

Inspiricare Ltd

# Hazelmere Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on the 16 and 18 July 2018 and was unannounced.

This was the first inspection of Hazelmere Nursing Home following the change of provider to Inspiricare Ltd on 22 May 2017.

Hazelmere Nursing 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 home is registered to provide nursing and personal care and accommodation for up to 23 older. At the time of the inspection there were 19 people living there. People had different health care needs. Some people required support and guidance with personal care, while others needed continual nursing care due to frailty and medical conditions, including living with dementia.

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

Staff had attended safeguarding training. However, staff failed to demonstrate a clear understanding of protecting people from harm and, the provider had not ensured that referrals were made to the local authority in line current guidelines. In addition, the provider had not informed CQC of incidents that had occurred within the home, which may have affected the support provided.

An effective quality and monitoring system was not in place, which meant the issues identified during the inspection had not been identified; or if they had been identified they had not been addressed. This included care plans, risk assessments, daily records and the management of medicines.

The provider had introduced an e-learning training programme that was accessible to staff and systems were in place to support staff to complete this, to ensure they were up to date with their practice. However, staff had not all completed the required training for their role. For example, not all nurses had completed the e-learning medication training even though there were concerns with their practice.

There were sufficient staff working in the home. Robust recruitment procedures ensured the staff were safe to work in care and, Supervision supported staff to be aware of their roles and responsibilities and people told us staff provided the care and support they needed.

Emergency procedures had been developed to support people if they had to leave the building and staff followed the provider's infection control policies to protect people from infection. There was ongoing

maintenance of the home and continued improvements to the environment, with regular checks to ensure the health and safety of people, visitors and staff.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the need to support people who did not have capacity to make decisions. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the MCA and DoLS and were aware of current guidance to ensure people were protected. DoLS applications had been requested when needed to ensure people were safe.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff were aware that people had different communication needs, such as sensory loss, and were able to explain how they supported people to communicate. However, staff had not all completed the training. We have made a recommendation that the provider seeks advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff were aware of their responsibilities.

People enjoyed the meals provided, they said the food was good and they could ask for what they wanted. If there were concerns about people's diet staff contacted their GP for advice and support. Records showed that health professional were contacted when needed and people were supported to lead a healthy lifestyle.

People were encouraged to keep in touch with relatives and friends. Visitors told us they were made to feel very welcome and felt people received the support and care they needed. Feedback was sought from people, relatives and staff about the changes since the new provider took over and positive comments and suggestions had been received.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 is not consistently safe.

Staff had attended safeguarding training, but had not made referrals to the local authority in line with current guidance and had not followed the provider's policies.

Medicines were not always managed safely, which meant people were at risk of not receiving their prescribed medicines.

Risk to people had been assessed, but additional work was needed to ensure specific risk was identified and appropriate guidance was provided for staff.

There were sufficient number of staff working in the home and recruitment procedures were in place to ensure only suitable people were employed.

Records showed regular checks had been completed to ensure the environment was safe.

**Requires Improvement** 

### Is the service effective?

The service was not consistently effective.

An e-learning training programme had been introduced, but not all staff had completed relevant training.

Staff were supported through supervision to be aware of their roles and responsibilities.

Staff had completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards and, understood the importance of enabled people to make decisions about their day to day lives.

People were supported to have a nutritious diet and chose the meals and drinks provided.

Health and social care professionals were available when needed to ensure people maintained their health and wellbeing.

**Requires Improvement** 

### Is the service caring?

Good 

The service was caring.

Staff encouraged people to be independent and provided support based on their preferences.

Staff asked people for their consent, before they provided assistance in a caring way whilst respecting people's privacy and dignity.

Visitors were welcome at any time and said they were made to feel very welcome.

### Is the service responsive?

Good 

The service was responsive.

A new care planning process had been introduced and work was ongoing to develop the care plans and record keeping systems. Staff had a good understanding of people's needs and provided the care and support people.

People's needs had been assessed before they moved into the home to ensure their needs could be met and, they were involved in discussions about the care provided.

