

A.N.I. Health Care Services Limited

# Hazelford Residential Home

## Inspection report

The Hazelford Care Home  
Boat Lane, Bleasby  
Nottingham  
Nottinghamshire  
NG14 7FT

Tel: 01636830207

Date of inspection visit:  
11 June 2019

Date of publication:  
09 July 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Hazelford Residential Home is a residential care home which was providing personal care to 30 people aged 65 and over at the time of the inspection. The service can support up to 36 people.

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

Work was needed to make personal and environmental risk assessments more robust. Fire drills and practice evacuations techniques were not taking place. Although medicines were administered safely medicines to be taken when required had no protocols in place to support staff. Accidents and incidents were recorded, however there was no analysis of these. We have made a recommendation about analysing accidents and incidents. With regard to infection prevention and control work was needed in some areas of the home.

Work was needed to bring all staff training up to date. The registered manager had recognised this and arranged for a new training company to support them with this. People were happy with the food provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Engagement between staff and people using the service was caring and respectful. People and their relatives spoke positively about the care staff provided. We have made a recommendation about supporting people's independence.

Systems of governance and oversight were not sufficiently robust to identify the concerns we raised during the inspection. There was no provider oversight into the service and the registered manager needed more support. Staff we spoke with felt supported by the registered manager.

Care plans were person centred and detailed people's wishes and preferences. People had access to a range of activities, outings and continued to follow hobbies and interests. People and their relatives knew how to make a complaint if needed. There were enough staff on duty and staff were recruited safely.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection –

The last rating for this service was Good (report published 3 December 2016.)

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence the provider needed to make improvements. Please see the safe, effective and well led sections of this full report. We found no evidence during this inspection that people were at risk of harm

from this concern.

We found breaches in the relation to people's safety and the management of the service. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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** ●

# Hazelford 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector, an assistant 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

Hazelford Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. We used this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and four relatives/visitors about their experience of the care provided. We spoke with 10 members of staff including the registered manager, care coordinator, senior care worker, care workers, an agency care worker, domestic staff, laundry staff and the cook.

We reviewed a range of records. This included three people's care records, multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement.

This meant 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 people were at risk of falls, risk assessments were in place. However, where people had more specific risks there were no assessments in place to support staff to reduce these risks. For example, one person was at risk of choking and had behaviours that challenged but there were no risk assessments in place.
- Environmental risk assessments needed work. For example, entry into the conservatory posed a risk due to one entry having steep stairs straight after opening the door. There were no risk assessments in place for this area of the home.
- In one person's room there was a glass display cabinet, it was empty and had red tape around it. However, this and other items of furniture such as wardrobes, were not attached to the wall.
- Staff had not practiced any fire evacuation drills. We asked the registered manager to arrange for these to happen immediately and to contact the local fire officer for support and guidance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded after the inspection. They confirmed all they had contacted the fire service and arranged a full fire drill for 19 June 2019.

- People we spoke with said they were safe at Hazelford Residential Home. One person said, "It is the surroundings and everybody that makes me feel safe."

### Using medicines safely

- Some medicines are taken when needed or required and are known as 'PRN' medicines, such as those for pain relief. We found no guidance for staff to follow so they knew how to manage and administer PRN medications. The registered manager had recognised PRN protocols [guidance] was missing but at the time of the inspection had not yet done anything about this.
- We found used creams in people's rooms with no date of opening to show they were still in date and effective. We also found prescribed creams in communal bathrooms, however the prescription label was old and faded and you could not read who it was prescribed for or when it was prescribed.

- Two people received their medicines covertly [hidden in food]. This had not been managed in line with NICE guidelines. For example, the GP had not provided a list of which medicines could be administered covertly and if the medicines were suitable to be crushed. Where the medication administration chart detailed the tablet was not to be crushed and swallowed whole the pharmacy had just put a label over to cover these guidelines. The care coordinator said they were trying to get more information from the GP and pharmacist.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- There was a risk of cross contamination. For example, we saw people's slings hung up on a coat rail with people's coats. One sling was hung up in the office and did not have a person's name on. People were sharing slings when these should be for single use only.
- People's pressure relief cushions did not have their names on. Pressure relief cushions are for a single person's use only. One person with a particular condition was using various cushions throughout the day.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate infection prevention and control was safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The home was clean and tidy. One person said, "They [staff] are very particular and keep it clean."

