

Halcyon Care Homes Limited

Hazel End Care Home

Inspection report

Kitchener Road
Bishop's Stortford
CM23 1EN

Tel: 01279925388

Date of inspection visit:
02 March 2022
14 March 2022

Date of publication:
07 April 2022

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

About the service

Hazel End Care Home is a residential care home providing the regulated activity of personal care for up to 66 people. The service provides support to older people, some of whom may live with dementia. At the time of our inspection there were 54 people using the service.

Hazel End Care Home is a purpose-built care home. Bedrooms are spread over three floors. One floor specialises in caring for people living with dementia. Each bedroom includes an en-suite bathroom and there are separate adapted facilities like dining areas and sitting rooms on each floor.

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

People told us they felt safe. Relatives confirmed this and told us they trusted staff to keep people safe. Staff knew how to report safeguarding concerns internally and to external authorities if there was a need for it. Risks to people's health and well-being were identified and staff knew what actions were in place to lower risks as much as possible. People told us their needs were met promptly and there were enough staff. Staff managed people's medicines following safe practices. Infection prevention and control (IPC) measures were robust and as far as possible protected people from the risk of infections. Recruitment checks helped ensure staff were employed safely and had the necessary skills to work in a care setting.

Staff and management carried out assessments before and after people moved in to the home. This meant that people's needs could be met from the day of the admission and their care plans developed for all areas they needed support with. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had enough to eat and drink and if needed special diets were catered for. Health professionals were involved in people's care to help ensure people could live a healthy life.

People said staff were always caring and respectful towards them and their visiting relatives. Staff knew people well and talked passionately about how they provided personalised support to them. People and where appropriate their relatives were involved in their care. People felt listened to and their wishes were respected.

Activities were organised in the home and people could choose what they wanted to do. People told us they had no restrictions in how they planned their time and they received personalised support at the time they wanted and needed. Care plans were developed with personalised information for people who lived in the home for longer. Care plans for people who moved in more recently were a work in progress,. Staff were completing these with personalised information as they got to know people over time.

Staff were supported by health professionals when providing care and support for people nearing the end of

their life. People and their relatives told us they knew how to raise concerns with staff or management, and these were listened to, and actions taken where needed to improve.

The provider's governance system was effective to drive improvement. Actions needed to improve the quality and safety of the care identified through audits were included in an overall home improvement action plan. The registered manager checked if these were completed in a timely way.

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

Rating at last inspection

This service was registered with us on 28 November 2019 and this is the first inspection. We carried out an inspection on 15 March 2021 at the service, however we only looked at IPC measures under the Safe key question without giving a rating.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hazel End Care 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

This inspection was carried out by two inspectors.

Service and service type

Hazel End Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hazel End Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in process of registering with the Care Quality Commission. The registered manager 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give

some key information about the service, what the service does well and improvements they plan to make. 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 all this information to plan our inspection.

During the inspection

We spoke with six people, one relative and a visitor about their experience of the care. We spoke with seven staff members including the providers operation director, regional director and the registered? manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We checked five people's care records and medicine administration records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, recruitment processes and quality assurance records. We requested feedback from health and social care professionals regularly visiting the service and relatives of people living in the home. We received feedback from two relatives following our request.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. One person said, "Absolutely, I feel safe." Relatives said they felt people were safe because there were safety checks when visitors entered the home. The way staff supported people gave them piece of mind.
- Safeguarding systems and processes were in place for staff to report their concerns internally and to external safeguarding authorities. One staff member said, "I would have no concerns in raising any issue."
- The management team developed protection plans for people to keep them safe and lessons were learned when incidents occurred. For example, the management team identified an increased number of falls people had in the home. They completed a thorough analysis of the falls and the improvements and additional measures needed to keep people safe were shared with staff through meetings.

Assessing risk, safety monitoring and management

- Risk assessments were in place to aid staff's knowledge about how to lower risk for people. Accidents and incidents were recorded, and the manager analysed these to see if further measures were needed to protect people from harm.
- Risk assessments covered areas like mobility, falls, risk of malnutrition or developing pressure ulcers.
- Risks were regularly reviewed and where needed external health professional support was requested. For example, if people had more than one fall, or were at risk of malnutrition their risk assessments or care plans reflected health professional's advice in how to mitigate the risks.

