

Sage Care Homes (Hazeldene) Limited

Hazeldene Care Home

Inspection report

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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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an inspection of Hazeldene Care Home on 2, 3 and 7 December 2015. The first day of the inspection was unannounced.

Hazeldene Care Home provides accommodation and personal care for up to 60 older people, including people living with dementia. At the time of the inspection there were 46 people living at the service.

Accommodation at the home is provided over three units, one of which is specifically for people

living with dementia. Bedrooms are located over two floors and a lift is available. There is a lounge and dining room on each unit and all rooms have wheelchair access. Of the 60 bedrooms, 43 have ensuite facilities and there are suitably equipped toilet and bathroom facilities on each unit.

At the time of our inspection, the service did not have 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

Summary of findings

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. An acting manager was in post and had been managing the service for nine weeks. The acting manager told us she planned to submit an application to the Commission in the near future to become the registered manager for the service.

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staffing. You can see what action we told the provider to take at the back of the full version of the report.

As part of this inspection we have made recommendations about the storage of medicines and meeting the needs of people with dementia.

The people we spoke with at the service told us they felt safe. One person told us, "I feel safe here. There's always help when you need it".

We saw evidence that staff had been recruited safely and the staff we spoke with had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

Some people living at the service, their relatives and staff told us that staffing levels were sufficient. However, others felt that more staff were needed to meet people's needs. During our inspection we observed that there were occasions when staff were not available on the dementia unit to support people appropriately.

There were appropriate policies and procedures in place for managing medicines and people told us they received their medicines when they needed them.

The people we spoke with and their relatives were happy with the care provided at the home. One person told us, "The staff look after me well. They're all excellent".

We found that staff were well supported. They received an appropriate induction, regular supervision and could access training if they needed it.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the service had taken appropriate action where people lacked the capacity to make decisions about their care.

People told us they had been involved in decisions about their care and we saw evidence of this in people's care records. Where people lacked the capacity to make decisions about their care, we saw evidence that their relatives had been consulted.

Everyone we spoke with was happy with the food at the home and felt their nutritional needs were being met. We observed that staff did not always engage with people when they were supporting them with their meals.

People were supported with their healthcare needs and were referred appropriately to a variety of health care services. A visiting district nurse and a local optician and pharmacist were happy with the care being provided at the service.

The people we spoke with told us the staff at the service were caring and we saw most staff treating people with kindness, compassion and respect. However, we observed one member of staff being impatient when providing support and we raised this with the manager who took appropriate action. People and their relatives told us staff respected their privacy and dignity and they were encouraged to be independent.

We observed that people's needs were responded to in a timely manner and saw evidence that their needs were reviewed regularly.

A variety of activities were available if people wished to take part in them.

We saw evidence that the manager requested feedback about the service from the people living there and their relatives. The manager told us she planned to use the recently received feedback to develop the service.

People living at the home and their relatives told us they felt the service was well managed and they felt able to raise any concerns.

We saw that the service had a clear statement of purpose which focused on the importance of providing people with high quality, individualised care.

Summary of findings

The staff and the manager communicated with people, their visitors and each other in a polite and respectful manner.

The people we spoke with told us the staff and the management at the home were approachable.

We saw evidence that a variety of audits were completed regularly. However, some of the audits had not been effective in ensuring that appropriate levels of safety at the home were being maintained.

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?

The service was not always safe.

The manager followed safe recruitment practices.

Some people we spoke with felt that staffing levels at the service were not sufficient to meet people's needs. During our inspection we observed that there were occasions when staff were not available to support people appropriately.

Medicines were managed safely and people received their medicines when they needed them.

People's risks assessments were not always updated appropriately and action was not always taken to manage their risks effectively.

Requires improvement



Is the service effective?

The service was effective.

Staff received an appropriate induction and training and were able to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions. DoLS applications had been submitted when appropriate.

People were supported well with nutrition and hydration and their healthcare needs were met.

Good



Is the service caring?

The service was not always caring.

Most staff treated people with care, compassion and respect. However, we observed that one member of staff was impatient when providing care.

Meal times in some parts of the home were task orientated and staff often did not engage in conversation with people when supporting them with their meals.

Staff respected people's privacy and dignity and encouraged people to be independent.

Requires improvement



Is the service responsive?

The service was not always responsive.

People's needs were reviewed regularly. However, people's care plans and risk assessments were not always updated appropriately.

Requires improvement



Summary of findings

People were supported to take part in a variety of social activities.

