Premier Nursing Homes Limited

Hazelgrove Court Care Home

Inspection report

10-14 Randolph Street
Saltburn By The Sea
North Yorkshire
TS12 1LN

Tel: 01287625800
Website: www.newcenturycare.co.uk

Date of inspection visit:
20 June 2018

Date of publication:
28 August 2018

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 20 June 2018 and was unannounced.
Hazelgrove Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 provides personal care to a maximum of 48 people, some of whom are living with a dementia and/or a physical disability. At the time of the inspection there were 46 people who used the service.

At the last comprehensive inspection in May 2016 we found the service was meeting requirements and was awarded a rating of Good. At this inspection we found the safe domain needed some improvement and rated this as Requires Improvement. However, we found the evidence continued to support the rating of good overall. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to ensure people received their prescribed medicines safely, however some improvement was needed with record keeping to ensure staff had up to date guidance to keep people safe.

During the inspection we looked at some bedrooms, bathrooms, and communal areas and found that generally the environment was clean and staff followed safe infection control practices. However, there were some areas in need of improvement. There was a malodour on the first floor that was coming from a carpet. This carpet had been cleaned and the malodour had improved but not fully eliminated. We were informed new flooring was to be purchased.

On our arrival we noted boxes and equipment stored under the stairwell next to the fire escape and near to the registered managers office. We informed the registered manager that this posed a tripping hazard, in addition to obstructing the route in and out of the service and needed to be moved to a more permanent place. The registered manager took action to address this during our visit.

Staff had received safeguarding training and were confident they knew how to recognise and report potential abuse. Staff were recruited carefully and appropriate checks had been completed to ensure they were safe to work with people.

Risks to people's safety and health were assessed, managed and reviewed. People and relatives told us there were sufficient numbers of staff on duty to ensure people's needs were met.

The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and staff were suitably trained and received all the support they needed to perform their roles.

People were supported to have a good diet which met their needs and preferences. People told us they liked the food that was provided. People were supported to access health professionals to maintain their health and wellbeing.

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.

Staff understood people's different ways of communicating and how to make people feel valued. The home had a strong person-centred culture. People told us the staff were kind and caring and treated them with dignity and respect. The service recognised the importance for people of maintaining close family relationships and provided the support required to make this happen.

People's care needs were met in a way they liked. Individual care plans included the appropriate information to help ensure care was provided in a person centred and safe way. Information was available to people in a format they could understand.

The service was well led by the registered manager. There were quality assurance systems in place to help monitor the quality of the service, and identify any areas which might require improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were systems in place to manage people's medicines. However, some improvement was needed with record keeping.

The provider had policies and procedures in place to protect people from abuse and harm. Risks to people's safety and health were assessed and reviewed.

There were systems in place to protect against the risk of infections spreading. However, boxes and equipment were stored in areas obstructing the route in and out of the service.

There were sufficient numbers of staff in place. The provider had systems in place to check staff's experience, character and suitability for their role.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Hazelgrove Court 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 checked 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.

We inspected Hazelgrove Court Care Home on 20 June 2018. The inspection was unannounced, which meant that the staff and provider did not know we would be visiting. The inspection team consisted of two adult social care inspectors, a specialist advisor who was a nurse, 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.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to Care Quality Commission (CQC) by the registered manager. We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided. The feedback we received did not raise any concerns about the service

The provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed a range of records. This included five people's care records and medicines records. We also looked at four staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spent time observing people in the communal areas of the service. We spoke with twelve people who used the service and eight relatives. We spoke with the registered manager, regional manager, clinical lead, a nurse, the administrator, two housekeeping staff, a senior care assistant, three care staff and a care staff member from an agency who was providing one to one support for a person who used the service.

Requires Improvement

Is the service safe?