Staffing and recruitment

- People and their relatives felt there were enough staff. One person said, "If I ring my bell, [staff] come quick. They know I only ring if I need help." A relative told us they visited regularly and never felt there were not enough staff.
- Staff told us staffing levels were maintained in the home even if at times short notice absences had to be covered by agency staff.
- The manager used a dependency tool to help establish required staffing numbers based on the level of support people needed. They also monitored how long staff needed to answer call bells especially in busy times. This helped them deploy staff effectively.
- Staff had been recruited safely with pre-employment checks completed including references as well as criminal record checks to help ensure they were suitable to work in in the home.

Using medicines safely

- Staff administered people's medicines following best practice guidelines.

- Staff were trained and had their competency observed before they could administer people's medicines on their own.
- Regular medicine audits were carried out by senior staff and the registered manager to ensure errors were rectified in a timely manner.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 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.
- The provider supported visiting and remained up to date with current government guidance. People were enabled to receive visitors and maintained contact with people important to them.

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.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-admission assessments were carried out before people moved in the home. Pre-admission assessments helped staff gain knowledge about the person and develop appropriate care plans.
- Some people chose to move into the home for a short period of time initially for help to recover after a stay in hospital or just to help them decide if they liked living in a care setting.
- People told us although at times it was hard for them to give up independent living, they felt the level of care and support they received from staff helped them take the right decision to live permanently in the home.

Staff support: induction, training, skills and experience

- Staff received the support and training to develop their skills to support people in line with current best practice guidelines. One staff member said, "I have all the information I need whether guidance or direction or just the care plans. I have everything I need to do my job and the encouragement and support to do it well."
- The provider employed a training manager permanently based in the home to support staff with training, guidance and feedback about their work practices. This gave staff confidence and day to day support to carry out their roles. One staff member told us, "I feel valued, I am offered all the training and support I could wish for."
- Staff had one to one meetings, group meetings, performance and probations period reviews with their line managers and received constructive feedback. This helped identify training needs for each individual staff member to develop their skills.

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

- People told us they had enough to eat and drink. One person said, "I sent compliments to the chef yesterday!"
- One person told us the meals were a regular conversation topic in every meeting they took part in the home. They said that although they didn't always like what was on offer; they had the choice of alternatives which they were happy with.
- Staff monitored how much people were eating and drinking. This was so actions could be taken to protect people from malnutrition and dehydration.
- Mealtimes were social events people enjoyed. Tables were laid nicely and there was a calm atmosphere. We observed people chatting and laughing whilst having their meals in the dining rooms. We heard a person say, "This is actually really nice."

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

- People and their relatives told us they were happy with how staff supported people to maintain a good health. One person told us they could ask to see a doctor when they were not feeling well.
- The management team developed good working relationships with an external clinical lead allocated by the Primary Care Network to support people's health needs.

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

- The home was newly built and modern in its appearance. The environment was tastefully decorated, and people appeared comfortable when using the home's communal areas. The colours and tones of décor were dementia friendly, warm and homely.
- There were wide corridors and several sitting areas across the three floors where people could choose to sit and spend time outside their bedrooms.

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 MCA 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives told us staff listened to them and asked for their consent before supporting people. One person said, "Oh, [Staff] do listen! I can tell them what I want, and they will do it."
- Staff carried out assessments when needed to establish if a person may have lacked capacity to make certain decisions. Best interest decisions were in place for these people. Best interest decisions had involvement from family members where appropriate and health or social care professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff respected people and treated them with kindness and compassion. People and relatives praised staff for always making time for them and making them feel valued.
- One person told us, "Staff are so kind and respectful. They are really wonderful!" A relative told us, "I have witnessed many thoughtful actions from a range of carers - reassurance where needed and hugs or hand holding. There is a warmth when staff interact with residents. There are many staff who are so positive and make it their business to spend as much time as possible engaging and chatting with people."
- Staff interactions with people were warm and kind. We heard one person telling staff they were not sure if they knew the people around the dining room table staff guided them towards. The staff member reassured them that they would introduce people. They did this by name and the person recognised their friends immediately and sat down smiling to have a cup of tea.

