Care Quality Commission

S & S Healthcare Limited

Hazeldene EMI Nursing Home

Inspection report

84 Poole Road
Darnall
Sheffield
South Yorkshire
S9 4JQ
Tel: 0114 242 5757
Website: www.hazeldenenursing.co.uk

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

Our inspection of Hazeldene EMI Nursing Home was undertaken on 10 and 14 September 2015. The first day of our inspection was unannounced.

The last comprehensive inspection of Hazeldene EMI Nursing Home by the Care Quality Commission (CQC) took place in July 2014. Two breaches of regulations were identified during this inspection. Following the inspection, the provider completed an action plan to say what they would do to meet the legal requirements in relation to the two breaches. Our September 2015 inspection included checks to ensure that the home had followed their plan and to confirm that they now met legal requirements

Hazeldene EMI Nursing Home provides care for up to 60 older people, most of whom are living with dementia. The home was fully occupied at the time of our inspection.

Summary of findings

Accommodation is provided over two floors, accessed by a lift. All bedrooms are single and have en-suite toilets. Each floor has a separate dining area. There are lounges throughout the home.

The manager in post at the time of our inspection was not the registered manager of Hazeldene EMI Nursing Home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does S & S Healthcare, the provider.

They manager had been at the home for six weeks and was in the process of obtaining the necessary checks in order to then submit their application to become the registered manager of the home. The deputy manager was an established member of staff and had provided management cover pending the recruitment of the new home manager.

People told us that they felt safe living at Hazeldene EMI Nursing Home. Conversations with staff and the manager demonstrated that they were aware of local safeguarding procedures and had the necessary knowledge to ensure that vulnerable adults were safeguarded from abuse.

We found that there were sufficient staff to meet people's needs and keep them safe. We noted that there was a high use of agency staff and nurses on both days of our inspection and also received comments from staff and relatives about this. Particularly because the agency staff were often unfamiliar with people's needs. The manager was aware of this and was in the process of recruiting to all vacant posts within the home.

Improvements had been made to medication practices within the home. Our observation of a medication round on each floor of the home together with our review of records provided evidence that medicines were safely administered, recorded and stored. We noted some shortfalls in relation to the recording of as and when required, (PRN) medications. We were reassured that these issues would be addressed as part of the improvements the manager was in the process of making to this area of practice.

We found that improvements had been made to records documenting people's capacity to make decisions.

Capacity assessments and best interest decisions were clearly recorded and in line with the Mental Capacity Act Code of Practice. Clear records about the Deprivation of Liberty Safeguards (DoLS) were also maintained.

Staff were provided with an induction and a range of training to help them carry out their roles. Nursing and senior carer had received a recent supervision session and an annual appraisal. However, other members of care and ancillary staff had not received an annual appraisal or a supervision within the providers recommended timescale. The new manager was aware of this and showed us a folder they had prepared to plan supervisions and appraisals for all staff.

People's physical health needs were monitored and clearly documented. Referrals were made when needed to health professionals.

We received mixed feedback about the food at Hazeldene EMI Nursing Home. We observed the lunchtime meal in both of the dining rooms and noted that the mealtime was well organised. The meals looked appetising and were well presented and there were sufficient staff to ensure people were supported to eat at the same time.

We noted that meals were served on bare tables in both dining rooms, some of which were scuffed and worn. There were also few examples of staff interacting with people during our observation of lunchtime in the first floor dining room. We fed back our observations to the manager and were reassured that they had identified the need for meal times to be improved, and how they proposed to do this within a recent action plan.

The manager's action plan also reflected our observations that the environment was not always dementia friendly. It stated, "We need to create an enabling environment of care that enhances the resident's orientation," and again listed ways of achieving this.

Our observations together with conversations with people and relatives provided evidence that the service was caring. We saw that staff across the home spent time sitting and talking with people. Members of staff spoken with on the day of our inspection had a good understanding of people's individual needs and preferences and knew how to respect people's privacy and dignity.

Summary of findings

Relatives and members of care staff felt that activities within the home could be improved. Our observations confirmed this. The manager of the home agreed with our findings and said that they had identified activities as an area for development. We noted that this had also been documented within their recent action plan.