Our findings

During the inspection we looked at some bedrooms, bathrooms, and communal areas and found that generally the environment was clean and staff followed safe infection control practices. However, there were some areas in need of improvement. There was a malodour on the first floor. The registered manager told us this was coming from a carpet and that the carpet was to be cleaned daily for a period of time and if this didn't improve a new carpet was to be purchased. After the inspection we were informed that the malodour had improved but not fully eliminated and new flooring was to be purchased. Housekeeping staff used different coloured disposable cloths for different areas of the service to minimise the risk of cross infection. These cloths were for single use and should be disposed of when housekeeping staff had cleaned a particular area or piece of equipment. However, we noted a bag on the cleaning trolley which contained cloths that had been washed. We pointed this out to the registered manager who told us they would take immediate action to address this. They told us they would speak with housekeeping staff and dispose of the washed cloths.

On our arrival we noted boxes and equipment stored under the stairwell next to the fire escape. We pointed this out to the registered manager who arranged for the handyman to remove these. In addition, there were numerous items stored outside of the registered managers office which was close to the main entrance. The registered manager told us storage was limited and these had been moved from the hairdresser's room who was in doing people's hair on the day of our inspection. We informed the registered manager that this posed a tripping hazard, in addition to obstructing the route in and out of the service and needed to be moved to a more permanent place. The registered manager took action to address this during our visit.

Personal protective clothing such as aprons and gloves were readily available for staff to use.

We looked at the arrangements for the management of medicines. Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. Medicines were securely stored in a locked treatment room and were transported to people in a locked trolley when they were needed.

Appropriate arrangements were in place for the management of covert medicines. The covert administration of medicines occurs when a medicine is administered in a disguised format without the knowledge or the consent of the person, for example, mixed with food or drink. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse.

Some people were prescribed PRN (as required medicines). PRN protocols were in place to assist staff by providing clear guidance on when PRN medicines should be administered and how often people required additional medicines, such as pain relief medicines. However, for one person we saw no PRN protocol for a laxative and for another person PRN protocols had not been reviewed since July 2016.

For one person who was prescribed medicines to manage challenging/distressed behaviours, we did not see

a record of diversional techniques to be used prior to administration of anti-psychotic PRN medicines. There was insufficient written guidance for the use of this medicine to ensure a consistent approach from staff.

We saw that some people required thickening agents to be added to foods and liquids to bring them to the right consistency or texture so they can be safely swallowed by people at risk of choking. In 2015 an alert had been issued to care homes to raise awareness of the need for appropriate storage and management of the thickening powder as harm can occur if this is accidently swallowed. We saw that thickening agents were stored securely on the upstairs floor but not on the downstairs floor; we spoke to the clinical lead who assured us they would store these in a locked cupboard in the kitchen area.

Fridge and treatment room temperatures were taken and recorded to make sure medicines were stored within the recommended temperature ranges. We found the minimum, maximum and actual temperatures of fridge temperatures were inconsistently recorded on daily basis and there were some gaps in recording.

We pointed out our findings in relation to the management of medicines to the clinical lead who told us action would be taken as a matter of importance

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found that the provider had completed medicine audits and these were robust and had identified most of the issues we found.

We asked people who used the service if they felt safe. One person told us, "I fell whilst I was on my own and ended up in hospital. Here if I fall and I haven't yet, I will be looked after and cherished until I am fit and well." Another person commented, "I spent 18 hours a day on my own [before moving in to the service]. Here I can chat, laugh, join the activities and then rest knowing I am cared for." A relative said, "[Person who used the service] has been in a number of care homes and this where we both know [they are] well cared for and safe."

Staff had received training in preventing and detecting abuse. They were able to discuss the signs that might alert them to suspect different types of abuse and knew how to raise any concerns. Staff were confident any concerns they raised would be dealt with appropriately.

We checked staff recruitment records and found that suitable checks were in place. Staff completed an application form and we saw that any gaps in employment history were checked out. Two references were obtained and a Disclosure and Barring Service (DBS) check was carried out before staff started work at the service. The DBS checks the suitability of applicants to work with adults, which helps employers to make safer recruitment decisions.

There were enough staff on duty during the day and night to ensure people's needs were met and they were safe. One person told us, "I think there are plenty of staff and this means I can have a chat and ask questions and there is some quality time during the day for me. The staff always have time for us."