The registered manager sought feedback about the service, from people living at the home and their relatives and planned to use the feedback received to develop the service.

Is the service well-led?

The service was not always well-led.

People living at the home and their relatives felt that the service was well managed.

Staff understood their responsibilities and were well supported by the registered manager.

The manager regularly audited and reviewed the service. However, some audits had not been effective in ensuring that appropriate levels of safety had been maintained.

Requires improvement



Hazeldene Care 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 was 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.

The inspection took place on 2, 3 and 7 December 2015 and the first day was unannounced. The inspection was carried out by an adult social care inspector, a specialist advisor and an expert by experience. The specialist advisor was a nurse with expertise in mental health and the care of people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in this inspection had experience of caring for an older person living with dementia who had used residential care services.

Prior to the inspection we reviewed information we had received about Hazeldene Care Home including statutory notifications received from the service, concerns and safeguarding information. We used this to inform our inspection.

We contacted agencies who were involved with the service for their comments including a pharmacist, optician and a community mental health team. We also contacted Lancashire County Council contracts team for information. During the inspection we spoke with a visiting district nurse who gave us feedback about the service.

During the inspection we spoke with 13 people who lived at Hazeldene Care Home, eight visitors and six members of staff including the manager, the deputy manager, one supervisor, one senior care assistant and the activities co-ordinator. We observed staff providing care and support to people over the three days of the inspection and reviewed the care records of 10 people who lived at the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits completed and fire safety and environmental health records.

Is the service safe?

Our findings

The people we spoke with told us they felt safe. They said, “I feel safe here. There’s always help when you need it” and “I always feel safe when staff are moving me”. One relative told us, “I feel that my mother is kept safe here”. However, one visitor told us they felt their relative was not always safe due to risks from other people living in the home.

We discussed staffing levels with the manager, who advised that there were a minimum of eight care staff on duty across the home during the day, which included two supervisors or senior care assistants. There were five care staff on duty at night, which included one supervisor or senior care assistant. The manager informed us that the majority of staff were deployed in the upstairs residential unit as this was where 22 of the 46 residents lived. The remaining staff were deployed between the downstairs residential unit and the dementia unit. She explained that six of the 11 people living on the dementia unit spent much of the day in the downstairs residential unit lounge and consequently only one care assistant supported the remaining people on the dementia unit during the day. In addition, one supervisor or senior care assistant was shared across the dementia unit and the downstairs residential unit during the day.

The manager told us that the service did not use a staffing level assessment tool. Decisions about staffing levels were based upon the level of dependency of the people living at the home.

She told us that since starting in post, she had arranged for an additional member of staff to be on duty during the day, as she had been concerned about staffing levels when she first started working at the home. She told us she felt staffing levels were appropriate for the number of people living at the service and their dependency, at the time of our inspection.

The manager told us that agency staff were used at the service. However, she told us that the service used the same agency staff regularly, who were familiar with people’s needs, and we saw evidence of this on the staff rotas. The manager told us the service employed two bank staff at the time of our inspection, who covered some staff

absences due to sickness and annual leave. She told us she was in the process of recruiting further bank staff and night staff so that the service would not need to use agency staff in the future

We looked at the staffing rotas for the service over a two week period and found that the minimum staffing levels described by the manager had not been achieved on three occasions. Following our inspection, the director of the service informed us that on one of those occasions two staff had called in sick at short notice and the service had only been able to secure one member of agency staff to provide cover. He advised that on another occasion a member of bank staff had been on duty. However, this was not documented on the rotas seen during our inspection.

We spoke to the people living at the home, their visitors and staff members about the staffing levels at Hazeldene Care Home. Ten people living at the service felt there were enough staff to meet people’s needs and three felt that more staff were needed, as there had been delays in staff responding when people needed support. One person told us, “Twice someone has fallen in the evenings and it’s taken ages to find anybody”. Another person told us, “I fell one evening. They’d all gone for their tea, it was 6pm. It took them about 20 minutes to come. I was screaming my head off”. Most of the visitors we spoke with were happy with staffing levels at the service. However, one relative told us, “Sometimes the staff are a bit pushed, especially around meal times”. We noted that two negative comments had been made about staffing levels in the recent customer satisfaction survey.

