Park Homes (UK) Limited

Hazel Bank Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 4 March 2015 and was unannounced. At the last inspection on 18 June 2014 we found three breaches in regulations which related to the safety and suitability of the premises, staff training and complaints. The provider sent us an action plan which told us improvements would be made by 30 September 2014. At this inspection we found improvements had been made to meet the relevant requirements.

Hazel Bank Care Home provides nursing care for up to 39 people, who may be living with dementia or have mental health needs. There were 34 people living in the home when we visited. Accommodation is provided over two floors with lift access between the floors. There are two communal lounges and a separate dining room as well as toilets and bathroom facilities. A central kitchen, laundry and hairdressing salon are located on the ground floor.

The home has 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe and staff knew how to identify and report any safeguarding concerns, and also knew of other agencies they could contact if they felt concerns were not being addressed.

Systems were in place to make sure the premises and equipment were safe and a refurbishment plan was underway to improve the environment.

Safe systems were in place to manage medicines and ensured people received their medicines when they needed them. People had access to health care services and staff ensured specialist advice was followed.

Staff training had improved since the last inspection although refresher training in safeguarding was required. Systems were in place to ensure all staff received regular supervision and appraisal.

Staff understood and had implemented the legal requirements relating to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People praised the staff for their kindness and were satisfied with the care they received. We saw staff engaged with people at every opportunity. Staff had a good knowledge and understanding of people's needs and worked together as a team. There were sufficient staff to deliver the care people required and care plans provided information about people's individual needs and preferences.

A varied programme of activities were available and we saw people enjoyed taking part in making Easter bonnets, a quiz and dancing. People told us the meals were good and we saw a choice of food and drink was offered throughout the day.

The way in which complaints were managed had improved and we saw complaints had been investigated and responded to appropriately.

The registered manager led by example and used the quality assurance systems to make improvements to the service. We saw the registered manager was visible in the home monitoring, supporting and encouraging the staff team to ensure people received the care and support they needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe and staff knew how to identify and report any safeguarding concerns.

Staffing levels were sufficient to meet people's needs and recruitment processes ensured staff were suitable and safe before they started working with people.

The premises and equipment were well maintained and there is an ongoing refurbishment plan.

People received their medicines when they needed them and systems in place ensured medicines were managed safely.

Is the service effective?

Good

The service was effective. Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

People's nutritional needs were met. People told us they enjoyed the food and we saw there was a choice of food and drinks available at all times.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

People were supported to access health care services to meet their individual needs.

Is the service caring?

Good

The service was caring. People were involved in decisions about their care and praised the kindness of the staff. We saw people were relaxed and comfortable around staff.

Staff treated people with dignity and respect and engaged with them at every opportunity.

Is the service responsive?

Good

The service was responsive. Staff knew people's needs well and care was delivered in accordance with people's care plans.

People enjoyed the activities provided and there was a varied activity programme.

People knew how to make a complaint and complaints were recorded and dealt with.

Is the service well-led?

Good

The service was well led.

The registered manager was visible in the service and led by example.

Quality monitoring systems worked effectively and resulted in improvements to the service.

Hazel Bank 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 was planned to check 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 4 March 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience with expertise in dementia care. 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 the information we held about the service. This included looking at notifications and other information we had received about or from the home. We also contacted the local authority contracts and safeguarding teams 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 usually send the provider a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not send a PIR to the provider before this inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with eleven people who used the service, six relatives, two care staff, the team leader, one nurse, the chef, the administrator, the maintenance person, the registered manager, the operations manager and one of the directors. We also spoke with a Community Matron who was visiting the home.

We looked at six people's care records in detail, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms, bathrooms and communal areas.

Good

Is the service safe?

Our findings

At our last inspection in June 2014 we had concerns about the safety and suitability of the premises. At this inspection we found improvements had been made and the regulation was met.