Risks were assessed to ensure people were safe and where possible, actions were identified for staff to take to mitigate these occurring. For example, from the records we viewed we saw risks such as: moving and handling, mobility, falls, use of bed rails, use of the call bell, risk of falling out of bed/chair, nutrition and hydration, choking/aspiration, continence, skin integrity and social isolation had been recorded.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety was maintained.

Staff were aware of their responsibilities to raise concerns, record accidents and incidents and near misses. The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

Good

Is the service effective?

Our findings

People were positive about the staff who supported them. One person told us, "We could not be better looked after. The staff here are lovely." Another person commented, "This is a family home and it is happy and I am blessed to be here."

An assessment of people's support needs was carried out before they started using the service which involved other professionals involved in their care. Assessments contained evidence of the service working effectively with other professionals and following best practice.

Staff received the training needed to provide effective support. This included training in safeguarding, first aid, health and safety, equality and diversity and end of life care. Training records confirmed that training was either up-to-date or planned. Staff spoke positively about the training they received.

Staff told us they felt supported and had regular supervisions with senior staff. However, discussion with staff highlighted that supervision was used more as a training session instead of a process, usually a meeting, by which an organisation provides guidance and support to staff. This was pointed out to the registered manager at the time of the inspection who told us they would take action to address this.

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, for example because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For some people applications had been submitted to the 'supervisory body' for authorisation to restrict a person's liberty, as it had been assessed that it was in their best interest to do so. Care plans also contained records of capacity assessments and best interest decisions where needed.

People were supported to have a good diet which met their needs and preferences. People told us they liked the food provided and confirmed there was always a choice. One person said, "The food is smashing." Another person told us, "I struggle to enjoy my food but chef is lovely and will get anything if I ask even if it is not on the menu." Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We found that these assessments were kept under review and amended in response to any changes in people`s needs.

People were supported to access external professionals to maintain and promote their health. Care plans contained information on the involvement of professionals such as GP's), the falls team, the speech and

language therapy team, dieticians, physiotherapists, Huntington Disease Consultants, chiropodists and opticians. Care plans reflected people's needs and clearly showed where referrals to healthcare professionals had been made.

The premises were purpose built for the safety and comfort of people living there. Some areas of the service needed redecoration and refurbishment. We were provided with a copy of the home's environmental plan which identified work needed to improve the service. We did note that the vent on the first floor fan was covered and we were told by the registered manager that this had been out of action for about three months. However, this was also identified on the environmental plan for fixing. People had personalised their own bedrooms and brought items of furniture, ornaments and photographs from home.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, "The staff here are wonderful." A relative told us, "I visit [person] from 8am until 6pm, six days a week. I help [person] to eat and keep [person] company. The manager has said they appreciate my being there and I have my meals with [person] just like we were at home together. A priceless act of kindness and consideration." Another relative commented, "Every time we visit we are thankful that our family member is here. The care and love just flows and it is what we would want ourselves in our twilight years."

Staff were keen to provide people with person-centred care and they demonstrated empathy and understanding of each person's individual needs. We saw staff talking and listening to one person who used the service who wanted to go into the communal lounge area, but who did not want to go on their own. We saw how care staff provided reassurance by holding hands with the person and sitting next to them in a seat for the whole time. We saw how this brought about reassurance and comfort to the person.

People told us their personal care was delivered in a respectful and dignified way so they didn't feel uncomfortable. Staff knocked on doors and waited for permission before entering, and addressed people by their preferred names. One person we spoke with told us, "All aspects of my care are provided with such thought." Staff respected people's privacy. Where people wanted to spend time in their own room, staff respected their choice, but would regularly check on their welfare.

Representatives from different local denominations visited the service to speak and spend time with people who used the service and to undertake a religious service.

Relatives told us how they were made to feel welcome at the service. One relative told us, "There are a few of us who are relatives of loved ones with dementia and the staff and manager encourage us to be a support for each other and we have time out and chats. It really does help."

We found staff at the service were very welcoming. Staff spoke to people at every opportunity. The atmosphere was relaxed and friendly with staff and people who used the service enjoying friendly banter. Staff were passionate about their work and demonstrated a kind and caring approach with all the people they supported. We saw they actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication. Where people were anxious or in need of reassurance we saw staff interacted with them in a kind and compassionate way.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Good

Is the service responsive?