Group activities were available for people to participate in if they wished and some chose not to join in. They preferred to remain in their rooms and had one to one sessions with staff.

A complaints procedure was available to people and their relatives to use if they wished.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The provider had not informed CQC of all the incidents that occurred at the home, which may have affected the support provided.

The quality assurance and monitoring system was not effective. Although it had identified areas where some improvements were needed, action had not been taken to address them.

People, relatives and staff were enabled to put forward opinions about the services provided and suggestions for improvements.

# Hazelmere Nursing 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 is 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.'

This inspection took place on the 16 and 18 July 2018 and was unannounced. The inspection team consisted of one inspectors 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 our inspection we reviewed the information we held about the service, including safeguarding's and notifications which had been sent to us. A notification is information about important events which the provider is required to tell us about by law. We took into consideration the 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 any improvements they plan to make. We used all this information to decide which areas to focus on during our inspection.

We observed the care and support provided and interaction between people, visitors and staff throughout the inspection. We spoke with 12 people living in the home and three visitors. We spoke with 10 staff including the provider, registered manager, deputy manager, care staff and the chef. We emailed health and social care professionals following the inspection; we received a response from three and have included their comments in the report.

We looked at a range of documents related to the care provided and the management of the medicines. These included four care plans, medicine records, three staff files, accident/incidents and complaints.

We asked the registered manager to send us copies of records after the inspection including policies and procedures for missing clients, MCA and DoLS, equality and diversity, supervision and staff training. These were sent to us as requested.

# Is the service safe?

## Our findings

People said they were comfortable living at Hazelmere Nursing Home. One person told us the registered manager was, "Very helpful and makes sure you are safe and feel safe." Relatives were equally positive and said, "Yes, they are all safe here" and, "I have no concerns about that." People and relatives said there were enough staff working in the home and call bells were answered promptly. One person told us, "I don't have to wait long for help when I ask for it; I think there are enough staff" and, a relative said, "The buzzer goes when we are here and it gets answered quickly." Staff told us, "We have time to sit and chat" and, "There are enough of us."

However, despite the positive comments we found areas that may impact on people's safety and improvements are needed.

Staff told us they had attended safeguarding training. They discussed different types of abuse, such as neglect and financial abuse and, what action they would take if they had any concerns. They were quite clear about making referrals to the local authority and all but one member of staff knew their contact details were displayed on the wall near the entrance. However, we found staff had not made referrals to the local authority, in line with current safeguarding guidelines and, staff had not followed the providers 'Missing client policy and procedure'. For example, one person had attempted to leave the home during a night shift; staff had observed them doing this and supported them to return to their room. Staff told us the person was at risk at the time; they had attended the memory clinic and had been waiting for a possible diagnosis that the person was living with dementia. Towards the end of the night shift a member of staff heard a click and thought it might be the front door; they looked in the person's room and found them absent. The person was found by staff walking along the road outside the home; they were supported to return to Hazelmere and staff recorded this in the daily records. Staff had not completed an incident form when the person first attempted to leave the building and there was no evidence that action had been taken to prevent them trying again. An incident form had not been completed when the person had left the home; a referral had not been made to the local authority under safeguarding and the provider had not informed CQC, as required, in the providers policies and procedures. In addition, the provider and registered manager were unable to state they were confident that all incidents or accidents had been recorded and therefore that action had been taken to prevent re-occurrence.

The registered manager contacted the local authority during the inspection to get advice and to clarify when referrals should be made. For example, they were told incidents and accidents, such as falls that resulted in minor injuries, should be referred under safeguarding and they had not done this. The registered manager said they would review their records and referrals would be made.

The registered manager said this had been an area where they did not have a clear understanding and safeguarding training would be updated. To ensure staff had a clearer understanding of protecting people from abuse and harm and, that they understood their individual responsibilities with regard referrals to the local authority to protect people as much as possible.

The provider had not ensured that staff had a clear understanding of safeguarding people from inappropriate care and treatment. The above is breach of Regulations 13 of the Health and Social Care Act 2008 (Regulation Activities) Regulations 2014.