The provider had failed to ensure that an appropriate number of staff were deployed across the service in order to meet people’s needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staff training and found that all staff had received training in safeguarding vulnerable adults from abuse in the last two years. The staff we spoke with understood how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. There was a safeguarding vulnerable adults policy in place which identified the different types of abuse, signs of abuse and staff responsibilities. The contact details for the

Is the service safe?

local authority and the Commission were included. A record of safeguarding concerns was kept by the manager, which included concerns raised by the service and those received from the local authority.

We looked at how risks were managed in relation to people living at Hazeldene Care Home. Prior to the inspection we had received a number of notifications from the service and some safeguarding concerns from the local authority relating to incidents and accidents at the home. We had good evidence that the management team was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation with other agencies.

During our inspection we found that there were detailed risk assessments in place including those relating to falls, moving and handling, diet and pressure sores. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments were completed by the manager or the deputy manager and were reviewed by people's key workers monthly or sooner if there was a change in the level of risk. Records showed that 48% of staff had received training in person centred care planning and risk assessment and the manager told us she planned to arrange this training for the remaining staff in the new year.

We saw that records were kept in relation to accidents that had taken place at the service, including falls. The records were detailed, were signed and dated by staff and documented the action that staff had taken at the time of the accident. We reviewed the care files of three people who had experienced falls and found that, although documentation stated that their care plans and risk assessments had been reviewed monthly, records had not been updated to reflect the falls they had sustained. We also noted that the manager had not identified patterns in people's accidents and had not taken appropriate action, such as requesting a review by the person's GP. We discussed this with the manager who assured us immediate action would be taken to address the issues relating to falls management at the service.

On the third day of our inspection, we saw evidence that people's risk assessments and care plans had been updated to reflect their risk of falls and appropriate action had been taken to manage those risks, including referrals to people's GPs and the falls prevention service. The manager introduced a falls assessment process, which

involved all accidents forms being submitted to her so that she could update the relevant care plans and risk assessments. The manager also introduced a monthly falls analysis process, to help identify any patterns or trends in falls being sustained. The manager provided us with a copy of the information to be provided to each staff member regarding the management of falls at the service and advised us that each staff member would be required to sign to demonstrate that they had read and understood the information. This would help to ensure that people's risks were managed appropriately.

Our records showed there had been a number of incidents between people living in the home. During our inspection we saw evidence that the incidents had been managed appropriately and requests had been made for people to be reviewed by their GP or by the community mental health team when appropriate. People's care plans reflected their needs and any risks and information was provided for staff about how risks should be managed. Records confirmed staff had received training in this area, which combined with clear written guidance, helped to keep staff and others

safe from harm. During our visits we observed staff supporting people sensitively and appropriately when they were unsettled. However, we found that there were occasions when staff were not available on the dementia unit to ensure that people were supported appropriately and any risks were managed effectively.

During our inspection we observed that call bells were within people's reach and people generally received support in a timely manner. However, we noted that there were times when people were left without support in the dementia unit. On one of these occasions, people were eating and there were no staff present. This could mean that people's risks were not being managed appropriately.

We noted that all staff had received moving and handling training. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

We looked at the recruitment records for two members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full

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employment history, proof of identification and a minimum of two written references had been obtained. These checks would help to ensure that the service provider made safe recruitment decisions. A recruitment policy was in place and we saw evidence staff had been recruited in line with the policy.

We looked at whether people's medicines were managed safely. We observed staff administering medicines and saw that people were given time to take their medicines without being rushed. Medicines were stored securely in a locked trolley and there were appropriate processes in place to ensure medicines were ordered, administered and disposed of safely. This included controlled drugs, which are medicines that may be at risk of misuse. The service used a blister pack system for most medicines, where the medicines for different times of the day were received from the pharmacy in dated and colour coded packs, which helped to avoid error. We noted that Insulin was administered by community district nurses and was recorded on people's Medication Administration Record (MAR) charts.

We found that MAR sheets provided clear information for staff. Medicines were clearly labelled and staff had signed MAR sheets to demonstrate that medication had been administered. Where controlled drugs had been administered two signatures were present. The MAR charts did not include photographs of people living at the service however staff advised that the service and the pharmacy were in the process of completing this. This would help to avoid medicines errors.

We noted that the temperature in one of the medicines rooms exceeded the temperature at which medicines should be stored and this was discussed with the supervisor on duty who opened the window to cool the room down. A thermometer was present on the wall in the room, however a daily record of the room's temperature was not kept. Fortified drinks, which should also be stored at a lower temperature, were also stored in this room.

