Ms Pauline Rodman

Hazelwood Gardens Nursing Home

Inspection report

Channells Hill
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Date of inspection visit:
20 March 2019

Date of publication:
29 April 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:
Hazelwood Gardens is a care home with nursing that provides personal and nursing care for up to 36 older people. At the time of the inspection, there were 31 people living at the service.

People's experience of using this service:

People received assistance to take their medicines. However, medicines were not always stored safely or recorded accurately.

Overall, improvements had been made to the environment and communal areas of the home has been decorated since the last inspection. Some of the equipment in use was stained and not clean.

People told us they felt safe. They were cared for by a consistent staff team who had received sufficient training to carry out their roles.

People were supported to access health care services and regular visits were undertaken by the GP. People's dietary needs were assessed and where needed, people received support to eat and drink.

People received care that was kind and respectful.

Care plans were not always reviewed and updated regularly and when people's needs changed.

People and their relatives knew how to complain. No people were receiving end of life care at the time of our inspection visit.

There was a programme of quality assurance and monitoring checks. However, actions were not always promptly taken when shortfalls were identified.

More information is in detailed findings below.

Rating at last inspection:
Requires Improvement (report published in April 2018).

Why we inspected:
This was a planned inspection based on the rating from the last inspection when we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This failing related to the lack of quality assurance systems in place to assess, monitor and mitigate risks to people.

At this inspection whilst sufficient improvements had been made to meet the regulation relating to quality

assurance, further improvements were needed. In addition, we identified a breach of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014, relating to the safe management of medicines.

The service remained rated Requires Improvement overall. This is the third consecutive inspection where the service has received this rating. We will arrange a meeting with the provider to discuss how they will make the required improvements within agreed timescales.

Follow up:
All services with this rating are re-inspected within one year of our prior inspection. We will continue to monitor the service to inform the assessment of the risk profile of the service and to ensure the next inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Hazelwood Gardens Nursing Home

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of two inspectors.

Service and service type:
Hazelwood Gardens is a care home that provides nursing and personal care to older people. There was a registered person/manager in post. A registered person is a person who has registered with the Care Quality Commission to manage the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced, so the registered manager and staff team did not know we would be visiting.

What we did:
Before the inspection we reviewed information we held about the service and the service provider. The registered person completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with 10 people who used the services and one relative to ask about their experience of the care provided. We observed how people were being cared for in their rooms and in communal areas. We spoke with the registered manager, the clinical operations lead nurse, and eight staff. These included a registered nurse, care, catering, housekeeping, maintenance and activities staff.

We reviewed a range of records that included three care plans, daily monitoring charts and medicines records. We checked staff supervision and training records. We also looked at a range of records relating to the management and monitoring of the service. These included audits, quality assurance surveys, minutes of meetings and maintenance checks.

After the inspection we received feedback from three health care professionals to obtain their views about the service.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe.

Using medicines safely

● Medicines were not always managed safely. Relevant national guidelines about storing and recording medicines were not always followed. We observed medicines as they were being given to people. The medicines trolley was left open and unattended while the registered nurse went into people's rooms to give them their medicines. At other times, they left the keys in the trolley and medicines out on the top of the trolley.

● The fridge for medicines that required cool storage, and contained a number of medicines, was kept in the staff room. The room and the fridge were unlocked. The key to the fridge could not be found. In addition, the temperature of the fridge was outside the recommended safe range for the storage of such medicines. We brought this to the attention of the registered person who immediately removed the fridge from the staff room and ordered a new one.

● We looked at medicine administration records (MARs). For the days leading up to our inspection the charts had all been signed to confirm people had received their medicines as prescribed. On the day of our inspection, we found 15 gaps where the charts had not been signed for that morning. The registered nurse confirmed the medicines had been given and then signed all of the MARs retrospectively. This is not in accordance with nationally recognised good practice guidelines.

● Some entries on the MARs had been handwritten by staff, but these had not always been signed or countersigned to check they were correct. For example, the printed instructions on the MAR for insulin for one person was, "6 units." This had been crossed out and staff had handwritten, "4 units." This amended instruction was not signed or countersigned to indicate it was an accurate change.

● We checked the records for two people who were having their medicines crushed. Although these forms had been signed by the GP and the pharmacist to indicate their agreement, the forms were dated May 2017. There were no records to show the decision had been reviewed to make sure it was still the most appropriate method of administration.

