

Hazeldene Residential Home Ltd

Hazeldene House Residential Home

Inspection report

21 High Street
Clay Cross
Chesterfield
Derbyshire
S45 9DX

Tel: 01246862415

Date of inspection visit:
14 February 2019

Date of publication:
09 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: Hazeldene House residential Home is a residential care home that was providing personal and nursing care to 21 people aged 50 and over at the time of the inspection. There were 17 people receiving a service at the time of our inspection.

People's experience of using this service:

Quality monitoring systems were in place to assess and monitor the service provision. However these systems had failed to identify the areas of concern we found on inspection. The registered manager had recognised that improvements were needed within the service; however, a clear development plan had not been completed to give information about how and when improvements were to be made, including timescales.

People's care was reviewed to reflect changing needs and systems were in place to ensure staff were aware of any changes. Staff knew people well and understood how to act, although care records did not always contain suitable information to ensure people's safety.

There were sufficient numbers of staff on duty to meet people's care needs. However, the staffing was not deployed to enable people to be involved with activities that interested them.

Infection control procedures were in place; there were hand washing facilities and staff had protective equipment to wear. However, the home was not clean in all areas and some furniture was not always in a good state of repair to ensure they could be effectively cleaned.

Systems, processes and practices safeguarded people from abuse as staff understood how to identify potential abuse to keep people safe.

People received their medicines as prescribed and auditing systems were in place. Incidents and accidents were reviewed to ensure lessons were learnt and improvements made.

Staff felt they received training to update their skills and knowledge to deliver effective care. People had a choice of what to eat and drink and when.

People continued to receive healthcare from health professionals to ensure they remained well. Appointments and outcomes were recorded, and information shared.

People could share information about how they would like to be supported towards the end of their life and felt staff would respect their views.

The home met people's current environmental needs and there were signs and hand rails to help navigate around the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Capacity had been assessed upon admission and where restrictions had been identified, applications had been sought to ensure people were safe.

People received respectful, dignified care from staff who they knew well, and people felt the staff were kind and caring.

People and staff could comment on service delivery to influence how the service was developed.

Rating at last inspection: This is the first inspection of the service since the provider registered with us in August 2017

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 not always 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 ●

Hazeldene House Residential 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 was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Hazeldene Residential Home is a residential home that can provide care and support for up to 21 people. There were 17 people using the service at the time of our inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We had requested a provider information return (PIR) to be submitted to us in June 2018 and we reviewed this information during our inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with six people who used the service, three relatives, four staff members and the registered manager. We looked at care plans relating to four people and reviewed records relating to the management of the service.

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 and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- ☐ Where moving and handling equipment was used, people told us they had confidence in the staff and one person told us, "The staff know what they are doing."
- ☐ Staff explained they had received training to support people to move safely and understood how people needed assistance. We saw where people were supported to move, the staff explained the support and assisted people safely. However, where risk assessments were completed there was limited information about how the risks had been assessed.
- ☐ Some people went out alone. One person told us they had a mobile phone and always let the staff know what time they expected to be back. Another person went out and staff were not always aware of where they had gone or what time they would arrive home. The person told us they valued their independence and felt safe when they were out.
- ☐ Staff were unclear when they should raise an alert if they did not return. When discussed with the registered manager, they agreed clear procedures needed to be in place to ensure the most suitable action was taken to ensure staff understood how to act if they were considered missing and who to contact.

Staffing and recruitment

- ☐ People generally felt there was enough staff available to meet their needs when they were in the home. However, some people felt that staff were not always present to ensure their safety. Where people chose to spend time in the second lounge area, we saw there were long periods of time where staff were not visible.
- ☐ People felt that they were not able to go out as staff were not available to leave the home to go out to places of interest with staff. One member of staff told us, "We don't have our own transport here and even if we went walking to the shops, we don't, as the pavements aren't very good around here."
- ☐ One member of staff told us, "If one of us goes out with someone, then that would leave us short staffed in the home so it's not something we can do." The registered manager had recognised this and had recruited an additional member of staff to work some hours during the week to assist people to go out. They told us this would mean they could make improvements in this area.
- ☐ Safe and effective recruitment practices were followed to help ensure staff were suitable to work with people. These included satisfactory references and background checks before staff were employed by the service.

Preventing and controlling infection

- ☐ Staff understood how to promote good infection control practices. There was personal protective equipment such as gloves and aprons provided for supporting with personal care and when preparing and serving food.

- However, we saw some areas of the home needed further cleaning and some furniture was torn and ripped and there was a build-up of dirt on armchairs. This meant that good infection control standards could not always be maintained. The registered manager had carried out infection control audits and identified that improvements were needed, and some furniture needed replacing but there was no detailed action plan to show how and when these improvements were to be made.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and staff understood how to recognise different types of abuse and understood what to do if they were concerned people were at risk of harm. One person told us, "The staff look after you properly."
- Relatives also told us they felt that the care and support people received was safe.
- The provider had developed effective systems to help protect people from the risk of harm or abuse and staff had received training in this area.