A medication policy was available and provided guidance for staff which included safe storage and disposal, record keeping, consent and PRN (as needed) medicines. A homely remedies policy was available in respect of over the counter remedies and provided clear guidance for staff, which included the need for GP authorisation.

We noted that the nine staff members who administered medicines at the service had received training in the safe administration of medicines and refresher training had been arranged for January 2016. We saw evidence that staff competence to administer medicines safely was assessed by the local pharmacist, who completed observations and issued staff with questionnaires to test their knowledge. Records showed that the service completed medicines audits bi-monthly, which included action plans where improvements were identified. In addition, the local pharmacist completed a medicines audit at the service twice each year. This would help to ensure that people received their medicines safely.

The people we spoke with told us they received their medicines when they should and pain relief when they needed it. Relatives also told us they were happy with how people's medicines were managed.

We looked at the arrangements for keeping the service clean. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. Daily, weekly and monthly cleaning schedules were in place. We noticed an unpleasant odour in one area of the home on the second day of our inspection and discussed this with the manager. No odours were found during our subsequent visit.

Infection control policies and procedures were available and records showed that all staff had completed infection control training in the last two years. Liquid soap and paper towels were available in bedrooms and bathrooms and pedal bins had been provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Protective clothing, including gloves and aprons, was available and was used by staff appropriately. There were appropriate arrangements in place for the safe disposal of waste.

We found that environmental risk assessments were in place and were reviewed regularly. This included regular water temperature checks and checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. These checks would help to ensure that the people living at Hazeldene Care Home were living in a safe environment. We noted that all staff had completed health and safety training and first aid training had been arranged for all staff in December 2015 and

Is the service safe?

January 2016. The supervisors and the deputy manager had completed emergency life support training and the manager told us that this was planned for all staff in the new year.

We noted that all staff had completed training in food hygiene and in February 2015 the Food Standards Agency had awarded the service a food hygiene rating of 5 (very good). This meant that processes were in place to ensure that people's meals were prepared safely.

We saw evidence that all staff had completed up to date fire awareness training. We noted that a fire risk assessment had been completed for each person living at the home, which included a personal emergency evacuation plan. There was evidence that the fire alarm, fire extinguishers and emergency lighting, which would come on if the normal service failed, were tested regularly

and that fire doors and fire blankets were checked regularly. We noted that a fire risk assessment had been completed in July 2014 and the service was compliant. These checks would help to ensure that people living at the service were kept safe in an emergency.

Records showed that equipment at the service, including wheelchairs, hoists, stand aids and the lift, was safe and had been serviced. Portable appliances were tested yearly. Gas and electrical appliances were also tested regularly. We noted that the service had a valid policy of employer's liability insurance in place. This would help to ensure that people received care in a safe environment.

We recommend that the service considers current guidance relating to the storage of medicines and updates their practice accordingly.

Is the service effective?

Our findings

The people living at Hazeldene Care Home that we spoke with were happy with the care they received. They told us, “I like the staff. They’re very nice” and “The staff look after me well. They’re all excellent”. The visitors we spoke with were also happy with the care being provided. Relatives told us, “The staff are all skilled. There’s one or two very good ones” and “My mum has her own carer and she’s very good”.

Records showed that staff had completed a thorough induction, which included safeguarding vulnerable adults, moving and handling, health and safety, fire safety, basic first aid and familiarisation with the building. We saw evidence that new staff were observed and their competence to deliver basic care tasks was assessed before they provided care to people on their own. This was confirmed by the staff we spoke with. This would help to ensure that staff provided safe care and were able to meet people’s needs. We saw evidence that staff had been issued with a staff handbook. Information contained in the handbook included fire safety, health and safety, data protection, whistle blowing policy, safeguarding vulnerable adults policy and the importance of treating people with dignity.

There was a training plan in place which identified training that had been completed by staff and detailed when further training was scheduled or due. In addition to the training mentioned previously, 43% of staff had completed training in dementia awareness. Records showed that 8% of staff had completed training in end of life care and the manager told us that there were plans for this to be completed by all remaining staff in the new year. We saw evidence that staff members’ competence to administer medicines safely was assessed regularly. The manager informed us that she planned to introduce competence assessments for staff in respect of moving and handling in the new year, when the deputy manager had completed her assessment training. This would help to ensure that the care being provided by staff was delivered in a safe way. The manager also told us that catheter care training for all care staff had been arranged to take place in the new year.