The above was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

● Some people had been prescribed additional medicines to be taken on an as required (PRN) basis, for example, for pain relief. There were PRN protocols in place that were personalised and provided details of when and why people might require the extra medicines. Further improvements were needed to make sure the protocols were in place for everyone prescribed PRN medicines, especially for people unable to verbally communicate their needs.

● Significant improvements had been made for people prescribed topical creams and lotions. The clinical operations lead nurse told us they had recently reviewed the way staff signed to confirm they had applied these as directed. The new system was working well, and the records we looked at showed that creams had

been applied as prescribed and the records were fully completed.

Systems and processes to safeguard people from the risk of abuse.
● People told us they felt safe with comments including, "I do feel really safe here," and, "The staff are all good, day and night. One member of staff wasn't as good with the hoist. [Name of registered manager] addressed the issue straight away and I now feel as safe with them as I do with the others."
● Staff had received safeguarding training and understood their responsibilities for protecting people from avoidable harm. All the staff we spoke with knew how to report any concerns. Staff also understood the term whistleblowing and knew how to report concerns about poor care. One member of staff said, "If I was worried about standards, I would report it and keep going higher and higher."

Assessing risk, safety monitoring and management
● Most people had access to call bells and provided with pendants to wear round their necks if needed. One person had an additional fitting to the call bell to make it accessible for them. People who were unable to use call bells were checked at regular intervals to make sure they were safe. Two people who had the ability to use call bells did not have them available. One person did not have a call bell in their room. The other person's call bell was not plugged in. We brought this to the attention of the registered manager and staff at the time, and call bells were provided.
● Risk assessments and risk management plans were in place. These included risks associated with falls, skin condition, moving and handling, malnutrition and dehydration. For example, for one person, positioning charts were completed that showed the person was regularly supported to move and change position. The person was also being appropriately supported with a pressure relieving 'air' mattress.
●Staff reported and recorded bruises or injuries and recorded these on body maps.
● Regular checks were completed that included electrical, gas, legionella control and fire safety. Equipment, such as lifts and hoists were regularly checked by external contractors.
● Two sets of bed rails were not being safely used. For each set, on the one side the upper half of the rail was raised, and the lower half was not raised. There were no records to show why this equipment should be used in this potentially unsafe way. We brought this to the attention of the registered manager at the time who told us they would make sure actions were taken to ensure this equipment was used safely.

Staffing and recruitment
● People, relatives and staff told us staffing levels were safe and sufficient to meet people's needs.
● The management team structure had been strengthened since our last inspection, with the appointment of a clinical operations lead nurse. Care staffing levels had also been increased and additional activity staff had been appointed.
● Staff recruitment procedures were safe.

Preventing and controlling infection
● Some of the equipment in use was not suitably clean. Several bedrail protective bumpers were dirty and stained. The registered manager told us they had purchased eight new sets that just waiting to be fitted. The portable fans in use in some people's rooms, the covering for the pressure mattress pumps and some wheelchair footplates were either dusty or not clean.
● Staff had received training and knew how to use personal protective equipment, such as gloves and aprons. A member of housekeeping staff commented, "I've had training and we've got a folder with the safety details about the products we use too."

Learning lessons when things go wrong
● There was a procedure in place for reporting and recording accidents and incidents.

● The registered manager told us they analysed information to identify trends and themes within the home. Actions were taken to reduce future recurrences. For example, safeguarding concerns had been raised about one person when staff did not recognise clinical signs of a change in their condition. The registered manager had responded promptly and staff training was arranged.

Good

Is the service effective?

Our findings

Effective-this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met.
- Regular checks were made using assessments and screening tools. For example, where it was identified people were at risk of developing skin pressure damage, actions taken included provision of pressure relieving mattress and support to change position.
- When people lost weight, or were assessed as at risk of losing weight, the records showed they had been referred to the GP.

Staff support: induction, training, skills and experience

- People told us their needs were met and that staff, "Provide the care we need," and, "Know what they're doing and my health's a lot better since I've been here."
- New staff received induction training and shadowed experienced staff. A recently appointed member of staff told us they had felt well-supported. Staff told us they received supervision and training. The records showed that regular supervisions since the last inspection had not been completed with all staff. However, a plan was in place to make sure these were fully completed for 2019.
- One member of staff said, "I'm doing my NVQ level 2 at the moment. [Name of registered manager] is paying me to do it. I'm going to do Level 3 afterwards." Refresher and update training was provided, along with more role specific training, such as catheterisation and care of tracheostomies for registered nurses.