People's individual needs had been assessed to limit risk whilst also enabling people to be as independent as possible. These included mobility, risk of falls and moving and handling assessments, with guidance for staff to assist people to move around the home safely, using walking aids, hoists and wheelchairs. However, although staff knew that people were at risk and appropriate support was provided; the specifics for each person had not been recorded in their care plans and guidance was not clear. For example, one person needed additional support due to their eye care needs. They often sat with their eyes closed and staff asked them to open them so they could see what was happening around them, such as giving them medicines. This had not been recorded in their care plan and although staff were aware of this need there was no guidance to support new staff or agency staff. The registered manager was aware that the risk assessments were not specific to each person's needs as they should be as further work was needed with the care plans. This was an area that required improvement.

The registered manager told us the community pharmacist had visited the home and reviewed the management of medicines with staff and people's GP. Some changes had been made, including a reduction in the amount of medicines prescribed for people which was, "Much better." As part of the changes and following the visit one of the nurses had taken responsibility for ordering, checking, storing and disposing of medicines, which meant there were clear processes for staff to follow. For example, body maps were used to show staff the topical skin cream that had been prescribed, where it should be applied, how much should be used and how often. People said staff gave them their medicines when they needed them. One person told us, "Medicines are always brought on time. I know why I have them."

However, there were ongoing concerns that nurses, responsible for giving out prescribed medicines, had not consistently signed the medicine administration record (MAR) charts to show that people had taken their prescribed medicines. The provider and registered manager were aware of the errors, that is gaps on the MAR, and records had been kept of each one. These included the person's name; the prescribed medicine and what it was given for, such as Epilim for epilepsy and, the nurse who was responsible for medicines at that time. We looked at the MAR and found no errors, but the registered manager said staff had signed the MAR after a gap had been found. The registered manager said nurses were aware of their responsibilities and also knew that the Nursing and Midwifery Council Standard for Medicines Management clearly stated, 'you must make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible'. Spot checks had been carried out to ensure nurses were following the provider's medicine policy and gaps had been discussed as part of supervision. Records showed that gaps had been made by all of the nurses employed at the home and, although the number had fallen, there continued to be some gaps each month. The provider and registered manager were not sure that medicines had actually been given although staff told them they had been. This was an area for improvement.

Recruitment procedures were robust to ensure that only suitable staff worked at the home. We looked at the personnel files for four staff. There were relevant checks on prospective staff's suitability, including completed application forms and two references. When it had been difficult to obtain the references listed the registered provider contacted the referee by phone or obtained alternative references. There was evidence of staff entitlement to work in the UK and Disclosure and Barring (DBS) checks had been completed. DBS checks return information from the police national database and enable prospective employers to ensure they were safe to work in care. However, there were no written interview notes and records had not been kept of the discussions about applicant's previous employment, which the registered



manager said they had as part of the interview. The registered manager said she had worked with the new members of staff in care and was confident in their ability to provide good care and written records would be kept for future applicants.

Staff had good knowledge of risk of falls and explained how they assessed each person's ability to move around safely before they stood up. Staff told us, "It depends on how residents are feeling each time." and, "We support residents to be as independent as possible and encourage them to walk around with support and guidance if needed." One person said, "They make sure you don't fall. I never have done here." Waterlow assessments looked at skin integrity and pressure relieving mattresses and cushions were in place to reduce the risk of pressure damage. Staff said they checked the mattresses daily to ensure they were on the right setting based on people's weight and records supported this.

Staff said they had read the whistleblowing policy and they had no concerns about following this to report visitors or colleagues if they had any concerns. One member of staff said, "I would tell the manager or the provider and the local authority or you (CQC), if I thought they weren't doing anything. But I think they would." Another member of staff told us, "I would report anyone if I saw anything, I don't have any worries about doing that I have done it before." The registered manager advised that safeguarding referrals regarding staff had been made to the local authority and appropriate action had been taken.