We found the premises were clean, tidy and well maintained, although there was a noticeable odour in both lounges. We raised this with the operations manager who told us the flooring in both rooms was due to be replaced in the next month. We saw the refurbishment plan for the home which showed some new carpets had been fitted and some areas had been redecorated and had new furniture, such as the dining room. The plan showed timescales for other areas of the home to be upgraded in the same way. The flooring was prepared for a new carpet to be fitted in one of the corridors on the day of our inspection. The operations manager told us the plan was reviewed monthly to ensure continued progress. We saw maintenance certificates were in place and up to date for equipment and the premises, such as electrical wiring and the lift. Records showed weekly checks were carried out to ensure the safety of the premises such as water temperatures, bed safety rails, Legionella checks and fire safety. The registered manager confirmed thermostatic valves were fitted on all the taps accessible to people who used the service to ensure the hot water did not exceed recommended temperatures. When we arrived at the home early in the morning some of the communal areas were noticeably cooler than other areas of the home. Some people in these areas told us they felt cold. We reported this to the registered manager who adjusted the heating and brought people extra clothing. The temperature increased and the manager said the gas engineer was coming later that day and they would check with them to ensure everything was working properly. The gas safety certificate was renewed on the day of our inspection.

People we spoke with told us they felt safe. We saw there were safeguarding policies and procedures in place. The registered manager told us they had completed the safeguarding training that was provided by Bradford Social Services. We saw that safeguarding referrals had been made appropriately when any concerns had been identified and the Care Quality Commission had been notified of these. Staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and raise concerns.

People and relatives we spoke with told us they thought there were sufficient staff. People said staff responded promptly when they rang their call bells and our observations during the inspection confirmed this. One person said, “Staff are busy, but they come when I ring.” Another person said, “When I need help I ring the bell and they come and ask me what I need.” We saw staff were available in communal areas and checked on people who chose to stay in their rooms. We saw staff spoke with people checking if they were comfortable and asking whether they wanted anything. A Community Matron who visited the home regularly told us they found there were usually staff around in the communal areas when they visited.

We looked at the recruitment records for three recently employed staff, which showed safe recruitment practices were followed. We found recruitment checks, such as criminal record checks from the Disclosure and Barring Service (DBS) and references, were obtained before staff began work. We found there were effective systems in place which ensured nurses’ registration with the Nursing and Midwifery Council (NMC) was valid and up to date.

Medicines, including controlled drugs, were stored securely in a locked clinical room. We found appropriate arrangements were in place for the ordering and disposal of all medicines. A medicine fridge was used for medicines requiring cold storage and fridge and room temperatures were monitored and recorded daily. Records we saw showed temperatures were within the recommended safety range.

People told us they received their medicines when they needed them. We found medicines were managed safely. We observed medicines being administered to people and saw the nurse collected one person’s medicines at a time, checked it against the records and then supported the individual to take their medicine, explaining what the medicine was for and offering a drink when required. The nurse was patient with people and gave them sufficient time to take their medicines. We saw the nurse asked

Good

Is the service safe?

people if they had any pain and needed any pain relief. We saw the nurse did not finish the morning medicine round until 11.30am. However, the nurse told us this was not typical and said the round usually finished at 10.30am. This was confirmed by the registered manager.

We looked at the Medication Administration Records (MAR) and saw medicines were signed for, indicating people were receiving their medicines and any refusals or errors were documented. Medication prescribed 'when required' was recorded on the MAR. There were protocol sheets in place for these medicines which provided instructions on when the medicine should be given, and how to administer it. We found one "when required' medicine did not have a protocol sheet, however the nurse when asked, knew when the dose should be given and said they would put one in place immediately.

We looked at the records and checked the stock levels for one person who was prescribed a controlled drug and found these were correct.

The nurse told us regular medicines audits were carried out and we saw the audit for February 2015 which was well completed. The nurse advised the pharmacy also carried out three monthly audits. This meant systems were in place to monitor and review the medicines processes and ensure they were safe.

Good

Is the service effective?

Our findings

At our last inspection in June 2014 we found staff had not received first aid training and appraisals had not been completed. At this inspection we found improvements had been made and the regulation was met.

Staff we spoke with told us their training was kept up to date. The training matrix we saw confirmed this and showed twenty staff had completed first aid training. However, we saw thirteen staff had not received safeguarding training since 2013 and for eight staff there were no safeguarding training dates. The registered manager told us all staff had received safeguarding training although the matrix did not reflect this. The operations manager told us safeguarding training was delivered only once to staff and there were no planned updates, although they advised that this was now being reviewed by the organisation with a view to providing regular updates. We consider regular refresher training is important to ensure staff are aware of any changes in safeguarding policy guidance.

A newer member of staff told us they had two days of induction training and then had worked with a team leader for two weeks until they felt confident to work on their own. Recruitment records we reviewed showed staff completed an induction before starting work at the home. Staff told us there was a good staff team and they enjoyed working at the home.