People's needs were assessed and reviewed and care plans were amended in response to any changes in need. However, one of the six care plans reviewed during our inspection did not contain the required records to document an injury we observed and heard a member of care staff discuss during the course of our inspection.

Relatives and staff were positive about the deputy manager and the newly appointed manager and the way in which they led the service. They told us that both individuals were visible and were approachable. Staff told us that the new manager had clearly communicated the improvements they wished to make. One member of staff commented, "I agree with what the things the deputy and manager are changing and how they're doing it. They're there for the residents and that's what we've needed."

A system was in place to continually audit the quality of care provided at the home. We saw that this incorporated a range of weekly and monthly audits relating to differing areas of the service.

Summary of findings

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.

There were sufficient staff to meet people's needs and keep people safe. Some staff and relatives raised concerns about the number of agency staff and the fact that they were often unfamiliar with people's needs. The manager was aware of this and was in the process of recruiting to all vacant posts within the home.

Staff had a good understanding of abuse and were aware of their responsibilities in reporting any concerns about possible abuse.

People's medicines were safely stored, administered and recorded. Equipment used to support people was well maintained and fit for purpose.

Is the service effective?

Requires improvement

The service was not always effective.

Nurses and senior care staff had received a recent supervision and an annual appraisal. However, regular supervision and an annual appraisal had not been provided to care and ancillary staff to support them to fulfil their roles and responsibilities.

People were offered varied, balanced and nutritious meals and were appropriately assisted to eat and drink. Some shortfalls were identified about people's meal time experience; these had been noted within an action plan put in place by the newly appointed manager.

Improvements had been made to records documenting people's capacity to make decisions. Capacity assessments and best interest decisions were clearly recorded and in line with the Mental Capacity Act Code of Practice.

Care plans contained detailed information about people's healthcare needs. These were regularly reviewed and updated in order to ensure that they were accurate.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and caring. Observations and conversations with staff demonstrated that they had a good understanding of people's individual needs and preferences. We saw that staff showed patience, gave encouragement and were respectful of people's privacy and dignity.

Conversations with members of care staff and our review of records demonstrated that Hazeldene EMI Nursing Home were committed to providing compassionate, person centred end of life care.

Summary of findings

Is the service responsive?

Requires improvement 

The service was not always responsive.

Staff responded to people's needs in a timely way and were committed to gathering information about people's preferences and backgrounds in order to provide person centred support. We did however hear two examples of language which was not person centred.

Activity workers were in post. However, our observations, together with comments from members of staff and relatives provided evidence that sufficient activities were not provided, particularly on the first floor of the home.

People's care plans were amended in response to any changes in need. One person's care plan did not provide information of an injury we observed and heard staff discuss during the course of our inspection.

Is the service well-led?

Good 

The service was well-led.

The service did not have a registered manager in place. The manager in place had been in post for six weeks and was in the process of obtaining the necessary checks in order to then apply to become the registered manager of the home.

A range of checks were undertaken to monitor the quality of the service. Where improvements were needed, these were addressed in order to ensure continuous improvement.

The manager and deputy manager were visible. Staff felt supported by the deputy manager and newly appointed manager and said they received feedback about their practice.

Hazeldene EMI Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 14 September 2015. The first day of our inspection was unannounced. The inspection was undertaken by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who has used this type of care service.

Healthwatch and local authority commissioners were contacted prior to our inspection in order to gain their views about the care provided by Hazeldene EMI Nursing Home. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services. This information, together with other information we held about the home contributed to our planning of this inspection.

During our inspection we used different methods to help us understand the experiences of people living at Hazeldene EMI Nursing Home. We spoke with six people who lived at the home and with nine visiting relatives. We also undertook a number of formal and informal observations throughout our inspection. The formal observation we used is called Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia who could not talk with us. Our observations enabled us to see how staff interacted with people and see how care was provided.

We spoke with the following members of staff in order to ask them about their experience of working at Hazeldene: the newly appointed manager, the deputy manager, two senior carers, three carers, a domestic, an activity coordinator and two nurses, one of whom had recently been appointed as a clinical lead.

A GP, district nurse and a DoLS court appointed representative visited the home during the first day of our inspection. We spoke with each of these professionals in order to gather their experience of working with Hazeldene.