A staff supervision policy was available which stated that staff supervision should take place bi-monthly and issues

to be addressed should include performance and any agreed improvement measures. We saw evidence that supervision took place in line with the policy and staff confirmed this to be the case.

Staff told us that a verbal and written handover took place between the staff on each unit at 7.45am and 7.45 pm daily, prior to the shift changes. We reviewed handover records and noted they included information about people’s personal care, mood, behaviour and visits from healthcare professionals. In addition, any concerns were clearly recorded. This would help to ensure that all staff were aware of any changes in people’s risks or needs. Staff we spoke with told us that all residents were discussed during the handovers and communication between staff at the service was good. The relatives we spoke with told us staff updated them regarding any changes in people’s needs.

We looked at how Hazeldene Care Home addressed people’s mental capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We looked at whether the service was working within the principles of the MCA and found that people’s mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to ensure their safety. At the time of our inspection, the manager had submitted 13 applications to the local authority. However, no authorisations had yet been received. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests.

We noted that a MCA and DoLS policy was in place and local authority guidance was available. The staff we spoke with had a good understanding of the main principles of

Is the service effective?

the legislation, including the importance of gaining people's consent when providing support and ensuring people were encouraged to make decisions about their care when they could.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with moving from one place to another. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

We found that the dementia unit was not very dementia friendly. There were some pictorial signs on bathroom doors on the unit, however the lounge area was decorated in drab colours and was not very homely. We discussed this with the manager, who informed us that the service provider was aware of this and planned to re-decorate the dementia unit in the new year, making it more suitable for the needs of people living with dementia.

A policy was in place in respect of resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation), which advised that decisions should be documented in people's care plans and CPR should be carried out unless there was evidence of a decision stating otherwise. We noted that DNACPR decisions were recorded in people's care files and documented whether decisions were indefinite or whether they needed to be reviewed. Forms also recorded whether decisions had been discussed with the person or their relatives.

We looked at how people living at Hazeldene Care Home were supported with eating and drinking. Everyone we spoke with was happy with the food and the support provided by the staff. People told us, "The food is very good. There's lots of choice" and "I enjoy having my meals in my room. The food is excellent, they ask me what I want every morning". The relatives we spoke with were also happy with the food. They told us, "My mum enjoys the food here, she's eating quite well" and "The kitchen staff are good. They're very accommodating".

We reviewed the home's menus and noted that there was a choice of cereal, toast or a cooked breakfast in the morning. In addition, there were two choices of meal at lunch time and in the evening. The cook told us that people were asked every morning what they would like for lunch and their evening meal and they could have something else

if they did not like either of the options that were planned. This was confirmed by the people we spoke with. Supper was provided in the evening and a choice of pancakes, cereals, cakes and biscuits were available.

A record of people's meal time choices was kept and any dietary requirements were documented including when people had diabetes, or needed soft or pureed meals or finger food. It was clear from our discussion with the cook that she knew people well and was aware of people's dietary requirements. The people we spoke with told us they had plenty to drink and we observed staff offering people drinks throughout the day.

Care records included nutritional assessments and information about people's dietary preferences. People's weight was recorded monthly and a Malnutrition Universal Screening Tool (MUST) was also completed in respect of people living at the service. When there were concerns about a person's weight loss or nutrition, their food and fluid intake was monitored and records showed that appropriate professional advice and support, such as referral to a GP or dietician, was sought.

We looked at how people were supported with their health. All of the people living at the service and the relatives we spoke with felt staff made sure their health needs were met. We found that care plans and risk assessments included detailed information about people's health needs and were reviewed monthly.

We saw evidence of referrals to a variety of health care agencies including GPs, dieticians, district nurses, community mental health teams, and speech and language therapy services. We found healthcare appointments and visits were documented and visitors told us they were kept up to date with information about their relative's health needs and appointments. This would help to ensure that people were supported appropriately with their health.

We spoke with a visiting district nurse told us she felt the care provided at the home was good. She told us that staff raised concerns when they should and followed any advice or guidance they were given about people's care. She told us, "The staff are open, friendly and caring". The district nurse did not have any concerns about the service. However, she informed us that on some occasions when she visited, it had been difficult to find a member of staff. We received feedback from a local pharmacist who told us

Is the service effective?

that the ordering of medicines had improved since the manager had started in post. They did not have any concerns about the service. We also received feedback

from a local optician, who told us they found the level of care provided at the home to be high. They found the staff welcoming and helpful and did not have any concerns about the care provided.

Is the service caring?