The registered manager showed us the annual planner for staff supervision and appraisals, which was up-to-date and showed staff were receiving regular sessions. We reviewed a sample of appraisal and supervision forms and found these were well completed. Staff we spoke with confirmed they received supervision and appraisal.

People who used the service and their relatives told us they thought the staff were competent and knew how to meet people's needs. When we asked nursing and care staff about specific people they were able to tell us in detail about their needs and preferences without having to refer to the care plans. The community matron we spoke with praised the experience and knowledge of the nurses and said, "I can trust the nurses to do what I advise. They are good."

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically the Deprivation of Liberty Safeguards (DoLS) which applies to care homes.

We saw staff had received specific training about the MCA and DoLS. The registered manager had taken appropriate action to meet the requirements of the law. They were able to tell us the details of applications that had been made seeking authorisations to deprive people of their liberty. For example, the main door to the home was locked with a key pad. One person frequently wished to leave the building but had been considered to be at high risk should they leave the building unaccompanied. An application had been made for a DoLS and accepted. This meant the home knew about the legislation and were making sure they were working within the law.

We saw signed consent forms in people's files in relation to sharing information, medication and photography. We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and before clothing protectors were put on. This showed staff were making sure people were in agreement before any care was delivered.

We observed the breakfast and lunchtime meals. Tables were set with tablecloths, cutlery and crockery, condiments and small bouquets of artificial flowers. We saw people were offered a choice and staff brought example plates of the menu options to help people decide. We saw aids such as plate guards and assistive mugs were provided to help people remain independent with their eating and drinking. People were offered wipes to clean their hands before and after eating. People who chose to eat in their rooms had their meals taken to them on a tray.

Staff were attentive to the needs of people who required assistance. Lunch was unhurried and staff spoke reassuringly and kindly to people as they supported and encouraged them to eat. One person said they were not hungry and did not want either option on the menu. The member of staff said, "That's not like you, you usually enjoy your food. Are you feeling ok?" The person said they would like tomato soup and this was provided. When the person finished the soup they were offered more but declined, saying, "No thanks, but that was very nice." We saw second helpings were offered to several people who had finished their meals. The menu for lunch was beef stroganoff and mashed potato or fish cake and roast potatoes. Both

Good

Is the service effective?

options came with mashed swede and carrot and cabbage. The fishcake also had parsley sauce. Dessert was ice cream, fruit sponge and custard or yoghurt. The food looked and smelled nice and was well presented.

We also saw drinks and snacks were served mid-morning and mid-afternoon. A trolley was brought round with tea, coffee, squash, milkshakes, biscuits and fresh fruit and, in the afternoon, cake.

We spoke with the chef who told us there was always a choice of meal on offer but if anyone wanted something else they would make another alternative. They also told us they were catering for diabetics and explained how they fortified foods for people who were at risk of losing weight.

We looked at the weight records and saw staff were vigilant and weighed people who were nutritionally at risk every week to make sure they were maintaining or putting on weight.

When we looked at the surveys we saw a comment in December 2014 from a relative which stated, “X really enjoys their meals. We had a meal with them on their birthday and it was really lovely, homemade, wholesome food.”

In the six care plans we looked at we saw people had been seen by a range of health care professionals, including the community matron, GPs, opticians, dieticians, specialist nurses and podiatrists. Care staff we spoke with told us the nursing staff were quick to respond if people’s needs changed and would contact the relevant health care professional. This was confirmed by the community matron we spoke with who said the nurses could be relied upon to call in healthcare professionals as and when required. This meant people’s healthcare needs were being met.

Good

Is the service caring?

Our findings

People we spoke with and relatives we met were unanimous in their praise of the staff.

One person who was receiving palliative care said they had come to the home on respite but had elected to stay there until the end of their life. They said, “They're marvellous. I couldn't get any better. I've chosen to stay here rather than go to the hospice. They talk to me and ask what I want, how I want things. How I want things to be. My bed was playing up, but they just came and sorted it. My family can come and go as they please. I feel good about being here in every way possible.” We also met this person’s relative who had brought the person fish and chips. The relative said, “X loves it here. We looked at a few places, but X has come here and loved it, and believe me, X is hard to please. I bring X in fish and chips occasionally because a bit of what you fancy does you good, doesn't it? X does get plenty of food here, it's just something X fancies now and then. We've nothing but praise.”