We reviewed a range of records during our inspection visit, including the care plans of six people, daily records of people's care and treatment, and policies and procedures related to the running of the home. These included safeguarding records, quality assurance documents, seven staff files and records of staff training, supervision and appraisal.

Good

Is the service safe?

Our findings

During our comprehensive inspection of Hazeldene EMI Nursing Home in July 2014 we identified some unsafe medication practices. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our previous inspection the practice we observed in relation to 'homely remedies,' did not match the homely remedy policy document. A homely remedy is a medication which is used to treat minor ailments and which can be purchased without a prescription. We also identified some recording errors within Medication Administration Records (MARs) and found that protocols were not in place to identify when people may need as and when required (PRN) medicines. During this inspection we found that improvements had been made to all of these areas.

The homely remedy box which had been in place at the time of our previous inspection had been disposed of and any homely remedies were now recorded and dispensed in line with the provider's policy document.

Improvements had also been made to the recording of medicines. We observed a medication round and reviewed four MARs from each floor of the home. Our observations provided evidence that medicines were safely dispensed, administered and recorded. Regular medication audits and other related checks were now in place and had been successful in reducing the number of recording errors. Medications in stock corresponded with the medication recorded within people's MARs.

Some people living at Hazeldene EMI Nursing Home were prescribed controlled drugs. These are medicines which are subject to regulation and separate recording. We checked the controlled drugs book and found that these medications were recorded correctly and that the medication in stock corresponded with that recorded in the book.

PRN protocols were now in place; however, we noted that this information was sometimes contained within people's care plan folders and not within the medication folders kept in the medication trolleys. We noted some inconsistencies about the recording of some PRN medicines. For example, one person's MAR identified that a PRN medication had been administered on thirteen separate occasions within the previous month. The reason this medication was administered was only recorded seven times on the back of the MAR chart. This lack of recording made it difficult to identify patterns and ensure this medication was being used as intended by the doctor. Similarly, whilst MARs recorded when pain patches had been changed, the body maps which accompanied these records were not always updated with the location of the new pain patch.

The manager told us that they were in the process of updating all PRN records and said that they would ensure that copies of all PRN protocols were placed in medication folders. They also said that they were further developing practice about PRN medication by introducing visual tools to support nurses to identify the need for PRN pain relief for people living with dementia who could not verbally express their need for these medicines.

When asked if they felt safe living at Hazeldene EMI Nursing Home, one person replied, "I certainly do." A second person who liked to spend time in their room said, "I feel safe because the girls [members of care staff] always pop their heads round the door to say hello and make sure I'm OK." Relatives spoken with during our inspection felt their family members were safe and provided examples of how the home ensured the safety of their family members. For example, one relative told us, "I feel [my family member] is safe because they take care he doesn't fall out of bed by lowering the bed and putting a mattress on the floor, in case he does roll out of bed."

Throughout our inspection we observed staff making sure people were safely positioned and removing obstacles which may have posed a trip risk for people. We also observed nurses and members of care staff routinely ensuring people's call bells (buzzers) were within their reach and saw them test that these were working before leaving people's rooms.

We spoke with members of staff about how they safeguarded people. Each member of staff was able to tell us about different types of abuse and the possible indicators of these. They told us that they would report any concerns to the manager or deputy manager and were confident that they would take action and appropriately report any concerns.

We observed three people safely being supported to move using hoists. Our observations demonstrated that staff

Good

Is the service safe?

were aware of the equipment used by each person and how people liked to be supported. We saw that staff explained what they were doing, offered reassurance when needed and supported people at their own pace.

We looked at two mobile hoists and two specialist baths. Each item was clean, was in good condition and fit for purpose. Our conversations with the manager, together with our review of records provided evidence that regular checks took place to ensure that equipment with the home was properly maintained and in safe working order. The handyman was also responsible for undertaking a number of other checks in relation to the safety of the premises. These included fire checks, water checks and window checks.

Our review of support plans provided evidence that risk assessments were completed on people's admission to the home. We saw that risk assessment were reviewed each month and were updated or created following any accidents, incidents or changes in need. We found that an effective system was in place to record, analyse and identify ways of reducing risk. Staff spoken with were clear about the accident and incident reporting processes and how to complete accident and incident forms. These were then reviewed and, if needed, investigated further by the manager or deputy manager.