Our findings

People told us that the staff at Hazeldene Care Home were caring. They said, “The staff are very caring. There’s nothing they wouldn’t do for you” and “The staff are kind and caring, even when I get grumpy”. The visitors we spoke with also felt that staff were caring. They told us, “The staff here are very caring” and “The staff are caring and compassionate. They really do work very hard”.

During the inspection we observed staff supporting people at various times and in various places throughout the home. We saw that most staff communicated with people in a kind and caring way and were patient and respectful.

We observed lunch in each of the three units and found that the experience varied. In the downstairs residential unit, three members of staff were available serving the meals and supporting people. The atmosphere was relaxed, there was music playing in the background and people seemed to be enjoying their meals. The tables were set with table cloths and condiments, the meals looked appetising and hot and the portions were ample. Staff asked people if they were ready for their meals and informed them of what they were having as it was being served. People were given the time they needed to eat their meals and were asked throughout the meal if they would like another drink.

We observed lunch in the upstairs residential unit and the dementia unit and found that there was little interaction between staff and people during the meal. There was no background music and the mealtime felt very task orientated, with little effort made to encourage socialising or to create a relaxing atmosphere. We noted that although people received support from staff to eat their meal, some of the staff did not engage in conversation with the person they were supporting or the other people in the dining rooms, other than in response to any questions they were asked or to encourage the person they were supporting to continue eating.

We observed one member of staff being impatient when supporting a person with their meal. We raised this with the

manager, who told us she would address this with the staff member. We noted during a subsequent visit that the support being provided by the staff member was appropriate.

It was clear from our discussions, observations and from the records we reviewed that people living at Hazeldene Care Home were able to make choices about their everyday lives. People told us they could have a drink or something to eat whenever they wanted to and could choose what they wore every day. We saw that people had lots of choice at mealtimes. Some people told us they had a bath every week on the same day but they were happy with this arrangement.

The manager told us that none of the people living at the service were using an advocacy service as they all had family or friends to represent them if they needed support. Information regarding Lancashire County Council’s advocacy service was available and was included in the information guide which the manager told us was issued to people when they came to live at the home. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People told us they were encouraged to be independent. We observed staff supporting people who needed help to move around the home or with their meals and noted that people were encouraged to do as much as they could to maintain their mobility and independence. For example, we saw staff offering to cut up people’s food so that they could eat it independently.

All of the people living at the home that we spoke with told us staff respected their dignity and privacy. They told us that staff knocked before entering their rooms and made sure that their door was closed when providing support with personal care. One visitor told us, “The staff knock and they make sure the door is closed when my relative is being supported”. We observed that staff knocked on bedroom doors before entering and explained what they were doing when they were providing care or support, such as administering medicines.

The manager told us that friends and relatives could visit at any time and the staff, residents and visitors we spoke with confirmed this was the case.

Is the service responsive?

Our findings

The people we spoke with told us their needs were being met at Hazeldene Care Home. They said, “I’ve no complaints at all. The staff are very good. They make sure I’m always clean, dry and comfortable” and “The staff know what they’re doing and they know about my condition”.

We saw evidence that people’s needs had been assessed prior to them coming to live at Hazeldene Care Home, to ensure that that the service could meet their needs. People told us their care was discussed with them and we saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted. This was confirmed by the relatives we spoke with. Each person living at the home was allocated a key worker, which would help to ensure that the care provided was consistent and that staff remained up to date with people’s needs.

Care plans and risk assessments were completed by the manager or the deputy manager and were reviewed by people’s keyworkers monthly. The staff on duty updated care plans and risk assessments whenever there was a change in need and this was communicated to staff during the shift handovers that day. The care plans and risk assessments we reviewed were individual to the person and explained people’s likes and dislikes as well as their needs and how they should be met. Information about people’s interests and hobbies was included. However, we found that although accident forms had been completed, risk assessments and care plans had not always been updated when people had sustained a fall. This meant that people’s risks may not have been managed appropriately.

During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment, could move around the home freely and could choose where they sat in the lounges and at mealtimes.

During our inspection we saw that staff were able to communicate effectively with people. People were given the time they needed to answer questions and make decisions and staff spoke slowly and clearly and raised

their voices and repeated information when necessary. However, we noted a lack of interaction between staff and people during mealtimes on the upstairs residential unit and the dementia unit.

