

Premier Nursing Homes Limited

# Hazelgrove Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Hazelgrove Court Care Home is a care home providing personal and nursing care to older people, some of whom are living with a dementia type illness or cognitive impairment. At the time of our inspection there were 42 people using the service. The service can support 48 people.

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

People and relatives told us there was not always enough staff to meet people's needs. Relatives told us people were spending longer periods of time in bed and were not always being offered baths or showers because there wasn't enough regular staff. Staffing rotas showed there had been shortages in the service due to staff leaving or needing to isolate due to COVID-19. The provider was using high levels of agency staff to support staffing levels and increased staffing numbers during the inspection. Deployment of agency staff needed improving to ensure they were following people's care and support plans. An ongoing recruitment campaign was taking place. One relative said, "There isn't enough staff. [person] is not getting shaved, permanent staff are great but there's too many agency staff."

People were not always protected from the risk of harm due to care records not being kept up to date. Staff were not always able to identify people's current needs. Changes to people's health needs were not always reported, recorded accurately or identified in a timely manner to allow action to be taken.

The provider's quality assurance checks had not been effective in highlighting the areas of concern found during the inspection. Risks to people's health needs, care records, management of agency staff and analysis of accidents and incidents had not been undertaken recently.

Records to evidence building cleanliness, safety and staff training were not well organised to provide the relevant information in a timely manner. The service had appropriate maintenance systems in place to ensure the building was safe for people living at the service.

The provider acknowledged their monitoring of the service was not to their expected standards and took steps to address this immediately. An action plan was implemented, leadership team was strengthened, staffing levels increased and a review of quality assurance measures commenced. The provider was working closely with the local authority and other partners to ensure standards were raised and maintained.

Overall medicines were being managed safely. The service was in the process of changing over to an electronic system and still had some paper records which needed to be reviewed. The service was following national guidance for infection prevention and control and visiting. The provider had a safe recruitment system in place

People and most relatives told us staff worked hard to help support people and genuinely cared about them. One relative said, "Carers are lovely and friendly but they are always busy. I phone up and they always

make me feel they have all the time in the world for me when I really know they haven't." People, their relatives and staff were complimentary of the new manager. Staff stated they felt the new manager 'was trying their best' and told us they felt supported.

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

#### Rating at last inspection

The last rating for this service was good (published 25 August 2018)

#### Why we inspected

We received concerns in relation to staffing levels and the management of people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hazelgrove Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the care people received, management of risk to people's health and, the overall governance and monitoring of the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hazelgrove Court Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a pharmacist specialist 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.

One inspector visited Hazelgrove Court Care Home on 7 February 2022 and 15 February 2022. The pharmacist specialist visited on 7 February 2022. The Expert by Experience made telephone calls to relatives on 9 February 2022.

#### Service and service type

Hazelgrove Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hazelgrove Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service does not currently have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people living at the service and two relatives who were visiting during the inspection. We spoke by telephone to 12 relatives about their experience of the care provided to their family members.

We spoke with 14 staff. This included the nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider), the head of care, regional manager, manager, clinical lead, three nurses and six care staff.

We reviewed 14 people's care records and a further 14 people's medicine administration records. We reviewed two staff records in relation to recruitment and induction and the training information for all staff. We also reviewed records related to the day to day running of the service including policies and procedures. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

We continued to seek clarification from the provider to validate the evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care records for people's specific health needs were not always up to date to guide staff on how to manage and monitor those needs safely. Risks to people's health were not being accurately documented. For example, people's risk of choking or falling.
- Staff had not always acted consistently and in a timely manner to identify, monitor and seek advice following incidents and where there had been changes in people's health needs.
- Agency staff did not always know the needs of the people they were supporting or following care records. Some were unable to tell us how they would identify and minimise risks to people's health and care needs. Regular staff knew people needs well.
- The provider had not recently monitored accidents and incidents to look for any patterns and trends and take the necessary action to keep people safe. The provider had not always reflected on lessons learned and shared this with relatives and staff to promote and ensure safer working practices.
- The provider had policies and procedures in place to guide staff on how to keep people safe. However, observations during the inspection indicated staff were not always adhering to these and responding to people's needs in a safe manner.

Systems were either not in place or robust enough to demonstrate people's safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider acknowledged the shortfalls we found in the service. Plans were immediately put in place to address the issues found. An action plan was implemented with clear timescales to improve assessments of people's safety, manage and support agency staff and improve risk management practices within the service.

- The provider had contingency plans in place to support people in emergency situations. For example, adverse weather conditions or passenger lift failure.
- Most people and their relatives felt safe in the home. Comments included, "[Person's name] is safe. I have faith in the management and staff. If there is a problem they address it immediately," "Staff know [Person] well. [Person] can't communicate, staff are proactive at dealing with issues, and inform me. They are aware of any risks." However, one relative said, "There's not enough staff to keep watching [person], they don't have enough staff to do this."