#### Learning lessons when things go wrong

- Although accidents and incidents were recorded they were not analysed for themes and patterns to consider if lessons could be learned.

We recommend the provider analyses accidents and incidents and learns from them to try and prevent them reoccurring.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding and where they could go within the organisation and externally to raise safeguarding concerns.
- Staff were confident the registered manager would raise and react appropriately to concerns and safeguarding incidents.

#### Staffing and recruitment

- The service was appropriately staffed. The registered manager was in the process of recruiting new staff and in the meantime was using agency staff.
- People were protected by safe recruitment processes. Pre-employment checks such as criminal record checks and references were carried out to ensure staff were suitable to care for people in a safe way.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs had been assessed and care plans put in place to guide staff. However, where people's needs changed care plans were not updated in a timely manner. One person was trialling a new piece of equipment, yet there was nothing to state how the trial was going or if the new piece of equipment was still being used. The registered manager and staff knew what was happening, however the records did not reflect this.

We found no evidence that people had been harmed however, records were either not in place or robust enough to manage changing care needs. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had not received up to date training, this placed people at risk, due to the risk of staff not having up to date knowledge and skills to deliver effective care. Although the registered manager had recognised this and arranged for a new training company to come into the home, the provider had not ensured staff training was up to date.
- Staff had not received regular supervision. The registered manager explained since losing the deputy manager they had struggled to keep up. They have since recruited a new care coordinator and supervisions were now planned in.
- New staff had yet to commence the care certificate, even though some new staff had been there for longer than three months. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

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

- Dietary requirements were not always reflected in care plans. For example, one person had previously been assessed and needed a specialist diet, following a further review they were placed on a normal diet. The care plan had not been updated to reflect this changing need.
- People were happy with the food and encouraged to have regular fluids. Comments included, "Food is amazing", "It is good, I have no grumbles about the food" and "You can't fault it."
- Vegetarian options were available at each meal time.

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

- People were supported to maintain good health and to access health care services and professionals such as GPs and speech and language therapists (SALT).

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

- Work was needed to make the service more dementia friendly and to assist people with dementia to get around.
- The service had aids and equipment available to ensure their needs were fully met. For example, sensor mats, adapted cutlery and mobility equipment were used.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments of people's capacity and ability to make decisions were in place and followed MCA principles.
- DoLS applications had been appropriately applied for.
- Staff needed training in MCA and DoLS to ensure they understood MCA principles.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. People were spoken to and their needs addressed in a dignified and discreet manner.
- Some people we spoke with felt they were losing their independence. One person said, "I have mixed feelings because I am used to my own way of life. I feel very constricted because I have to stay downstairs all the time due to being supervised. I haven't fallen, and I would like to be in my room more."

We recommend the provider encourages independence and makes sure people are spending the day as and where they want.

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

- We observed staff to be patient, friendly and engaging when supporting people. There was positive interaction and staff demonstrated a good understanding of people's needs and preferences.
- People said the staff were kind and caring. Comments included, "All staff are nice" and "I feel confident with staff."
- The service had received cards of gratitude from people and their relatives who had used the service. These complimented the standard of care at the service stating, "We were reassured that he was being well looked after and cared for by all the staff at Hazelford."
- People's personal characteristics were assessed and their chosen religions were respected.

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

- Residents meetings took place every two months. Extra meetings took place to discuss certain topics. For example, a recent meeting took place to discuss the purchase of new duvet covers and to enable people to choose.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people's needs were met through good organisation and delivery.

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

- People's wishes, preferences, likes, dislikes and personal history were documented in their care plan. The care plans highlighted tasks people were still able to do independently and encouraged this.
- How people wished to be cared for at different times of the day was detailed. For example, one person liked the bathroom light leaving on at night, two pillows, a duvet and a blanket.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included people's ability to communicate and how staff should communicate with people effectively. For example, one care plan stated how the person communicates they were in pain when unable to communicate this verbally.