Staff said there were enough staff working in the home and they had time to provide the support people needed without rushing. People made choices about all aspects of their day. For example, breakfast was available from early morning to late morning and people decided when they had theirs. Staff told us, "It is up to them really, they decide when we provide support and care" and, "We have enough staff. It's busy in the morning but we are able to keep checking people are all right." People told us staff answered promptly when they asked for assistance and we noted call bells were responded to quickly. The provider and registered manager said they assessed the staffing numbers based on the needs of people living in the home and they would increase if people's needs changed. Although staff said they usually covered each other.

Staff had completed equality and diversity training. They said there was a policy in place, which they had read and, they demonstrated a good understanding of each person's needs and preferences. One member of staff told us, "All the residents have their own likes and dislikes and we respect these and provide the support they want."

There was ongoing repair and maintenance at the home. The fire alarm system had recently been replaced and decorators were re-painting empty bedrooms during the inspection. The registered manager said people were able to choose the colour of their own rooms if they wanted to; one person had picked yellow, another person had been supported by their friend to pick lilac and the rooms were painted before they moved in. There was a maintenance book for staff to record repairs and these were signed and dated when the repairs had been completed by the maintenance person. Up to date health and safety documentation was in place to show checks had been completed such as emergency lighting, call bell testing, laundry and kitchen equipment, water safety through legionella tests and, electrical testing for people's personal equipment. Gas and electrical certificates were in place and the lift, hoists and stand aids were maintained by external contractors.

Personal emergency evacuation plans (PEEPs) were available for each person; with details of the assistance people needed to leave the building if there was an emergency although more information was needed to advise staff which exit to use. One person told us, "We've got new fire alarms. Someone looks in at least every two hours at night. I feel I would be taken care of in any eventuality." Senior staff were on call at all times and staff said they could ring them at any time if they needed advice. In one instance staff had phoned

the registered manager while they were on holiday for guidance, with regard to the person leaving the building, as this had not happened previously.

Staff said they had attended infection control training. They used protective personal equipment (PPE) to protect people from the risk of infection. Such as gloves and aprons, to assist people with meals and when supporting people with personal care and, there were hand washing and sanitising facilities throughout the home. Laundry facilities were to be improved. Although the washing equipment was appropriate to clean soiled washing safely, it was felt a larger dryer was needed and a new one had been ordered.

## Is the service effective?

### Our findings

People told us staff looked after them very well and relatives said staff had a good understanding of people's needs. One person told us, "They all know what they are doing." Nutritious meals were provided and people were encouraged to make choices. One person said, "The food is very good and varied." Some staff had completed relevant training and regular supervision supported them to develop their practice.

People and relatives told us staff understood their needs and had the right training to look after them. One person said, "I'm nursed in bed, as I'm recovering from HAI (Hospital acquired infection). The staff understand my illnesses" and, a relative told us, "I visit every day. They provide very good care." The provider had introduced an e-learning training programme in December 2017. One member of staff said, "We get plenty of training here" and another told us they had completed most of the training. This included basic life support, challenging behaviour, dementia awareness, infection control, food and nutrition, whistleblowing and safeguarding. However, some staff had not completed training that was essential for their practice. For example, not all nurses had updated themselves with the medication training, despite the errors in MAR and, some staff had not completed any of the e-learning training. This was an area that needed to improve.

Induction training was provided for new staff. They worked with more experienced staff until they had a good understanding of people's needs and were confident they could support people. One member of staff told us, "I have worked in care for several years, but I needed to know about the residents and how to support them. The best way is to work with staff who know them well." The registered manager said if staff had no experience of care they would be expected to do the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. Staff were supported to work towards health and social care qualifications. One member of staff had completed level 2; one was working towards level 2 and another was working towards level 3. Staff had regular supervision, which included observation of their practice and one to one meetings with the registered manager or nurses. Staff told us they thought the supervision was a, "Good idea." "Keeps us up to date" and, "We can talk about anything, but we do that any time, the manager and nurse are always around." The registered manager said yearly appraisals were planned to ensure staff were aware of their responsibilities and up to date with their practice.