Using medicines safely

- People were confident they received their medicines as prescribed.
- Staff responsible for administered medicines had received training. Competency assessments were completed to confirm staff had a good understanding of how to safely administer and manage medicines.
- Medicines records were clear and accurate.
- Staff understood when people needed 'as required' medicines and there were clear protocols to guide them.

Learning lessons when things go wrong

- The registered manager was confident that lessons were learnt when things went wrong.
- They described how new care planning systems were being introduced and risks would be assessed.
- Where accidents or incidents occurred, these were analysed to review any trends. Where necessary, referrals were made to the falls team to help to keep them safe.

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

- ☐ Before care delivery started, the registered manager undertook assessments to establish if people's needs could be fully met.
- ☐ Assessment of people's needs included information in relation to people's age, gender, religion and disability. This helped to ensure people did not experience any discrimination. Staff told us this information supported their understanding of what was important to people.
- ☐ People were satisfied with the care and support they received. One person told us, "The manager asked me what I wanted and how they could support me. I've been very happy with how everything has been done."
- ☐ The registered manager had reviewed how care plans recorded people's support. They recognised this was an area where improvements could be made to ensure information reflected how care should be delivered in line with best practice guidance.

Staff support: induction, training, skills and experience

- ☐ People felt the staff were skilled and they were confident that they had received the training to enable them to provide their support.
- ☐ When new staff started working in the service they worked alongside other staff to support them to get to know people and start to develop a good relationship.
- ☐ Staff had the opportunity to complete the necessary training during their induction and further training to develop their skills.
- ☐ The staff were confident they had the skills they needed to provide people's care. One member of staff told us, "I particularly enjoyed the safeguarding training and we talked about different types of abuse. It's important to remember neglect and withdrawal of care, as this is also abuse."

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

- ☐ People had a choice of what they could eat or drink and there was a choice of food prepared for them. People generally felt they enjoyed the food.
- ☐ Staff knew where people had specific dietary needs including any allergies and if people had diabetes or needed a softer diet. Food was prepared to meet people's identified needs.
- ☐ Where people were at risk of weight loss, staff monitored this and saw referrals were made for support where needed.

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

Supporting people to live healthier lives, access healthcare services and support

- People were confident that the staff provided the support they needed to stay well, and they recognised changes in their health.
- Where people were unwell, staff contacted the GP and made suitable referrals to health professionals. One person told us, "You only have to mention that you don't feel well, and the staff are on the phone to the doctor. They are very good at looking after us."
- Where people had any intervention from health care services, this was recorded in people's care records and care plans were updated to reflect this.

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

- The home was designed in a way so that people could move around easily including handrails along corridors to help people with reduced mobility.
- When people moved into the home, consideration was given to their needs when deciding which room would be suitable. A large number of bedrooms were on the first floor and gave people ease of access.
- People's individual bedrooms included personal items and they had been able to decorate them to help create a homely feel.
- The home had large pictorial signs displayed around the home to help people to orientate around the home and to find their bedroom.

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.

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).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."

- People's care plans were written in their best interests and people and their relatives helped to develop these when they started to use the service.
- Staff sought people's consent prior to providing support and we saw people were able to choose how to spend their time. One person told us, "The staff are very considerate and will always ask us what we want to do."
- The registered manager knew that, where there were changes of people's capacity or where important decisions needed to be made, capacity assessments would need to be completed to demonstrate whether they were able to make the decision.
- Where it had been identified that restrictions may be in place, the registered manager had submitted DoLS applications to ensure these were agreed.

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; respecting equality and diversity

- ☐ People were happy with the staff that supported them. One person said, "The staff have always been rather wonderful here. They are always making sure we are well and always have time for us. I've been here for a long time and they are like my family." Another person said, "If I want anything, they get it. The staff are brilliant; they mix with relatives and friends."
- ☐ We saw people were supported in a kind and caring way. For example, when people were in uncomfortable positions staff noticed this and were available to help make them more comfortable.
- ☐ We saw when people were assisted to sit down, staff made sure they had the cushions they needed and their blanket to ensure their legs were covered. Before leaving, staff ensured people had their personal possessions to hand, so they could remain comfortable.
- ☐ People felt the staff ensured their dignity was maintained and they respected their decisions to have time alone. One person told us, "The staff go out of the room when I'm in the bathroom and come back when I am finished."
- ☐ The atmosphere in the home was friendly and relaxed and staff were talking with people throughout our inspection.