The manager undertook a monthly review of accident and incident forms in order to see if there were any recurring patterns and risks. Our conversations with them demonstrated a person centred and anticipatory approach to risk. For example, they told us that their analysis of falls had identified that one person was susceptible to falls at a certain time of day. In order to reduce risk, staff were now vigilant when they supported this person at the time they were most vulnerable to falls. The registered manager said this had been successful in reducing this persons' falls.

We spoke with staff and the manager about staffing levels within the home and reviewed the staffing rota. Whilst there were sufficient staff present on both days of our inspection to meet people's needs, at times we noted that the atmosphere was hectic, particularly on the first day of our inspection. Staff spoken with on the first day of our inspection confirmed this and said this was due to them having a number of new admissions within a short period of time. Staff were pleased that staffing numbers were soon to increase as a result of the home recently becoming fully occupied.

A number of staff and relatives commented about the use of agency care staff and nurses and the impact of them being unfamiliar with the needs of people living at the home. For example, one relative commented, "You do see a lot of agency staff. The regular carers do help them a lot, especially the nurses when they don't know who the residents are, but it takes time away from the carers when they're having to explain things all the time." One person we spoke with said, "I do worry a bit at night if someone comes to help me that I don't know."

Our observations corresponded with the above comments. On the first day of our inspection the two nurses on duty were from an agency and were reliant upon permanent staff members for information about people's needs. One of these nurses was unable to provide a visiting GP with background information about people which the GP described as, "not so helpful, although understandable."

Our conversation with the manager demonstrated that they had identified the use of agency staff as an issue and were currently recruiting to all vacant positions within the home. The manager said that whenever possible they requested the same agency staff in order to ensure that they were familiar with the home and with people's needs. We noted that this had been identified within the manager's action plan, together with a number of ways of reducing the impact and use of agency staff.

We looked at the recruitment records of seven members of staff. These, together with our conversations with staff and the manager evidenced that an effective process was in place to ensure that employees were of good character and held the necessary checks and qualifications to work at the home.

Requires improvement

Is the service effective?

Our findings

During our comprehensive inspection of Hazeldene EMI Nursing Home in July 2014 we found that people were not appropriately supported to make decisions in accordance with the Mental Capacity Act (2005). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The MCA promotes and safeguards decision-making. It sets out how decisions should be taken where people may lack capacity to make all, or some decisions for themselves. It applies to decisions relating to medical treatment, accommodation and day to day matters. The basic principle of the act is to make sure that, whenever possible, people are assumed to have capacity and are enabled to make decisions. Where this is not possible, an assessment of capacity should be undertaken to ensure that any decisions are made in people's best interests. The DoLS are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom.

At the time of our previous inspection we found that people's records often stated that they lacked capacity but did not make reference to the specific decisions to be made. We also found that there were no capacity assessments or best interest meetings to document the decision making process for people who received their medicines covertly.

During this inspection we found that improvements had been made which clearly showed that Hazeldene EMI Nursing Home followed the MCA in order to make decisions, act in people's best interests and protect people's rights. Our review of records demonstrated that capacity assessments were undertaken when needed. They documented the specific decision to be made and evidenced that that this had been recorded in line with the MCA Code of Practice. Where capacity assessments had resulted in the need for a best interest meeting, we saw that these were clearly recorded and reflected the views of the differing professionals and people present at the meeting.

The deputy manager and senior carers had a good understanding of the DoLS. Senior carers were able to identify situations which may highlight the need for a DoLS referral to be made and were aware of people who had DoLS in place and the details of these. Senior carers were responsible for writing people's care plans and we found that the care plans for people who had a DoLS in place clearly reflected the content of their DoLS authorisations. We saw that the deputy manager maintained clear records about any DoLS referrals made, if these had been authorised and the conditions of the authorisation.

Our conversations with a DoLS court appointed representative who visited a person on the first day of our inspection provided further evidence of the home's awareness and recording of DoLS. The representative said staff were aware of the details of the persons DoLS authorisation and that accurate records were kept which enabled them to see that the home were meeting the requirements of the authorisation.