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 people 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 said they had received training and told us how they worked within the principles of MCA. Staff said people were able to make choices about all aspects of their day to day care. One member of staff told us, "We always ask residents what they want to do, some prefer to stay in their bedrooms and others like to sit in the lounge." People told us, "They ask about everything, very nicely" and, "You can see they always ask what we want to do, we give our consent."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of DoLS and knew that decisions about restricting people were only made following best interests meetings. One member of staff said, "We can't restrict what people do, we inform the GP, family and DoLS if we have any concerns and any decisions are based on their individual needs." The registered manager had made a DoLS application for one person and they were waiting for a response.

Staff said the provider had an equality and diversity policy in place; they had read this, had completed training and were aware of the 'protected characteristics'. Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Staff said people's equality and diversity were protected and they felt supported by this policy as well. "It looks after all of us."

The meals were nutritious and people were able to make choices about the food and drink they had. People told us, "The food is good and varied. They try and cater for everybody." "The food is good; we've got a good chef. I like all my meals." "Special occasions are very good. The chef is thoughtful. I really enjoyed sharing my birthday with everyone else. And Christmas was excellent" and, "The chef comes up every so often to discuss what I'd like to eat." There were two choices for each meal although people could ask for an alternative. The chef said, "I really like cooking for the residents, I like to see them enjoying the meals and I am happy make anything" and, one person told us, "I've chosen a BLT sandwich for tea, I do when I don't fancy anything else." Specific diets were provided as needed. For example, diabetic diet, soft and pureed meals. Staff assisted people with their meals when required; they sat next to people and asked them how they felt, if they liked the food and if they wanted more. Fortified meals, with additional cream and cheese were made when needed and, prescribed drink supplements were prescribed for people if they were at risk of poor diet or losing weight. Food and fluid charts were completed to show how much people had to eat and drink; people were weighed monthly and more often if there were any concerns and, GPs were contacted if staff had any concerns or requested a referral to the dietician.

People were supported to be as healthy as possible. One person told us, "My hearing aids block up and they have made an arrangement for someone to come to the home to clean them for me. They quickly get appointments for hearing clinic if I need to go. The home and GP work very closely together." A relative said "They update us on everything, ring us about any medical issues. We never have any worry." Appointments were made for chiropodists, opticians and dentists as required and referrals were made through GPs for specific assessments. For example, for the speech and language team (SaLT) to assess people who had had difficulties swallowing or were at risk of choking. Records were kept of the visits with guidance for staff to follow if changes to people's needs had been identified. Feedback from visiting professionals was positive and included, "We are always made to feel very welcome and provided with all the help and support we need" and the staff, "Put the resident's needs and requirements as their main priority."

People's individual needs were met by adaptations to the home and equipment was provided to ensure they were as independent as possible. People were supported to move around the home and were assisted to remain mobile by a physiotherapist who visited the home weekly. Walking aids, such as zimmer frames were provided and staff assisted people who were unable to weight bear to transfer using hoists. The lift enabled people to access all parts of the home and ramps were used to help people over the steps into the garden. People brought their own ornaments, pictures and furniture to the home if they chose to and some rooms had been personalised with photos of relatives and pets. One person said, "I like my room, the colour is very nice and was picked with me." Another person told us, "I miss my home but I was able to bring a lot of my possessions to make this room my own space."

## Is the service caring?

### Our findings

People were supported in a caring and respectful way by staff. People told us, "Staff are gentle in handling" and, "This is my home, they look after me." Relatives said staff were very supportive and, "Very kind." Staff felt they could provide the care people needed and were very careful to point out that their job was to support people to live the best life they could in a care home. One member of staff said, "I really like working here and I think we can provide the care people want."