Another person who chose to stay in their room said they liked living in the home and felt comfortable and safe. They said, “I like it here. They look after me and they're kind. When I need help I ring the bell and they come and ask me what I need. The food is nice. They talk to me and help me have showers. It's always a woman that helps me with showers. I don't feel bad. Sometimes I get pains in my legs and they give me a tablet to make it better. They always ask if I'm feeling ok.”

A further person said, “I feel very comfy here. I like the staff. They're all nice. They help me get washed. This morning it was a man, but they never make me feel embarrassed. If I had any problems I'd talk to (name of manager) or anyone on the staff.”

One relative told us, “We've seen a lot of changes. There's a lot more people with mental health problems now. I'm not sure about that. Sometimes it distresses X when they start shouting. X has been here a long time, so it would be hard to move them, and they seem settled. Staff ring me when X is running out of things, but I don't think they always include me in discussions about X’s care. I live away, so it's hard for me to get here sometimes. The staff are nice though, and it's pleasant enough. I go to a few of these places now to visit other people, and this is alright in comparison. There are more staff here these days.”

Another relative said, “X came here from (another home) and is waiting to go back there, but it’s okay here. Staff are very nice and X looks well when I visit. X has had their hair done today.”

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. Throughout the day we saw staff greeted each person by name as they entered any rooms. We saw people responded well and many smiled and looked pleased to see the staff. There was a relaxed and cheerful atmosphere throughout the home and we saw staff took every opportunity to interact and engage with people, relatives and visiting professionals. When the day staff had finished their handover meeting with the night staff they came and introduced themselves to the inspectors. We found staff were friendly and helpful throughout our visit.

The community matron we spoke with said they found the staff were a ‘mixed bag’ and found a small number of staff came across as blunt and abrupt in their approach. However, they said most staff were very caring and said one nurse in particular was very good and they would ‘trust them to look after my own mother’.

We saw people looked well cared for. People were dressed in clean, well-fitting clothes. People’s hair had been combed and men had been shaved. When we looked in people’s bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people’s belongings.

We saw staff were patient, they approached people with respect and worked in a way that maintained people’s dignity. For example, where staff were assisting people they explained what they were doing and why, toilet doors were closed when in use and staff knocked on doors before entering. We heard staff asking people where they would like to sit when they assisted them into the lounge. We saw where staff were offering assistance they worked at the person’s own pace and did not rush them. Throughout our inspection we saw staff approached people and asked if they needed or wanted anything. This showed us staff were sensitive to people’s needs and welfare.

Good

Is the service caring?

Relatives told us there were no restrictions on visiting and we saw staff offering relatives refreshments and taking time to chat with them. The chef told us relatives could stay for a meal if they wished and told us one person had their tea at the home every day.

Good

Is the service responsive?

Our findings

At our last inspection in June 2014 we found the provider did not have effective systems in place to manage complaints. At this inspection we found improvements had been made and the regulation was met.

People we spoke with knew who to speak with if they had any concerns. One person said, “I’d just speak to the staff or the manager if I was worried about anything.” We saw there was information available informing people how they could make a complaint. We also saw in the minutes from the resident and relatives meeting people were given information about how to complain or raise any issues they may have. We looked at the complaints and concerns log and saw what action staff had taken to resolve any issues that had arisen. The registered manager understood the need to record any concerns or complaints so they would be able to see if there were any themes or trends emerging. This meant staff were recognising complaints and taking action to resolve them to the complainant’s satisfaction.

We saw staff were responsive to people’s needs and worked well together as a team. For example, we observed one of the cleaning staff entered a person’s room and found the table with the person’s tea and jug of juice on it had fallen over. The staff member said, “Oh dear, what happened? Are you alright?” They called a member of care staff immediately, who came to assist the person, whilst the cleaning staff member cleaned up the mess. The care assistant reassured the person, saying, “Not to worry, we'll soon get this sorted out. As long as you're alright, that's the main thing.” They then went and fetched a fresh jug of squash.

We looked at the care files for six people who used the service, which contained information about people’s personal preferences, likes and dislikes. Care plans were easy to follow and provided staff with the information they needed to care for people safely and in the way they preferred. For example, one person’s communication plan explained staff needed to use short sentences and give the person plenty of time to respond. Another showed the person could wash their own hands and face but needed staff to assist in washing other areas. This showed care plans supported people to maintain their independence. Another person’s care plan contained detailed information about their diabetes.