We found that there was a lack of stimulation available for people living on the dementia unit. On one occasion we observed that the television was on but the sound was turned down. The activities co-ordinator visited the unit during one of the afternoons of our inspection and supported two people to make Christmas decorations. People on the unit had previously coloured in Christmas stocking decorations and these were displayed on the fireplace. Apart from this, during our visits the unit was generally quiet and there was a lack of activities and stimulation available for the people living there.

A calendar of weekly activities was on display in different areas of the home, with a different activity on offer each afternoon. Activities included quizzes, bingo, dominoes, word games and arts and crafts. We spoke with the activities coordinator who told us she was quite new in post. She told us she used the weekly calendar as a guide however people living at the home decided what they wanted to do each day. We observed people making Christmas decorations on each of the units during the afternoons of our visits and saw that people enjoyed this. The people we spoke with and their relatives told us that a variety of activities were available if they wanted to participate. One person told us, “There’s something on most days and I take part sometimes”.

During our visit we spoke with a hairdresser who told us he visited the home twice a week. He informed us he had been visiting the home for many years and felt that people were being well looked after. He did not have any concerns about the care being provided. The people we spoke with confirmed they had the opportunity to book an appointment with him regularly.

We noted during our visits that people looked clean and smartly dressed. The people we spoke with told us they received support with personal care how and when they needed it and the visitors we spoke with did not have any concerns about their relatives’ personal care. One person told us, “I told them I didn’t want any women bathing me, so I have a man”. Another told us, “Staff help me wash every morning and I have a bath regularly”.

Is the service responsive?

A complaints policy was available and included timescales for investigation and providing a response. Contact details for local commissioners and the Commission were included. We reviewed the record of complaints received and the actions taken and saw evidence that issues had been dealt with appropriately, within the timescales of the policy. We noted that information about how to complain was also included in the information guide for people and their relatives, which the manager told us was issued to people when they came to live at the home.

People told us they felt able to raise concerns and they would speak to the staff or the manager if they were unhappy about anything. The relatives we spoke with also told us they would feel able to raise a concern. Two of the relatives we spoke with told us they had raised minor concerns, which had been resolved quickly and to their satisfaction. However, the people and relatives we spoke with told us they did not know how to make a formal complaint. We discussed this with the manager who informed us that she would ensure the complaints policy was displayed in the home and would discuss this at the next residents and relatives meeting, to ensure that people knew how to make a formal complaint if they needed to.

We looked at how the service sought feedback from people living at the home and their relatives and reviewed the satisfaction questionnaires issued in October 2015. Nine responses had been received. We noted that a high level of satisfaction was expressed about issues including people being treated with dignity and having their privacy respected, involvement in care planning and making choices, the quality of the meals served at the home, their room environment and the activities available. However, we noted that three people had recorded that they did not

have a choice about what time they got up in the morning, two people said they could not choose when they went to bed and seven people had documented that they could not choose when they had a bath. One person had commented that staff always seemed under pressure and another that there were sometimes delays in staff getting back to people. We discussed this with the manager who told us she had not yet had the opportunity to review the results of the survey and she would ensure that all of the issues raised were addressed.

We noted that residents and relatives meetings had taken place and were used as another means of gaining feedback about the service. We reviewed the notes of the meeting in November 2015 and noted that comments were requested from people living at the service about the meals and activities available and the manager told us she planned to use the feedback received to make improvements. Updates were provided about staff changes and plans to redecorate the home. People and their relatives commented that people were well looked after and felt safe and secure. They felt that the staff were caring and the food at the home was good.

We saw that the service provided newsletters for people living at the service. We reviewed the October 2015 newsletter which included information about the appointment of the new manager and activities co-ordinator, plans to redecorate the home, the recent trip to the Blackpool illuminations and the planned Christmas party.

We recommend that the service seeks advice and guidance from a reputable source, about meeting the specialist needs of people living with dementia.

Is the service well-led?

Our findings

The people we spoke with felt that Hazeldene Care Home was well managed and the staff and the manager were approachable. One person told us, “The new manager is lovely” and “The home is managed well. If I had any concerns I’d say something to the staff or the manager”. Relatives felt the same and told us, “The service is well run. The manager and deputy are very approachable. If I had any concerns I’d speak to them” and “I have spoken with the new manager. Things have improved since she and the deputy manager started”.

At the time of the inspection, the new manager had been in post for nine weeks and was aware of the challenges involved in improving the service. The manager told us that the owner had visited the home while she had been in post and the area manager had contacted her but had not been able to visit due to issues with another service owned by the provider. The manager told us she was also able to contact the manager of one of the owner’s other residential services, if she needed support.