Support and care was provided in such a way that people's equality and diversity was respected and staff offered support based on people's individual needs and preferences. Some people were dependent on staff for all their care and nutrition while others needed only observation and guidance, if they were at risk of falling as they walked around the home. One member of staff said, "This is the residents home and they decide what we do and how we support them, so residents make the decisions about the care and support we offer, not us." People told us, "I get looked after very well. They see to all my needs, keep my room very clean. I've always got a drink. I couldn't ask for more." "My routine is important. Staff always explain what they are doing." "The staff look after me, they are kind, all of them. They know how to do it" and, the registered manager, "Talks to me every day, asking if I am ok and if I need anything." People said staff respected their choices and a relative told us they were, "Very happy with the care. Staff have been excellent, with kindness and respect." People chose the time they got up and went to bed and where they spent their time. Staff asked people who used the lounge which chair they wanted to use, if they were comfortable and had everything they needed. One person was offered the daily paper and people were continually asked if they wanted a drink. People who preferred to remain in their bedroom were supported to do so and staff checked on them hourly to ensure they had everything they needed. One person said, "I prefer my own company so I stay in my room."

Staff asked people discreetly if they needed to use the bathroom and provided an appropriate level of assistance, depending on how much support the person needed at the time. People's privacy and dignity were protected, bedroom doors were kept closed as staff supported people with personal care and staff knocked and asked for permission before entering. People told us, "My room is treated as private; they always knock and ask if they can come in. They respect you." "Staff always knock and ask to come in." "There are never any issues about preserving dignity" and, "They make sure everything is done properly, they are very good."

A keyworker system was in place. One member of staff told us, "This means we spend time with residents we are keyworker for. She tells me if she needs anything, like toiletries and clothes." Records showed people were asked if they preferred female or male staff and if staff could check them regularly throughout the night. Staff knew what choices people had made. One member of staff said one person, "Doesn't like being checked during the night, although we don't wake them up so they wouldn't really know, but that is their choice and we respect that."

The relationship between people, visitors and staff was friendly and comfortable. Staff used people's preferred name and there was laughter and joking as they chatted to each other. Relatives and friends said

they could visit at any time. One relative told us, "It's very free and easy for visitors. We are welcome any time and they have nothing to hide." Another relative said, "We never have any worry. Other family members have said how he has improved since moving here. He is in the right place getting the care he needs." People said, "They are always made to feel very welcome and staff offer a cup of tea when they arrive" and, "The staff are very friendly and my family are very pleased with the home."

Staff said records were kept secure in the registered manager's office, the clinical room and the staff room. Confidentiality procedures were in place and staff told us they had been given these and had signed to say they had read them. One member of staff said, "Information about residents is kept confidential and we don't talk about residents needs with anyone else or each other, unless we are in the office."

## Is the service responsive?

### Our findings

People told us the staff looked after them very well. Staff understood their needs and their relatives or friends were involved in decisions about the care provided. Staff said people and their relatives, if appropriate, had decided to move into the home and were continually involved in reviewing the support provided. One person told us, "Yes we decided to move here and staff always ask us if everything is ok." A number of group and one to one activities were provided for people to participate in if they wished.

The registered manager said, "We encourage relatives to visit the home, look around, talk to residents and staff so they can see if it is the sort of home they are looking for. Each home is different and we want people to be comfortable." A relative told us, "We made a decision on the home a year ago after looking at several. We were struck by the way people were spoken to and the interest shown by the manager and staff in our relative. We haven't been disappointed, we come in a lot and always see that standard of care." One person said, "My friend helped me to find this home. Now I've settled in completely and I hope to live here permanently."

People's needs had been assessed by the registered manager or deputy manager, with the person and their relatives, before they were offered a room. This was to ensure the support and care provided met their needs. The information from the assessment was used as the basis of each person's care plan; which the registered manager had been writing and updating since they took over responsibility for the day to day management of the service in May 2017. People and relatives said they had been involved in writing these and there was evidence in the care plans to support this. People told us, "I've been involved with my care plan. They wanted to understand my background. I've signed my agreement" and, "They are always checking they have it right for me." A relative said, "I sat down with the manager to help with the care plan."