A comprehensive induction was in place to enable staff new to the home to familiarise themselves with their role. This included mandatory and other training and periods of shadowing established members of staff in order to get to know people's needs and how the service operated. Senior carers told us that they had recently undertaken a training course about The Care Certificate in readiness for implementing this with new members of care staff. This is a newly introduced set of identified standards to ensure that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Our conversations with staff and our review of records identified inconsistencies about the frequency of staff supervision and annual appraisals. Supervision sessions ensure that staff receive regular support and guidance. Appraisals enable staff to discuss any personal and professional development needs.

The deputy manager told us that supervisions should take place every three months, but said these had lapsed following the departure of the previous registered manager earlier in the year. The deputy said they had ensured that all nurses and senior carers had received a supervision and an annual appraisal pending the arrival of the new home manager. Our review of staff records confirmed this.

Whilst care and domestic staff said that senior staff were available should they have any concerns or issues, we found that supervisions and appraisals of these members of staff were not occurring within the provider's identified timescale. For example, three carers and one domestic had

Requires improvement

Is the service effective?

not received supervision or an appraisal within the past year. The manager said they had noted this and showed us a folder prepared in readiness for planning supervisions and appraisals for all staff.

Relatives were positive about the way in which the staff met and knew the needs of their family members and felt they were skilled and had received appropriate training. For example, one relative stated, "I think they deal with [my relative] very well, considering their behaviour at times, so I think the training must be alright."

We spoke with staff and reviewed a range of training records. We found that staff were provided with appropriate training to enable them to carry out their roles, maintain their skills and meet the needs of the people they supported. For example, we saw they had undertaken training about safeguarding, dementia awareness, behaviours which challenge and first aid.

Relatives felt the home sough support from healthcare professionals when needed and were good at keeping them up to date should their family member's healthcare needs change. One relative commented, "It's reassuring to know the carers are keeping a careful eye on [my family member]. They do ring to let me know they're calling a GP and keep me informed." Our review of care plans provided evidence that people's healthcare needs were met by GP visits, as well as referrals to, and visits from, a range of health and social care professionals such as social workers and dentists. Visits from these professionals were recorded and care plans were updated to reflect any advice given. People's care plans also included a number of documents to monitor their health needs and ensure they received the correct support. For example, we saw assessments of people's nutritional needs and documents detailing the support and monitoring people required to maintain a balanced diet.

We received mixed responses about the quality of food at the home. The comments we received ranged from, "it's alright," "it's adequate," and, "it's a bit plain," to, "the food is nice," "lovely," and, "it's absolutely gorgeous." We observed the lunchtime meal in both of the dining rooms and noted that the mealtime was well organised. People were given a choice of two hot meal options or a selection of sandwiches. The meals looked appetising and were well presented.

We noted that meals were served on bare tables in both dining rooms, some of which were scuffed and worn. Additionally, we saw that the upstairs dining room was small and resulted in there being little room to comfortably fit everyone in, especially given the number of people who used wheelchairs. Music was playing at an appropriate volume during our observation in the downstairs dining room and staff interacted with people throughout the mealtime. However, we observed few examples of staff interacting with people during our lunchtime observation of the first floor dining room. There were sufficient staff to ensure people were supported to eat at the same time. However, on the first floor we saw that one person who was assisted to eat their meal in their bedroom was not spoken to throughout the meal time and that the volume of the music playing in their room was loud.

We fed back our observations to the manager. They had identified the need for meal times to be improved and had documented this within an action plan. It stated, "The dining experience falls extremely short of being a sociable, stimulating experience for residents." The manager said they had ordered table cloths, had employed a new chef and were soon due to review menus within the home. They also provided examples of the different ways they had begun to enhance people's mealtime experiences. For example, by arranging for a weekly delivery of fish and chips from a local chip shop and a weekly visit from an ice-cream van.

The manager's action plan also reflected our observations that the environment was not always dementia friendly. The action plan stated, "We need to create an enabling environment of care that enhances the resident's orientation," and listed ways of achieving this. The areas in need of decoration observed during our previous inspection had been addressed. However, the environment throughout the home still did not always meet the needs of people living with dementia. For example, whilst there were now contrasting handrails and large print and pictorial signs to support people to identify key rooms on the ground floor of the home, there was little evidence of similar changes on the first floor. The manager said this work was in progress on the ground floor and, upon completion, would then be undertaken on the first floor.

Good

Is the service caring?