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

- Most feedback was positive and included, "The food is really good here," and, "There's always a choice if you don't want one of the main meals." Two people, one who had specific cultural needs, and one who had specific healthcare needs, commented the menus were a little repetitive. One person said, "Lots of chicken and omelettes which can be a little boring."
- People were supported as needed to eat and drink and when people lost weight actions were taken. The records showed that people were referred to, and seen by, the GP. The chef told us they introduced themselves to people when they moved into the home. They said, "I sit and meet them when they come in to find out their likes and dislikes."
- Where people's food and fluids needed monitoring, the records were not always fully and accurately completed. Where records showed insufficient amounts had been taken, the registered manager told us they were confident this was a recording oversight. They told us they would make sure staff were made aware of the importance of accurate and timely recording.
- People were supported in their rooms and in the dining room with meals. Staff prompted and encouraged people and provided assistance when it was needed.

Staff working with other agencies to provide consistent, effective, timely care

●The service made sure everyone living in the home had access to opticians and chiropodists, community nurses, occupational therapists, social workers and their GP.

● One heath professional commented, "I do feel comfortable with the home and with the care they provide."

● Staff recognised the importance of seeking advice and guidance from community health and social care teams so that people's health and well-being was promoted and protected.

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

● Areas of the home had been decorated and new furniture had been purchased since our last inspection. However, we also noted areas where improvements were needed. The wooden window ledge in one person's room was rotten and had partially separately from the window. One set of window blinds were on the floor in a person's room and we were told they had not been working "for ages."

Ensuring consent to care and treatment in line with law and guidance

●The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

● Staff understood the principles of the MCA and how to support best interest decision making. These included the provision of bed rails for some people. For one person their records stated 'Bed rails in place. These have been fitted to the bed and have been determined to be the least restrictive option.' The records did not show there had been further assessment and review since the initial decision was made in 2017.

● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.

● Where there were restrictions on people's liberty, these had been authorised or applications were being processes, by the local authority.

Good

Is the service caring?

Our findings

Caring-this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People looked comfortable with the staff that supported them. There were friendly interactions, and staff were attentive to people's needs. This included staff who were not directly involved in care. For example, a member of catering staff was taking jugs of juice for people in their rooms. They stopped by one person and said, "Would you like a fresh jug of juice? You prefer orange don't you?" then, "I'll bring it to you now."
- One person told us the staff were "Kind and I get just what I need," with another person commenting, "It's really very good here and the staff are lovely."
- Staff were proud about the support and care they provided for people and told us they believed they provided kind care that respected people's individual needs and wishes.
- Staff showed interest in people and encouraged conversation. We heard a number of conversations between staff and people who used the service. For example, one member of staff sat beside a person, and asked them about the job they used to do.

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

- Staff told us how they ensured people were as involved as they were able. They told us how they got to know people well and understand how they wanted to be care for. One member of staff told us, "Care is good here, we all care so much. We do everything we can to make sure people are happy, that they have everything they need."
- People told us they were able to make decisions, such as when to get up and go to bed, and where they spent their day. Some people told us they preferred to spend the day in their rooms and told us their decisions were respected by staff.

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples of how they made sure people's privacy was maintained. A member of staff told us, "I always explain what I'm doing, keep people covered up, make sure they're happy. I always keep the door closed during personal care, close the blinds or curtains, and let people choose what they want to wear." They also told us they used privacy screens for two people who shared a bedroom, to make sure each person's privacy was maintained.
- Overall, the people we spoke with told us their privacy and dignity was respected. We did note the blinds in one person's room were broken. The person, whose room was on the first floor told us they did not mind and their privacy was not compromised because of this.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

● Overall, care was personalised to meet people's needs. One person told us, "They must be doing things right, because my health has certainly improved since I've been here." Care staff were knowledgeable about people's needs and how they liked to be supported. Comments included, "When I wash someone, it's all about them, what to wear, where to sit, what to eat," and, "I read the care plans and we get a handover sheet in the morning. I also ask people about their life history. It's fascinating talking to people. I love it." Whilst some of the care records were up to date, others did not always accurately reflect details of people's current care needs and how their needs were being met. For example, for one person staff told us they communicated by blinking their eyes. This was not recorded in the person's care plan. For other people who were unable to communicate verbally, the care records did not provide details of choices and preferences, such as the types of clothing they liked or if they liked to wear jewellery or make-up.