The care plans overall contained clear information about people's individual needs. Although the records were the same for each person, which meant some part of the care plan may not have been needed and others had not been completed. For example, each person had a care plan for breathing, although two people whose care plan we looked at did not have breathing difficulties. The registered manager was aware that additional work was needed to ensure the care plans reflected people's needs appropriately. We found the impact on people was minimal as staff had a very clear understanding of people's needs, when these changed and what action to take to ensure they were safe. For example, staff were aware that people may be fine in the morning and walk into the lounge with their zimmer, but might be feeling tired later and would need additional support. "So we use the stand aid or hoist so they are safe." We have included our concerns about care plans and records in well led.

Staff said there was a handover at the beginning of each shift. In the morning and evening, and at 2 pm for care staff. One member of staff told us, "I think it works quite well, we all know the residents and know if they are not quite themselves, this is passed on so we can plan their care and support them." Records were kept of the support and care provided and staff said they completed these towards the end of their shift. These included daily records of the personal care provided and positioning charts; which showed people were supported to change position and reduce the risk of pressure damage if they remained in bed. The

registered manager said they planned to provide record keeping training and were sourcing a trainer at the time of the inspection.

Activities were arranged for people to participate in each weekday afternoon and one to one sessions had been arranged for Saturdays. People said they knew about the activities and decided whether to join in or remain in their room. On the first day of the inspection people were listening to and using instruments to shake to the music. One person told us, "I'm having a very good day. It was good fun with the music. They always ask what I want and if I want to join in whatever is going on." Another person said, "I haven't been very interested in activities or going to the lounge, except for special events. I like my being in my room or occasionally going into the garden. I choose from my CDs and DVDs and staff put them on for me." Staff told us they had time after the afternoon drinks to spend with people. One member of staff said, "It's amazing what we can talk about, it's a case of finding what she's interested in. I've spent time looking at maps with her, and pictures of different places. She reads a lot and you can talk about what she has read. A lot of people are like her, they prefer their own room but many like to join in special events. And she always likes to join in other people's birthday parties." Staff also chatted to two people in the lounge as they provided a manicure and painted their nails.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Staff had a good understanding of each person's communication abilities and e-learning records showed that some staff had completed this training. We recommend the provider seeks advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities.

Staff said people could access the internet and technology was available within the home if people wanted to communicate externally to friends and family through the internet. A relative told us, "We plan to move abroad and the home have been happy to discuss all aspects, they've supported us setting up a tablet for keeping in touch." Internally people were able to call staff using the call bell system, telephones were installed in people's rooms if they wanted them and people used the homes landline when relatives or friends called.

End of life care plans were in place for people who chose to discuss their wishes. These included do not resuscitate forms, that had been discussed with people, relatives and health professionals and, medicines were available if people's health needs changed quickly to ensure they were comfortable. Staff were mindful that some people may not feel comfortable discussing end of life care and they respected this while supporting them to make these decisions if necessary.

A complaints procedure was in place; it was displayed on the notice board and people and relatives knew how to make a complaint or raise a concern. One person told us, "If you complain about something they put it right. I didn't like having a noisy neighbour and they got me a different room." Another person said if they had any worries they would, "Speak with Simona in private, which is really valuable." People also told us they did not have any concerns about the care provided and one person said, "I don't have anything to complain about." The complaints folder contained concerns that had been raised, the action management had taken and the outcome of the investigation.



## Is the service well-led?

### Our findings

People said the registered manager was very approachable and the provider was at the home at least once a week. One person told us, "I feel management want to know I'm happy" and, another person said, "The owner comes in, he was here talking to me last week." Staff said there had been a number of changes they felt they had been involved in these and were able to talk to the registered manager and provider at any time.

However, despite the positive comments we found areas that may impact on people's safety and improvements are needed.

This is the first inspection since Inspiricare Ltd had taken over as provider of Hazelmere Nursing Home in May 2017. We discussed the provider's legal obligations to inform CQC of all significant events which had occurred at the home. The provider and registered manager were not aware that they should inform CQC about incidents that occur in the home and affect the care and support provided. For example, when the person left the building unattended; falls if they result in injuries and the referrals they said they would make to the local authority under safeguarding. The registered manager said they would inform CQC about these and would update their practice to ensure all staff are aware of their responsibilities. However, this information had not been sent to CQC. In addition, the provider was required to inform CQC if there was 'an insufficient number of suitably qualified, skilled and experienced persons being employed for the purposes of carrying on the regulated activity'. Such as the inability to recruit nurses and the demand this had on the registered manager, which impacted on her time to take responsibility for the day to day management of the service.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration Regulations 2009).