Our findings

People gave positive feedback about the care they received at Hazeldene EMI Nursing Home. When talking about the staff, one person said, "They're lovely, especially my keyworker; she's a gem." Another person described the staff as, "approachable." Relatives were also positive about the caring nature of the staff. One relative commented, "I think the carers here are so hard-working and they really do care about the residents." A second relative said, "I've seen a lot of care homes and this one beats the lot in terms of care."

A third relative was complementary about the kindness and concern the staff showed to their family member and to them. They told us, "The staff are pleasant and are like friends to [my family member] and me. They've helped me a lot. They make me welcome and always make me a coffee; it's like going to visit family." This relative also said, "there's lots of laughs which brightens up [my family members] day and mine."

Staff spoke fondly, knowledgably and in a caring way about people living at the home. It was not unusual for care staff to tell us that they had worked at the home for fifteen or more years. They told us that they enjoyed their role and that this had resulted in them working at the home for a number of years. For example, one member of care staff who had worked at the home for fifteen years told us, "I carry on because I enjoy caring and making sure people have what they need." Another member of care staff stated, "I love my job, my residents and the team here. I go home and hold my head up high as I know I've done my best for people."

Observations throughout our inspection demonstrated that the staff were caring. When undertaking our SOFI observation in the downstairs lounge area, we noted that the staff greeted people warmly and asked how they were. Throughout our inspection it was clear that the care staff clearly knew about the things and people which mattered to people. For example, one person liked line dancing. In recognition of this, the care staff ensured that line dancing music was playing and took it in turns to dance with this person. This person was smiling throughout our observation of this activity. We also heard members of staff asking people about their interests and their friends and family and observed a member of staff supporting two people to sit together and chat after identifying that they had both worked at the same place.

We spoke with staff about how they promoted and respected people's dignity. Their responses demonstrated a holistic approach. For example, one member of care staff talked about the importance of providing people with opportunities to make choices. Staff also provided practical examples of the way in which they ensured people's privacy and dignity, such as ensuring people were appropriately covered when supporting them with personal care needs and knocking on people's doors before entering their rooms.

Our conversations with relatives together with our observations and review of records showed us that the home promoted people's independence whenever possible. One relative told us that, whilst their family member was living with advanced dementia, they were encouraged and supported to do as much as they could. For example, they told us that the staff encouraged their family member to wash their face, comb their hair and apply their favourite perfume. We noted that people's care plans reflected the home's commitment to maintaining their independence by the inclusion of individual plans about how promote and enable people's independence. For example, one person's care plan noted the importance of them maintaining their independence by being supported to walk short distances with the support of two members of staff.

We saw that the staff consulted and explained any care or support they provided to people. We also noted that the staff did not rush people and gave people time to respond to information and any choices presented to them. Our observations also demonstrated that the staff were aware of how people communicated their needs and adapted the way they communicated to meet the needs of the person they were supporting. For example, one person who had communication difficulties communicated with staff by writing on a white board. We spoke with this person during our inspection and they communicated that this worked well for them.

People's care plans also contained information about the support they may need to understand information and decisions presented to them. For example, one person's care plan noted the need for, "staff to provide clear explanations using short sentences and allow time for [the person] to understand and respond to this." Where people lacked capacity to make specific decisions we saw that

Good

Is the service caring?

their care plans included information about these decisions, any legal arrangements in place, such as powers of attorney and the people who must be consulted about these decisions.

We found that Hazeldene EMI Nursing Home respected people's spiritual and cultural needs. Staff were knowledgeable about these needs and this information was also clearly reflected in people's care plans. Our review of the provider's training matrix showed us that a number of training courses were provided to enable staff to deliver appropriate care and respect the diversity of people living at the home. For example, we saw that courses were provided in dignity and equality and diversity.

Care plans contained information about people's end of life wishes and the people who should be involved and consulted about decisions relating to their end of life care. One relative spoken with during our inspection was grateful for the sensitive care the staff were providing to their family member. They told us, "[Member of staff] has been lovely. She's spoken to me about palliative care and what to expect. It's a really hard time, but the staff here are just wonderful and I know they'll keep [my family member] comfortable."

A number of staff were positive about a training course they had recently undertaken about end of life care provided by a member of staff from a local hospice, with one member of care staff describing this course as, "absolutely brilliant."