We looked at whether people were involved in the development of the service. As mentioned previously, the manager informed us that the feedback received during residents and relatives meetings and from the recent resident satisfaction surveys would be used to make improvements to the service.

We noted that there was a statement of purpose in place which identified the service’s purpose as ‘providing reliable, flexible, high quality care, taking people’s individual physical, emotional, social and ethnic needs into consideration’. The manager informed us she felt supported by the service provider and felt the necessary resources were made available to achieve and maintain appropriate standards of care at the home. The manager told us she was required to submit a weekly report to the provider regarding different aspects of the service. This would help senior managers to monitor her practice.

We saw evidence that staff meetings took place regularly and were well attended. The meetings were used to address issues relating to the standard of care being provided, processes and staff performance. We noted that staff had been reminded about the importance of effective handovers, communicating with relatives, administering medicines safely and documenting all concerns. Issues

regarding individual people living at the home were also addressed. As part of the meeting, staff were given the opportunity to express any concerns. The staff we spoke with confirmed that staff meetings took place and they felt able to raise any concerns.

The manager informed us that a satisfaction survey had been issued to staff in November 2015 and we reviewed the five questionnaires that had been returned. Of the five staff who responded, three were very likely to recommend the home to a friend or relative, one was likely and one was unlikely. Two staff felt that they were always valued by the management, two felt they were sometimes valued and one felt they were valued most of the time. Two staff were very satisfied with the management’s communication with staff, two were fairly satisfied and one was very dissatisfied. Three staff members felt that care in the home had improved in the last year and two felt it had stayed the same. Four staff felt they had received the right amount of training and one felt they had received too much. Four of the staff knew there was a whistle blowing policy in place and one was not sure. A suggestion was made in one of the questionnaires that the service introduced a suggestions box. We discussed the results of the surveys with the manager and she told us she planned to encourage more staff to return them and she would then analyse the results and use them to develop the service.

A supervision policy was in place and we saw evidence that supervision and appraisals had been completed in line with the policy. The staff members we spoke with confirmed they received supervision and an annual appraisal, both of which addressed their performance, training needs and any concerns. Staff told us they felt well supported by the manager. We saw evidence that concerns regarding staff performance had been documented and managed appropriately.

A whistleblowing (reporting poor practice) policy was in place and staff told us they would inform the manager if they had concerns about the actions of another member of staff. This demonstrated the staff and manager’s commitment to ensuring that the standard of care provided at the service remained high.

During our inspection we observed that people, their visitors and visiting professionals felt able to approach the

Is the service well-led?

manager directly and she communicated with them in a friendly and caring way. We observed staff approaching the manager for advice or assistance and noted that she was polite and respectful towards them.

We noted that audits of different aspects of the service were being completed regularly. In addition to the medicines audits mentioned previously, we saw evidence that infection control at the home was audited bi-monthly, which addressed staff practice and levels of cleanliness across all areas of the home. A care plan audit was completed monthly, which reviewed a random selection of care plans and looked at whether appropriate assessments and reviews had been completed and whether staff documentation was appropriate. All audits included actions where improvements were required. However, actions were not updated when they had been completed which meant that it was not clear if improvements had been made until the next audit was completed. We discussed this with the manager who informed us she would ensure that audits were updated when actions were completed.

We found that the care plan audits completed prior to our visits had not been effective in identifying the issues we found during our inspection. The audits had not identified that people's risk assessments and care plans had not been

updated when they had sustained a fall. We discussed this with the manager and she resolved this during our inspection. She showed us an amended care plan audit tool, which included information about accidents and falls, and a monthly falls analysis process was introduced. Following our discussion with the manager, we saw that improvements had been made. We evidence that accidents and falls at the home in the three months prior to our inspection had been analysed and appropriate action had been taken to manage people's risks. People's care plans and risk assessments had also been updated appropriately. This would help to ensure that appropriate standards of care and safety were achieved and maintained.

A business continuity plan was in place which documented the action to be taken if the service experienced a loss of amenities such as gas, electricity or water. This would help to ensure that people were kept safe if the service experienced difficulties.

Our records showed that the service had submitted a number of statutory notifications to the Commission about people living at the service, in line with the current regulations. The manager was also aware that she was required to notify us of the outcomes of DoLS applications when these were received from the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had failed to ensure that an appropriate number of staff were deployed across the service in order to meet people's needs.