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

- People were able to engage in a range of diverse activities as well as continue with preferred hobbies such as knitting.
- The service worked with a company called Creative Paths. A variety of people's work was hung up around the service such as paintings and papier mache models.
- A group of people had recently been on a boat trip along the canal. One person said, "We do fun things and when the weather is nice we go on walks and play games outside." However, one person said, "I don't think we are encouraged to do anything, we just please ourselves. We just sit here every day, I would join in if there was something to do."
- People's family and friends were encouraged to visit at any time. One person visits a luncheon club where they meet friends they have known a long time. One relative said, "We have just celebrated our golden wedding and Hazelford arranged a little celebration and invited all the family along too."
- The registered manager said some people attend church, or they join in the church services in the home. A Catholic Priest who visits and will give communion.

Improving care quality in response to complaints or concerns

- The service had received no complaints. However, people said they knew how to make a complaint if needed.
- The service had a complaints policy.

#### End of life care and support

- At the time of the inspection the service was not supporting anyone at the end of their life.
- Not all care plans had end of life preferences documented. In the care plans that did we found these were detailed.
- The registered manager said, "We are currently undertaking a piece of work around end of life care and advanced decisions, to make sure people's wishes are always respected."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no provider oversight or presence at the service whatsoever. Due to this the provider was not aware of the concerns we have raised and was not there to provide support for the registered manager.
- There were no robust systems in place to monitor and improve the quality of the service. No medicine audits took place. Where audits did take place there were no action plans following this and/or they did not highlight the concerns we found during this inspection. For example, lack of risk assessments, no fire drills and records not being updated to reflect people's current needs.
- Due to lack of supervisions and training we could not ensure staff were clear about their roles.
- We raised concerns on the day about the confidentiality of paperwork. For example, one staff member left paperwork with a person's personal information on in the entrance foyer. The registered manager had also seen this and said they would address this in supervision.
- The provider's policies needed reviewing and updating.

We found no evidence that people had been harmed however, audits and records were either not in place or robust enough to ensure the quality of the service provision. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the management of the service and were complimentary of the registered manager. Comments included, "The management are pretty good" and "The manager is really good, very well organised." One visitor said, "Management are marvellous."
- People and their relatives said that the registered manager was very good at communicating with them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager and care coordinator were open with the inspectors during the inspection and took responsibility for issues found and take action to address concerns.
- The registered manager had a good understanding of the duty of candour. This is where we ask providers and managers to be open, honest and transparent about their service. The registered manager listened to the advice given and undertook to act upon the issues raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Resident and relative meetings took place every two months. However, these were not recorded. One relative said, "They have a meeting for friends, family and residents roughly every two months, the manager always lets you know about anything going on."
- The registered manager recognised they needed to improve in gaining people's feedback and were updating the questionnaires to send out. The last survey had taken place in 2018.
- The registered manager had built up good links with the community. For example, the Women's Institute came in weekly to take the sweet and toiletries trolley round so people could make purchases. Local schools came in to sing songs and choirs came from local villages.
- Staff meetings took place twice a year. Daily handovers took place between shifts to ensure all staff were up to date with people's needs.
- Staff said they were supported by the registered manager. One staff member said, "I love [registered managers name] they are a very caring manager, hands on and gives 100%."

Continuous learning and improving care

- The registered manager explained it was difficult being a lone provider keeping up to date with current guidance. However, they attended managers forums and said they have put Hazelford forward for research projects such as falls awareness and the LPZ project. The LPZ project looks at improving quality and safety in care homes.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not assessing all the risks to the health and safety of service users and doing all that is reasonably practicable to mitigate any such risks. The provider was not ensuring the proper and safe management of all medicines. The provider was not assessing the risk of and preventing the spread of infections.</p> |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not assessing, monitoring and improving the quality and safety of the service. The provider was not maintaining securely an accurate, complete and contemporaneous record in respect of each service user.</p>  |