Requires improvement

Is the service responsive?

Our findings

Relatives spoken with during our inspection felt that Hazeldene EMI Nursing Home was responsive. For example, one relative whose family member was prone to falls stated, "[my family member] is always trying to get up. The staff watch all the time and respond quickly." Another relative said, "the staff are there quickly if someone needs the toilet or has an accident."

The district nurse spoken with during our inspection felt that regular members of staff were knowledgeable about the needs of the people they supported. They described the staff as being, "in tune with resident's needs." They said staff provided detailed updates about people, were observant and sought support should they notice any changes in people's needs.

Whilst the atmosphere within the home was busy on both days of our inspection, we saw that care staff spent time interacting and talking with people whenever they could. One relative stated, "The staff are always entertaining people, they spot if people are looking down and put music on and cheer people up."

The home employed two activity workers who worked different hours in order to provide activities throughout the week and at weekends. We saw one activity worker spend time talking with people on the first day of our inspection. The other activity worker led a bingo session during the morning of the second day of our inspection. A staff member commented that this was the first time they had seen a morning activity upstairs and a second member of staff described this as, "unusual." A relative of a person from this floor stated, "I come and visit in the mornings and I've never seen anything going on for the residents."

Relatives and care staff felt that the activities provided were not sufficient. One member of staff said, "We do what we can like putting music on and dancing with people and having a game of bingo, but there could be a lot more. People are bored." All of the relatives who had family members living upstairs mentioned the lack of activities.

We spoke with the manager about activities within the home. They said they had identified activities as an area needing development. Our review of the manager's action plan confirmed this. It said, "Social activity appears to be variable," and stated the need to provide a, "supportive social environment." The manager informed us that they had temporarily suspended care staff taking people out in the local community after identifying that people's care plans did not provide sufficient detail of what to do should any incidents or accidents occur whilst out. They said these outings would resume as soon as they were satisfied that the care plans detailed how to safely support people when out in the community.

We found that one of the six care plans reviewed during our inspection did not accurately reflect the care, treatment and support a person had received. This was because it did not detail some small grazes we observed on the persons hand, and had heard this person's relative ask a member of care staff about. The member of care staff explained to the relative how these injuries had occurred and when they had happened. However, we could not find any evidence of this injury being recorded within this persons care plan. We spoke with the manager, deputy manager and a senior carer about this. The deputy manager and senior carer checked the person and agreed that the injury should have been recorded on a body map as well as in the person's daily notes and in an accident form.

In contrast to the above, we saw staff promptly and appropriately respond when one person fell during the first day of our inspection. We reviewed this person's care plan later that day and saw that the fall had been recorded and also documented on an accident form and body map.

Our review of care plans showed us that assessments took place before people moved to the home. Senior carers were positive that they had recently begun to accompany the deputy manager on these visits. They said this enabled them to get to know people and meant they could begin to develop care plans and inform care staff about the person's needs in advance of their move to the home. A care worker confirmed that a copy of the initial care plan was available for them to prior to the person's arrival and stated that this was useful as, "you get to know people before they come in." We saw that these initial plans were updated and developed by senior carers as they got to know more about people and their needs.

We noted that people's care plans were reviewed every month or following any changes to ensure they accurately reflected people's needs. Relatives spoken with during our inspection told us that they were involved as much as they wanted to be in the care needs of their family members. One relative commented, "I know I could talk about [my

Requires improvement

Is the service responsive?

family members] care if I wanted to change anything, but I don't need to at the moment." A second relative stated, "I've been to review meetings and the staff answer my questions and listen."

We reviewed the care plans of six people. We found that each plan was person centred and provided clear information about how the person liked to be supported, their likes and dislikes and the people and things which were important to them. People's care plans also contained life story booklets which documented a range of information about the persons past. Person centred information such as this can be a key aid to prompt conversations with people new to the service and with people living with dementia.

During our inspection we overheard two uses of language which was not person centred. We heard people who needed assistance to eat being referred to as, "the feeders." We also witnessed one person living with dementia becoming upset when a member of care staff discouraged them from trying to assist a fellow resident by stating, "you can't help; you're a patient, not a doctor or a nurse." The use of the word 'patient' was confusing to this person and resulted in them repeatedly stating, "I'm not a patient, this isn't a hospital."