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

- People told us they were encouraged to share their views and make decisions for themselves. People were happy about how staff listened and took account of their views, wishes and decisions they made about their care.
- One person said, "I would be very happy to live here but I only came in for a few weeks. Everyone is lovely and nice. I have a shower every morning as I asked, and they also wash my hair and its perfect. I cannot fault the service."
- There was a `resident of the day` process in place at the home. This meant that every person at least once a month had the opportunity to discuss their views about their care in a more formal process.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity and privacy. One person told us, "I really value my privacy and staff are brilliant in respecting it."
- People looked happy, with nicely done hair and nails as well as wearing make-up if they chose to.
- Staff were attentive to protect people's dignity, they used people's preferred name, smiled and gave their full attention when people were talking to them. When people needed support with personal care, this was done in the privacy of their own bedrooms behind closed doors.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff knew what they liked and how they wanted their support. We observed staff chatting with people and it was obvious they knew them well. One person said, " [staff] know what I like and how I like to be helped. They are very good to me. It's always hard to give up your own home, but I am happy here."
- Staff knew people's likes and dislikes. Staff were enabling people who lived with dementia to express choices as much as possible. For example, showing them visual choices of meals.
- We observed one person became slightly distressed by the company of another person at a dining table. Staff response was prompt and supported the person to move to another table. They did this discretely, without bringing attention on the person who settled and enjoyed their meal.
- People's care plans guided staff in how to support people in a personalised way. Care plans for people who recently moved into the home were still under development. There were regular care plan audits which flagged areas where staff had to develop care plans further.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew people's communication needs and this was also included in people's care plans. We observed staff adapting their communication to each person. For example, we observed staff leaning closer to people's ear when talking so that through the masks they were wearing the person could hear better what they were saying. They also got down to eye level when talking to people.
- There were additional communication aids readily available for staff to use. These included smiley/sad face boards, white boards and computer tablets.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there was a good level of activities, they could join in. One person told us, "There are daily activities and I join in most. There was a musical entertainment last week which I enjoyed." Another person said, "There is something to do always, [staff] are very good in keeping us entertained."
- People were given an opportunity to actively join in the running of the home. One person took up the responsibility to spend time in the reception area and ensure all visitors had the required Covid-19 tests

done and were wearing masks when entering the building. They told us, "I enjoy this, it's wonderful. Who thought I would move in here and have a job?"

- There was a bar and a pool table for people to use. We saw people enjoying playing pool or joining in a ball game on the day of the inspection.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise concerns and when they did, they felt the registered? manager listened and tried hard to resolve their issues. One relative told us, "I am absolutely confident to raise anything with them [staff and manager]. They are listening and will sort things out."
- The provider had a complaints procedure in place, and this was shared with people and relatives to know how and to whom they could raise concerns with .

End of life care and support

- People or their relatives were asked to provide information about people's wishes when nearing the end of their life.
- Staff were supported by the GP and the district nurses' team to ensure people were comfortable and pain free at this time of their 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and their relatives praised staff and managers in the home. They told us there was a positive attitude and culture amongst the staff team. One relative told us, "I can only say they [the whole staff team] are doing a wonderful job with a smile."
- Staff told us people were in the centre of their care and the management team encouraged and supported them to provide people with the best possible care. One staff member said, "We're here for the residents. I feel I am given all the information I need to meet their needs, whilst also enjoying my time working with them."
- Processes in place like staff, people and relative meetings ensured the right information was shared and everyone could contribute to the running of the home.
- People and relatives told us they were asked to provide feedback about the care they received. One relative said, "At the relatives' meeting one of the lifestyle managers asked me to complete an online review which I was happy to do."
- The manager was also the nominated individual. They submitted their application to register with CQC.

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

- The provider understood and worked in accordance with their responsibilities under the Duty of Candour. Concerns, incidents and accidents were reviewed, and the provider was open and transparent with people, relatives and professionals when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and responsibilities. The manager had a good oversight of the quality of the service they provided to people. The regular audits carried out by them and the provider to assess different parts of the service helped them identify areas where improvements were needed.
- Actions were put in place to drive improvement and these were shared with staff through meetings and handover. The provider supported the home with improvements needed as well as shared learning from their other services.
- Staff told us they were encouraged to attend training and develop their skills, knowledge and they felt valued. One staff member said, "I've discovered who I am here, my strengths and weaknesses and I have

been welcomed into the team. It really is a team."

- The training manager monitored staff's practices and they were actively involved in developing a personalised training plan for each staff member as needed to further their skills and knowledge.

Working in partnership with others

- People received care and support from staff who worked in partnership with health and social care professionals to promote people's well-being.