### Staffing and recruitment

- The provider was using high levels of agency staff to ensure there was enough staff on duty to support people. However, the deployment and management of agency staff needed to be reviewed to ensure they were following people's care plans and relieving pressures on regular staff. People, relatives and staff said there were too many agency staff in the home.
- The high use of agency staff had placed regular staff under increased pressures. The provider was actively addressing gaps and had an ongoing recruitment campaign.
- New staff had recently been employed and were awaiting relevant clearances and start dates. Safe recruitment practices had been followed.

### Preventing and controlling infection

- Overall the provider was promoting safety through the layout and hygiene practices of the premises. However, some areas of the home required de-cluttering, cleaning schedules needed reviewing to include all equipment and, the home required refurbishment as some areas and equipment were looking worn and tired.
- PPE was available throughout the home. Staff had received training in donning and doffing. Cleaning regimes were in place. High risk touch areas were cleaned regularly each day.
- IPC procedures had been followed when infection outbreaks occurred.
- People received visits in-line with Government guidance. Staff supported people to keep in touch with their loved ones.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

### Using medicines safely

- Overall medicines were being managed safely.
- People told us they received their medicines on time. One person said, "When I first came here I was taking lots of painkillers which I needed to reduce. With the help of staff I have managed to get off these. If I have any pain I just need to ask and the nurses bring me something straight away."
- The service was in the process of moving to an electronic medicines administration system. Some paper-based records needed reviewing to ensure all details were accurate. For example, records for the application of medicines prescribed in the form of creams, people's allergy status and details of people's required fluid thickeners.
- The process for giving non-prescribed medicines needed to be reviewed to ensure they were in-line with the providers policy.
- Audits were carried out and actions identified were documented. Competency assessments had been completed to support staff with the move to a new electronic system and described how staff were to be supported.
- Medicines care plans were in place to support nursing staff in the safe administration of medicines, these were person specific, detailing people's individual needs.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's quality monitoring systems and processes had failed to ensure there was suitable oversight of the home. This had impacted on the standards of care people received.
- Monitoring of risk management was not robust. Where incidents had occurred, governance had been ineffective in reviewing the incident, learning lessons and taking action in a timely manner prevent further incidents. Incident forms were not always completed in line with the provider's policies and following local adult safeguarding procedures.
- Management and deployment of agency staff had placed increased pressure on regular staff and resulted in some people not receiving an appropriate level of care.
- The provider's audits had failed to address the need to de-clutter areas of the home, ensure all equipment was recorded on cleaning schedules and, identify where equipment and areas of the home required replacing or updating.
- The provider had failed to ensure all staff were up to date with some essential learning and following policies and procedures.
- At the time of our visit there was no registered manager. A manager was in post and had started the process of applying to be registered with us.

We were not confident that the governance and quality monitoring of the service was robust enough to ensure people were being protected from the risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider acknowledged the shortfalls we found in the home. Plans were immediately put in place to address the issues found. An action plan was implemented with clear timescales to improve staffing levels, care standards and practices within the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's responsibilities around the duty of candour were not always being applied when accidents or incidents had happened.
- Feedback and involvement of people and their relatives in incident investigations had not always been undertaken in a timely manner.
- The provider had missed opportunities to improve the care people received. Staff, relatives and external

professionals had raised concerns regarding staffing and standards of care.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was committed to making the necessary improvements to the care people received.
- People and relative meetings had not taken place due to the COVID-19 pandemic. Alternative feedback was being introduced to allow people and their relatives to share their views on the management and quality of the care provided.
- Staff meetings had not been regularly held to allow management and staff the opportunity to express their views and discuss the improvements required in the day-to-day running of the home.
- Daily management walk arounds of the home were implemented to improve observations, communication with people and support staff in sharing of any information of concern regarding the care people received. A range of staff meetings were scheduled to discuss the improvements required in the home and allow staff to express their views.
- The provider listened to the feedback given and took immediate action. Additional staffing levels were introduced, new staff had been recruited. The nominated individual, head of care and regional manager were visiting the home regularly to make the necessary improvements.

Working in partnership with others

- Records showed staff worked with a range of professionals and outside agencies to meet people's needs. This included public health, physiotherapists, dieticians and fall prevention teams.
- The provider was committed to working closely with CQC and the local authority to make the necessary improvements to the care people received.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always ensure care and support was provided in a safe way. There was a failure to properly assess, monitor and mitigate risks to the health and safety of people.</p> <p>Working with others who shared responsibilities for care and treatment of service users was not being undertaken in a timely manner to ensure the health, safety and welfare of service users.</p> <p>Regulation 12 (1)(2)(a)(b)(c)(g)(h)(i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure systems and processes were operated effectively to ensure compliance with regulations. The governance systems in place were not robust enough to identify shortfalls in quality and safety of service users care.</p> <p>The provider failed to ensure the service was assessed and monitored to improve quality and safety. Record keeping was not always accurately completed and up to date.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(e)(i)</p>