We discussed out observations with the registered manager. They told us that they had noted that the language used was not always person centred and we saw that they had documented the need for staff training and guidance about person centred care within their action plan. The manager also said they had led a discussion about person centred care within a recent team meeting. This was confirmed by our review of the minutes of this meeting.

The provider's complaints policy was displayed in the entrance area of the home. People and relatives we spoke with told us they had no complaints. One relative told us that they had raised a minor concern on one occasion. They told us that staff listened to their concern and that, "it has not happened again." Another relative said, "I've not complaints, I can't fault the staff. They're all very pleasant and helpful and listen to you." A complaints log was maintained and our review of this showed that the current and previous manager had investigated and responded to complaints in accordance with the home's complaints procedure.

Good

Is the service well-led?

Our findings

Hazeldene EMI Nursing Home did not have a registered manager in post at the time of this inspection. The manager in place had been at the home for six weeks. They told us that they were in the process of obtaining the necessary checks in order to apply to become the registered manager of the home. The deputy manager was an established member of staff and had provided management cover pending the recruitment of the new home manager.

People, relatives and staff were positive about the newly appointed manager and the deputy manager and the way in which they led the service. The manager and the deputy manager were present throughout our inspection and we observed them interacting with people, visitors and relatives. We saw that they had an open, helpful and caring approach. For example, we observed the home manger talking and lessening the anxieties of a person living with dementia and frequently saw the deputy manager speak with and spend time with people living at the home.

Staff and relatives spoken with during our inspection said that it was usual for the home manager and deputy manager to be so visible. One relative commented, "I've met the new manager, she seems nice and she's out and about." This relative was similarly positive about the deputy manager and stated, "He's lovely and keeps the staff on their toes in a nice way." One member of staff commented that the deputy manager was, "Straightforward, professional and absolutely brilliant, " and provided clear examples of how the deputy manager had worked and supported them and other staff members in order to improve practice within the home.

Members of staff spoken with on the day of our inspection said they felt valued by the manager and deputy manager. One member of staff stated, "The deputy and the manager will often say, 'thanks for doing that,' to me and other staff."

The staff also felt that the manager had clear goals and a vision for the service. One member of staff commented, "The new manager has met with the staff and given us clear messages. We know where she's coming form and what she wants and I agree with what she's saying. It's going to take time to improve things but we're on the right track." A second member of staff stated, "I agree with the things the deputy and manager are changing and how they're doing it. They're there for the residents and that's what we've needed."

Our review of records and conversations with staff provided evidence that meetings took place throughout the year to discuss, consult and update staff about the home. For example, the minutes of the last staff meeting clearly recorded the improvements and plans the new manager had for the home. Staff told us that they were able to raise issues within these meetings and felt that that their views and contributions were listened to.

Conversations with the manager further demonstrated that they had clear goals for the home. The changes they wished to make had been recorded within a comprehensive action plan developed within the first month of being at the home. Our review of this demonstrated that they had identified a number of the issues observed during our inspection and had found solutions to address these; for example, the managers action plan clearly documented the issues observed during our inspection about the environment and the dining experience.

Other improvements included reconfiguring the home by creating a separate area for people with residential needs and the appointment of a clinical lead to support nurses within the home. We spoke with this post holder during our inspection and found that they had clear ideas about the way the planned to drive quality by audits and leading training and development sessions for staff.

Whilst we found that the manager and deputy had reported concerns to the local authority safeguarding team, our conversations together with our review of records identified that some safeguarding concerns and the outcome of DoLS authorisations had not been reported to us, as required by law. The manager and deputy manager agreed to retrospectively provide information about DoLS authorisations and report all future safeguarding concerns to us.

We saw that there was a system in place to continually monitor and assess the quality of care provided at Hazeldene EMI Nursing Home. Our review of records provided evidence that the manager, deputy manager and other key members of staff undertook a number of daily, weekly and monthly audits. For example, the deputy

Good

Is the service well-led?

manager undertook audits of care plans, nutrition and medication, the housekeeper undertook a range of audits about the prevention and control of infection and the handyman undertook a range of audits about the safety of the premises. We noted that any actions needed to address shortfalls were fed into the next audit in order to ensure that they had been completed.