or the GP to help make them."

People told us staff asked for their consent before supporting them.One person said, "If they want to do anything they ask." We observed staff asking people for consent before they provided care and support. Staff told us it was important to give choices. One staff member said, "If you know them, you can help them with their choices."

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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).The manager told us they had made applications in the past, however currently there was no one who required this level of authorisation.

People told us they enjoyed the food and were supported to enjoy the mealtime experience. One person told us, "For the dinner you have two choices. You know where everyone sits." Another person told us, "At present the meal is brought in, there is two dining rooms and they take it in turns who gets served first, but we chatter on our table and have a laugh." We saw that people received refreshments throughout the day, one person said, "They come round with tea and biscuits morning and afternoon." People who required support with their drink were offered it.

People told us they were supported with their health care needs, one person said, "They always ring and organize that for me, I have my own chiropodist and the dentist comes round now and again." The home had a weekly GP visit which ensured they were able to address any medical concerns. The manager told us, "If there are any concerns in between we just call the surgery, they are very supportive." We saw that all visits from health care professionals had been recorded and any guidance cascaded to the staff team. A visiting health care professional told us, "Staff are so helpful, when you ask them to do things you know it will be done." They told us the provider had set up individual drawers for those people who required treatment which was useful to store dressings and medicine. They told us when they visited a new person in the home staff always went with them and introduced them to the person. This showed that people's health care was valued and people were supported.

Good

Is the service caring?

Our findings

People told us they had a good relationship with the care staff. One person said, "It's a lovely place and everybody is nice." Another person said, "They're nice, the girls will have banter with you, I love it here." A relative we spoke with also felt this to be case, they said "The staff are really nice and [name] gets on with them all and they're very friendly."

We saw that when staff communicated they went down to person's level and they addressed the person by name. Staff showed an interest in the person and their relationship to others. For example one person was unable to sit in their usual place so they were offered to sit in the other dining area. The staff member offered a range of seating options in the other dining area and then introduced the person to the other people on the table to make them feel comfortable.

People told us they were able to make their own choices. One person said, "I like my own company, you can please yourself what you do. I go to bed early." Another person said, "If you don't want to get up they don't make you, they look after you."

People were supported to maintain the relationships which mattered to them. Relatives told us they were welcome to visit anytime and that they were kept informed about their relation. One relative said, "If [name] has a fall they have the doctor or paramedic out quickly and let me know."

People told us their privacy was respected. One person said, "They never walk in, they knock on the door and I shout come in." Another said, "Nobody intrudes on you, they always knock on the door before they come in." People told us they felt respected by the staff, they said, "They all show you respect you know." This was supported by a visiting health care professional who told us, "The staff speak to people with respect, they value this as the person's home."

Staff we spoke with showed an understanding of maintaining people's privacy and dignity. One staff member said, "It's important to ask people discreetly if they need you to support them with their personal needs and close the door or curtains to maintain their dignity." We observed this happened. This meant people were supported to maintain their dignity and respect. In the PIR the manager told us they had applied for the dignity award with the local authority. We saw this had happened and they had received the bronze award. The manager told us they planned to apply for the silver dignity award.

Good

Is the service responsive?

Our findings

People were supported to have their needs met effectively by a staff team who knew them. One person said, "I think they know me, I get on with all the staff. They are always pleasant." Another person said, "Staff are marvellous, they're like my mother." We saw in the care plans that people's preferences and wishes were recorded and from the responses we saw this information had been shared. For example at lunch time the staff offered a choice of drinks, the staff member said, "Are you having your usual milk." And for another person, "Water from the cooler, nice and cold." The care plans covered all aspects of the person's care needs. We saw that one plan identified the person must be escorted if leaving the home for their own safety. Other plans gave guidance when supporting people's personal needs with reference to prescribed shampoos or creams We saw that the plans had been reviewed on a regular basis and changes documented.

The provider had a handover arrangement in place to ensure staff were provided with up to date information about the people they supported. We saw there was a written recording of the handovers. Staff were able to tell us the changes they had been informed of for that day and how it helped with providing up to date support for people. For example one person was awaiting a visit from the GP and choosing to spend time in their room, so staff knew to support them with regular checks in their room. This meant people received care which reflected their changing needs.