We observed the handover from night to day staff and discussions between the nurse in charge of the day shift and the care staff regarding the allocation of duties. The registered manger was also present. We found detailed information was provided and clear instructions given to staff about people’s specific needs. We saw the registered manager spoke with staff about issues they had identified that morning, such as a person’s dirty wheelchair and asked staff to address this and reminded them of their responsibilities. Staff we spoke with were able to tell us about people’s care needs and the support they provided to people. They demonstrated an in-depth knowledge and understanding of people’s preferences and routines.

We saw when people had started to become distressed and shouted staff responded immediately to calm them down. On several occasions we saw staff anticipated a person's agitation and steered them in to different thoughts which distracted them and prevented the situation from escalating. We saw people being hoisted and supported to move independently in a safe and appropriate way.

We saw information about activities were displayed on a noticeboard, which also included minutes form the last residents and relatives meeting in January 2015. We saw information was displayed informing people of the date, the season and the day’s weather. We found people could choose where to spend their time, with some people staying in their rooms and others spending time in the different communal areas. One person who chose to spend time in their room said, “I like staying in my room. I love watching TV, I have the remote here so I can watch what I want and the staff are in and out.”

We spoke with the activities coordinator who worked Monday to Friday. They were very enthusiastic about getting people involved in activities, and had a number of ideas around reminiscence, such as making memory boxes with people. We saw some people were involved in making Easter bonnets and the staff told us there was going to be a bonnet parade with prizes of Easter eggs. In the afternoon there was a quiz in the lounge, which people enjoyed, and then music with dancing. We saw several people went into the lounge from the corridor when they heard the music and joined in.

One person was due to have a significant birthday the following day. A member of staff asked them, “Do you know

Good

Is the service responsive?

if anything's happening tomorrow, (name)?" The person brightened up and said, "It's my birthday!" There followed some excited chat between the person and staff member about what might happen the next day.

Good

Is the service well-led?

Our findings

At our last inspection in June 2014 we found the provider did not have effective systems in place to assess and monitor the quality of the service. At this inspection we found improvements had been made and the regulation was met.

The home had a registered manager who was visible in all areas of the home throughout the day. We saw the registered manager led by example and provided a good role model for the staff team. The registered manager was vigilant and worked with the team addressing any issues promptly with staff and praising good care. People knew the registered manager who circulated around the home throughout the day. There were notices displayed which reminded staff of the care ethos with prompts such as, "Say hello. It will cheer up their day – and yours!" We saw staff worked together as a team and heard comments between staff such as, "Can you just help (name) with her meal whilst I help (name)?"

There were systems and procedures in place to monitor and assess the quality of the service. These included seeking the views of people they supported through resident and relatives meetings and quality assurance surveys. We saw the minutes of the resident and relatives meeting held in January 2015. We saw people were given information at these meetings and given the opportunity to make comments about the service. The manager then acted upon people's requests. For example, people had asked for blinds in the lounge and dining room. We saw blinds had been fitted in the dining room and blinds were waiting to be fitted in the lounge. This meant people were able to influence the way the service was managed.

We saw quality assurance surveys were sent out throughout 2014 and a report had been made about the findings in December 2014. This report was available for people to read. We also saw surveys were completed following admission to get people's views about the pre-admission assessment and admission processes. This meant the registered manger was actively seeking people's views about the service to see if improvements could be made.

We saw the operations manager had made a visit to the service on 17 February 2015 and in their report had identified issues about moving and handling practices and poor staff interactions with people who used the service. During our visit we did not see any issues in either of these areas. The registered manager told us staff had received additional training following the operations manager's visit and this had also been addressed with staff through supervision. This was confirmed in records we saw. This meant action had been taken to make sure the issues raised had been dealt with.

We saw staff meetings were held and minutes of these meetings were available. We saw a variety of issues were being discussed to make sure people using the service were receiving person centred care.

We saw accidents and incidents were being analysed on a monthly basis to see if there were any themes or trends emerging. We asked the registered manager what action they had taken in relation to one person's fall. They explained a sensor mat had been put in place to alert staff when the individual was getting out of bed so they could offer assistance. This meant action had been taken to try and reduce the risk of this person falling again.