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

- ☐ We saw staff were responsive to people's requests and encouraged them to make decisions about what they wanted to do and how they were supported.
- ☐ Staff knew people well and had a good understanding of their likes, dislikes and preferences.
- ☐ People were encouraged to make choices about their daily routine, what clothes to wear, when to get up and if they would like a shower or a bath.
- ☐ People knew they had a care plan which recorded how they wanted to be supported. They were happy with how support was being provided and didn't want to view the care records.
- ☐ There was a notice board with information about local services and how people's rights could be supported and about local advocacy services. Staff told us that people were encouraged to access independent advice and guidance where necessary.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were supported to remain independent in the home and some people went out alone. One person told us, "The staff are very helpful, but they don't help too much if its not needed. Most of us like to do what we can for ourselves and the staff respect that."
- ☐ People felt the staff respected their privacy and they could have a key to their room. Staff respected people's property and one member of staff told us, "Some people are very private, and we respect this."

- ☐ People's care records were stored in a locked room and staff were aware of the need to ensure these were maintained confidentially.

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

- ☐ Within the home, we saw some people had the opportunity to have an appointment with the hairdresser and we saw one person independently completing a jigsaw. We saw other people watched the television.
- ☐ People told us that professional entertainers including singers have visited the home which they enjoyed. The registered manager told us that they spent time with people, speaking with them and playing their guitar.
- ☐ The garden areas outside of the main lounge had been redesigned to enable people greater access and garden ornaments and seating areas had been included for people to enjoy.
- ☐ Following our inspection, the registered manager informed us that staff were preparing memory books which would help them to plan activities for people living with dementia.
- ☐ The registered manager explained that one member of staff would start to work additional hours following their shift to support people with activities. They had recognised this was an area where improvements were needed.
- ☐ Care records were reviewed each month with people each month.
- ☐ Information was available in different formats where people would benefit from this. There were large signs displayed in pictorial format about the home and procedures on the notice board.
- ☐ People told us they were satisfied with how they currently received information.
- ☐ The registered manager considered people's cultural and religious needs before they moved into the home to ensure they could meet their needs. People were happy with how they were supported to continue to practice their faith.
- ☐ Staff knew people well and knew their needs and preferences.
- ☐ Staff had the opportunity to attend handovers before each shift started and felt they were informed about important information.

Improving care quality in response to complaints or concerns

- ☐ The provider had a complaints policy in place and this was displayed in the home.
- ☐ People and relatives knew how to complain. One person said, "The manager is always around and comes to speak to us. I'd just talk with them." Another person told us, "If anything happens then I just speak with the manager. They can't be here all the time so they need to know what's going on, so if anything needs sorting out, they can improve things. They are easy to talk to and listen."
- ☐ We saw when complaints had been made, these were documented, investigated and responded to in line with the procedures in place.

End of life care and support

- ☐ There were no people who were receiving end of life care, although people could share their thoughts

about how they would like to be supported at the end of their life.

- ☐ Staff explained that people could choose to stay in the service and support would be provided by community health care professionals to ensure they were as comfortable as possible.

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 always consistently managed and well-led. Further improvements were needed to ensure high-quality, person-centred care.

Continuous learning and improving care

- ☐ The registered manager carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records.
- ☐ Where concerns with quality were identified, an action plan was completed although it was not clear who would be responsible for taking these actions and when these improvements would be made. This meant actions had not always been taken to ensure improvements within the service.
- ☐ For example, the action plan had identified that some furniture needed replacing but there were no timescales for improvement and no action had been taken. The registered manager agreed that quality assurance systems needed to be more robust to ensure improvements were made.
- ☐ The quality checks had not identified the areas of concern we found during our inspection. Further improvements were needed within the service to ensure people had care records which reflected how they should be supported, and risk was managed.
- ☐ How staffing was organised needed to be reviewed to ensure people had opportunities to be engaged with activities that interested them.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ The service had a registered manager and the staff told us that they provided leadership and guidance to enable them to provide good care to people who used the service.
- ☐ The registered manager gave clear direction to the staff team and they were complimentary about their management style and felt supported in their job roles.
- ☐ Staff felt that the registered manager was approachable and told us, "They have been working hard to change everything and things are a lot better now. We have a clearer picture of what we need to do, and they are always there if we need them."
- ☐ People felt the registered manager provided support to them and to staff. One relative told us, "They will ask us what we think and get things done."
- ☐ Staff had a good understanding of the provider's whistle blowing policy and were confident that where any concerns were raised, these would be acted upon.

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

- ☐ The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ Staff had opportunities to put forward their suggestions and be involved in the running of the home.
- ☐ Service satisfaction surveys were distributed to people in order to obtain their feedback on the quality of service they received. The registered manager explained how results of the survey would be discussed within a residents meeting.

Working in partnership with others

- ☐ Where health or social care professionals had made recommendations, these had been recorded within people's care records and staff knew and understood the support people needed.