● Care plans for people who had wounds or pressure ulcers were detailed, although regular photographs and 'mapping' of wounds were not always completed. The clinical operations lead nurse told us they had already identified this as an area for improvement and they were supporting the registered nurses to make sure the improvements were consistently implemented. For people who had catheters, there were detailed plans and guidance for staff about how to provide the care needed.

● Information was available on laminated boards in people's bedrooms that provided a snapshot of people's likes, dislikes, preferences, family history, careers, what was important to them and what they liked to be called.

● People told us that activities had improved since our last inspection. Comments included, "The entertainment has got a lot better," and, "There is more to do and get involved with now." The registered manager told us they had expanded the range of activities and events and additional activity hours had been recruited.

● The activity staff showed us the weekly programme that included gardening, flower arranging, movie afternoon, visits from external entertainers and pre-school children. They supported people in their rooms with individual activities of choice that included reading and hand massages. In addition, they were in the process of creating 'All about me' scrapbooks for each person. These included details and photographs of memorable events and activities that people had participated in.

Improving care quality in response to complaints or concerns

● The registered manager had received and responded to two complaints in the last 12 months. They told us they spoke with people on a regular basis and welcomed feedback about the service provided.

● The complaints procedure was accessible and available and a copy provided to people when they moved into the home.

End of life care and support

● For most people advanced care plans were in place. These provided details of how people wanted to be cared for and any special wishes they had.
● We read some lovely written comments from relatives after a loved one had passed away. One family had written, "Thank you so much for looking after my Dad in his final days. He wasn't with you for long, but we will always remember everything you did for him."

Requires Improvement

Is the service well-led?

Our findings

Well-led-this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was not consistently managed and well-led. Sufficient improvements had been made since out last inspection and the regulatory requirement relating to good governance was now being met. The management team had recently been strengthened. However, further improvements were needed and where changes had been made, these needed to be fully embedded.

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

- Whilst systems were in place to monitor and evaluate the quality of the service provided, actions were not always promptly taken when there were shortfalls.
- Regular audits were undertaken that included care records, food standards, health and safety, medicines management, moving and handling and room observations. The shortfalls we identified with regard to the safe storage and recording of medicines, cleanliness of equipment and inaccurate recording had not all been identified.
- However, we also saw where actions had been taken to make improvements. These included decorating of communal areas, developments to the activity and entertainment programme, and the purchasing of bed rail bumpers and specialist seating.
- The registered manager knew what notifications they were required to send to the CQC. These notifications inform CQC of events happening in the service.
- Policies were available and provided guidance and direction for staff.

Promoting person-centred, high-quality care and good outcomes for people

- People who used the service spoke highly of the registered manager. They all knew who she was, and said they often saw her. Comments included, "Yes I do see her from time to time and would speak with her if I had a problem," and, "If there's a problem that needs sorting out, she is very helpful."
- Staff were motivated, spoke positively and felt well supported. It was clear they had good relationships with the registered manager. They told us, "She's really good and very hands-on. She will always give me five minutes if I need it," and a more recently appointed member of staff told us, "[Registered manager] seems very nice and all the staff have been very friendly and welcoming."

Engaging and involving people using the service, the public and staff.

- People told us they felt able to communicate and express their views although surveys had not been completed since our last inspection. A meeting had been held recently to discuss activity provision, and actions taken in response to feedback. For example, a music system for the conservatory had been ordered.
- Staff felt valued and confident their views and feedback would be listened to and acted upon. They attended regular meetings. We read the minutes form the most recent meeting, held on 27 February 2019, where a discussion took place, and staff views were sought about the proposed introduction, the operational clinical lead nurse of a 'Resident of the Day' initiative.

Continuous learning and improving care and working in partnership with others

● The registered manager had developed good working relationships with external health professionals. We received positive feedback that included, "They communicate well with me and phone in between visits when it is needed. I do feel comfortable with the home and the care provided."

● The registered manager kept up to date and worked in partnership with others. They attended local provider forums and annual 'care shows'.

● Work was in progress to enhance awareness of the care home in the local community. This included participation in the 'window wanderland' scheme. The local post office gave postcodes for participants in the scheme to provide imaginative displays on their windows for other local people to walk past and admire.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always safely stored or accurately recorded.