People told us they enjoyed the activities on offer, One person said, "Somebody has been a couple of times to do exercises. I can't do it mind you, but I can try." Another person said, "I play bowls (large plastic skittles) sometimes, dominoes and I painted a bird last time." Other people chose to be on their own, one person said, "There's lots of activities but I don't do them, I like to be on my own." The home had an activities coordinator, however on the day of the inspection they were off sick. One staff member told us, "We have games and music and the first Tuesday of the month there is a trip out." We saw that the home had done some fundraising and that a meeting was planned to discuss what the funds should be spent on. The manager said, "We have them every three months so that those people who have fundraised get to enjoy the money they have raised." We saw the records from the previous meeting which covered the planned activities and a food tasting session.

In the PIR the manager told us they planned to set up a committee run by the people who use the service. We spoke with people who told us this was still planned to happen. One person told us, "They're just thinking of starting up a residents committee, to see what you want and all that and invite people around here from the community."

Some people who were able to mobilise independently told us they used the garden. One person said, "It's a nice place, you can go into the garden its lovely." They added, "The doors have been open all weekend." The garden was self-contained and provided a patio area which was safe to walk on or to be used by wheelchairs.

People and their relatives told us they felt able to raise any concerns and if they had a complaint, it was

dealt with. One person said, "I can't say I have any complaints, if I did I should tell them in the office."

The manager told us they had not received any formal complaints. Some verbal concerns had been raised with regard to the laundry; these were being addressed with the planned laundry improvements and an improved tagging system for marking clothes. This showed the provider responded to people's concerns.

Requires Improvement

Is the service well-led?

Our findings

The provider had not always notified us about important information affecting people and the management of the home. For example, two people had been admitted to hospital with serious injuries and the home was undergoing major building works which could affected the heating and water system to the home. The manager acknowledged they had not sent us this information and they would review the guidance in relation to future notifications.

This demonstrates a breach of Regulation 18 (2) and 18 (4A) and (4B) of the Care Quality Commission (Registration) Regulations 2009

We found that systems were not always in place to monitor the quality of the service.There was a record of the falls and incidents, however there was no link to any trends and where a recent fall had triggered a new assessment it lacked the detail and any measures to reduce further incidents.
Audits related to medicine administration had not been completed since April 2016, at that time the audit identified there were some missed signatures on the MAR sheets. We asked the manager about this, they told us, "The audits should be done monthly, its time." When we asked about the actions on the audit, they told us, "Staff had received training on medication." However, the training had been provided earlier in the year, before the audit had been completed. Therefore we could not be assured that actions were followed through when shortfalls were identified.

The manager told us they had recognised that there was not enough staff. They had not completed an analysis to identify the level of staffing required to meet people's needs or shared information about the impact on people with the provider for them to consider. The provider or manager had not completed a risk assessment in relation to there being no cook, or at times a kitchen assistant, and the impact this had on the level of care and support being delivered to people.

Staff we spoke with told us they had not received any supervision support, with the exception of probation meetings relating to their contract. Staff we spoke with told us, "I had one at the end of my probation, but not had one since." We asked the manager about supervisions, they said, "I have to hold my hands up, I have not done them. I have not had the time." This meant that staff may not get the opportunity to discuss their development needs and support needs associated with their job role.

This demonstrates a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the service had held some team meetings and these had been recorded. They covered a range of areas to keep staff informed about life in the home and the planned improvements. For example, there was a reminder to ensure people were supported with their pressure relieving equipment and we saw during the inspection people were encourage to use them.

People who used the service and their relatives had an opportunity to share their views on the service and

we saw that satisfaction surveys had been sent out recently. The manager told us, "Once we have them all back, we will produce a graph and information and display it on the board." We saw that a notice board displayed the things which had been previously raised and the action taken. For example people had requested new cutlery, and this had been purchased. A food sampling had been requested to consider food from other cultures and this had taken place. People told us they enjoyed living at the home and that it was a supportive environment. One person said, "Its lovely here, like a five star hotel." Another said, "I think it's great in here, they always keep it nice."

People felt able to approach the manager if required. One person said, "You only have to say can I have a word with you, they are very good." We saw this happened as the manager walked around the home, we observed that they knew people and were able to respond to them knowledgeably in relation to their needs or request.

The manager had completed an improvement plan, based on a best practice model of a suitable environment for people living with dementia. This covered all aspects of the home and the manager told us that the funding had been agreed to enable many of the aspects to be implemented to improve the environment.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not always report significant events that occur in the home. We had not received notifications from them for important information affecting people and the management of the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and operated effectively to ensure the quality and safety of the services provided was assessed, monitored and improvements made.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not considered the changes made for people's needs to be met by the level of staff available. There were not sufficient staff to keep people safe at all times.