Our findings

People received personalised care based on their assessed needs and preferences. People and their relatives told us they enjoyed the time spent with the staff and felt that it promoted trust and confidence. One person said, "They [staff] are absolutely brilliant. My every need is catered for."

Care plans contained lots of detail on the support people wanted and needed. People and their relatives were involved in producing care plans. Care plans contained detailed information on how the person could be supported to communicate with staff. This approach meant staff provided responsive care, recognising that people living with communication needs could still be engaged in decision making and interaction.

People were supported to access information in ways they found accessible. An assessment of people's communication needs was carried out before they started using the service. This was used to ensure information was made available in formats they could access, such as pictorial, large print or in other different formats to meet people's diverse needs.

People's mobility needs were identified and specific plans for supporting people with their mobility needs and transfers were in place and regularly reviewed. There was a clear plan for staff to follow in the event of anyone falling. We saw that care plans had been evaluated monthly and were reflective of people's changing needs.

Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences, and people and their relatives were involved in these reviews.

During the inspection we observed staff were prompt in supporting people and responding to their needs in a way that confirmed they knew people well. This included ensuring they had items around them that they enjoyed using and personal care at a time that suited them. People's care needs were reviewed as their needs changed. One person told us they had complained as they were cold, so a cosy blanket was brought. They told us, "It was nice to be listened to and spoilt. This would not happen if I had been on my own at home."

People were encouraged to maintain and develop interests which were important to them and this contributed to people living meaningful lives. People told us they took part in regular activities which included arts and crafts, trips out, bingo, music activities and a knitting group. One person told us, "I love a chat and the activity co-ordinator will often pop in for a good yarn as well as the manager." Another person said, "We have lots happening here and it is great to be able to choose what we get involved in and we also put forward suggestions to the activity co-ordinator."

The activity co-ordinator had supported and encouraged people who used the service to knit poppies for the curtain of poppies display commemorating the work of women in World War One. One person told us, "I love the fact we have a knitting group and the 500 poppies are on display in Wales for all to see." A relative told us, "My relative was over the moon to see the poppies she had knitted included on the massive display

in Wales."

The service had a complaints policy and procedure, details of which were provided to people and their relatives. People told us they could to speak with the registered manager and staff if they had any concerns.

At the time of our inspection no one was receiving end of life care. However, we saw in the care records that end of life care plans were in place for people with terminal and life limiting illnesses, which meant information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected.

Good

Is the service well-led?

Our findings

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had relevant experience in health and social care and had worked at the service for many years.
The registered manager had a good knowledge of people's care needs, likes and preferences, as well as the day-to-day workings of the service and the governance structures in place.

People, relatives and professionals spoke positively about the registered manager and told us the service was well led. One person said, "The staff are jolly and the manager is always around so the place is a happy place to be." A relative commented, "The manager leads from the front and this cascades down through the whole team. It is an excellent home and we are pleased to have found it for our relative."

Staff told us they liked working at the service. One staff member said, "It's an enjoyable job. We [staff] all get on." Staff confirmed they thought the home was well organized and well led. Staff spoke positively about the culture and values of the service. One member of staff said, "There is an open and honest culture here which makes for a good feeling in the home both for residents and staff."

The registered manager had an excellent knowledge of the people who used the service and the staff who supported them. The registered manager spent time in all areas of the service which enabled them to constantly monitor standards.

The registered manager and other staff carried out many quality assurance checks and audits to monitor and improve standards at the service. This included checks on care records of people who used the service, medicines, the environment and staff records.

Staff met regularly with the registered manager to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

There were regular meetings with people who used the service and discussions took place about activities and outings, food choices and any concerns. This meant that there were mechanisms in place to communicate with people and involve them in decision making in relation to the service. The manager told us that they did not circulate the meeting minutes but discussed the outcome of meetings on a one to one basis with relatives and we saw dates for future planned meetings.

The service had a number of community links for the benefit of people living at the service. Pupils from a local school visited regularly and people regularly went out into the community. Clergy from a local church visited regularly to hold services.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.