A quality assurance system had been developed which included a number of audits that had identified areas where improvements were needed. However, although areas where improvements were needed had been identified the actions taken had not ensured that improvements were made. For example, the audits of the medicine administration records (MAR) showed that nurses had not consistently signed when medicines had been given out; which meant it was not clear if people had taken their medicines or if they had been refused. Records had been kept of the errors, but the action taken has not resolved them and these continued. This meant the provider was unable to evidence that medicines were managed safely.

The care planning process had been reviewed and a new system developed in the last year. The registered manager said they had not had the time to bring the care plans up to the level they wanted because they had been unable to recruit enough nurses. They told us, "I have been working on the floor instead of managing the service or updating the care plans, but I think it will get better now as we have recruited enough nurses." We found some of the information in the care plans was not up to date and had not accurately reflected each person's needs. In addition, there was no evidence to show that people and/or their relatives had been involved in reviewing their care plan although staff said they talked to people and their relatives all time about the care provided. We found care plans did not reflect their needs and the

guidance for staff to follow was not up to date. For example, one person's care plan had not been updated to reflect their change in behaviour, increase risk of falls and confusion. Daily records stated that the person was at times awake at night and walked around the home; this had not been included in the care plan and the guidance to advise staff how to reduce risk was not in place.

The lack of an effective quality assurance and monitoring system is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had obtained a new set of policies and procedures for staff to follow and the registered manager said they were still working through these to ensure they were linked to the services provided. Staff had read some of the policies, such as confidentiality and whistleblowing, but it would take some time for them to be reviewed and appropriate to the home.

The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. The registered manager said they kept people informed about everything that happened at Hazelmere. They said, "We are open and honest about what happens here, we have nothing to hide." The representative of the person who left the building said they had been informed and, "They have sorted it out so it won't happen again. I don't have any worries about her care."

The registered manager told us a number of changes had been made since the new provider Inspiricare Ltd on 30 May 2017 took over responsibility for Hazelmere Nursing Home. Some of these involved the environment itself; such as the fire alarm system, and the new care plans, which were still being developed. The registered manager was open and transparent about the areas where improvements were needed and said these would take some time to introduce and also embed into practice, but were confident they would do this now they had a full team of permanent staff.

People and relatives were aware of the transfer of the service to Inspiricare Ltd and were positive about the changes that had been made. One person said, "I said he has done so well with this home, he should get another!" A relative told us, "There hasn't been a lot of difference with the new owners, but there is a clear programme of improving the home. They decorate rooms as soon as they become vacant and they have just put in a new fire alarm system." One person told us the provider had set up an online questionnaire. To obtain feedback from people and relatives to ask for their opinion about the services provided and if they had any suggestions and they said, "I've done questionnaire." Another person told us, "I appreciate the new owner spending money on the décor and fire precautions. We were asked to give our views in writing on what we thought needed changing."

There were regular management meetings. The minutes showed they looked at actions from the previous meeting, they reviewed accidents/incidents that had occurred, complaints and an action plan for the next meeting. Staff said they were kept up to date with the actions plans and any changes that were needed and had recently been asked to complete a satisfaction questionnaire. Their comments were very positive and included, "Very nice place to work"

The General Data Protection Regulation (GDPR) came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. Staff were not clear about what this meant, although some had heard about it and records showed that some had completed the e-learning. The registered manager said training would be provided and the support from Inspiricare Ltd would ensure appropriate changes would be introduced.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had not fulfilled their statutory obligations to the CQC with regard to notifications.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had not ensured that people were safeguarded from unsafe care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have an effective monitoring and assessment system in place to ensure that people were protected against inappropriate and unsafe care and support.