

Bupa Care Homes (GL) Limited

Hazelmere House Care Home

Inspection report

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Tel: 01625536400

Date of inspection visit:
29 June 2016

Date of publication:
18 August 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced and took place on 29 June 2016.

Hazelmere House Nursing Home is owned and operated by Bupa Care homes (GL) Limited. It is a purpose built 56 bedded home set in a residential area of Wilmslow. The home provides a wide range of long and short term nursing and residential care for older people including 8 bedrooms set aside for intermediate care. Intermediate care is supported by a team of health care professionals employed by the local authority. They work closely with other health and social care providers offering assessment, treatment, rehabilitation and support for older people and adults with long term conditions at times of transition in their health and support needs.

All bedrooms in the home are en-suite and communal facilities include a large conservatory and bar area. There is wheelchair access and a secure keypad entrance. Car parking is available to the front and side of the building.

This service was last inspected in August 2015 where we rated the service as requiring improvement. We found that the provider was not meeting all the regulations in relation to safe care and treatment, safeguarding people, staffing, consent, person centred care, handling of complaints and assessing and monitoring the quality of care.

We judged that most areas had a minor impact on people, but some had a more significant impact. We served two warning notices and six requirement notices and we asked the provider to take action. Following our inspection in August 2015, the provider sent us an improvement plan and told us that all the necessary improvements would be made by 31 December 2015. During this inspection we saw that improvements had been made within the service in relation to people's safety, staffing, staff support, person centred care, dealing with complaints and reporting safeguarding concerns. However there remained concerns in relation to following the principles of the Mental Capacity Act, keeping accurate, complete records and quality assurance. You can see what action we told the provider to take at the back of the full version of the report.

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. At the time of our inspection there were 49 people living in the home.

We found that the manager and clinical services manager had started to implement many changes and staff and people living in the home and their relatives felt that there had been a significant improvement in the standards in the home since they had been in post; however there remained some areas for improvement.

We saw that the service was now following safeguarding procedures and accurately recording and reporting

where issues had arisen. All the staff we spoke to confirmed that they were aware of the need to report any safeguarding concerns.

We found that there were sufficient staff deployed to meet the needs of the people living in the home. The home was using a high level of agency staff to maintain staffing levels and there were occasional times when the identified number of staff were not on duty. The manager was proactively managing this on a daily basis to improve the situation.

We looked at staff recruitment files to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The provider had their own induction training programme which was designed to ensure that any new staff members had the skills they needed to do their jobs effectively and competently. This resulted in staff having the skills and knowledge to carry out their jobs well and provide safe and effective care.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that this was up to date and provided them with knowledge and skills to do their jobs effectively.

People had care plans which were personalised to their needs and wishes. Each care plan contained detailed information to assist support workers to provide care in a manner that respected the relevant person's individual needs, promoting their personal preferences'.

People living in the home told us that the standard of care they received was good. Comments included, "it's very nice here", "everyone is so kind and helpful" and "I've never complained, never had anything to complain about". Relatives spoken with praised the staff team for the quality of care provided. They told us that they had every confidence that their relatives were safe and protected from harm and enjoyed a good quality of life. One person told us, "my wife is very settled and stable at present".

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We saw that some applications had been made, however we found instances where assessments had not been carried out appropriately and decisions had been taken without considering whether this was in the person's best interests.

There was a flexible menu in place which provided a good variety of food to people using the service. People living there told us that the food was good and they had a wide variety of food choices as well as where they could eat their meal.

Staff members we spoke with were positive about how the home was being managed since the manager and clinical services manager had been in post. They spoke of feeling that someone listened to them now and they were supported to do their job.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. This included audits on care plans, medication and accidents. Whilst we found that audits were being completed, where issues had been identified, action had not been taken to address these shortfalls.

The home was well-maintained and clean and provided a calm, relaxing atmosphere. There were a number of maintenance checks being carried out weekly and monthly. These included water temperatures as well as safety checks on the fire alarm system and emergency lighting. These were audited regularly.

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 safe.

The provider had sufficient staff to meet the needs of the people living in the home. Whilst there were still occasional shortages, recruitment was in process and we could see improvements from our last inspection.

Staff knew how to recognise and respond to abuse. We found that safeguarding procedures were in place and staff understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicine was safe.

Good 

Is the service effective?

The service was not consistently effective.

Staff members had received regular training and they confirmed that this gave them the skills and knowledge to do their jobs effectively. Staff completed a comprehensive induction programme on commencing with the service.

There was a flexible menu in place which provided a good variety of food to people using the service. People living at the home told us that the food was good and they had a wide variety of food choices, as well as where they could eat their meal.

Managers and staff were not consistently acting in accordance with the Mental Health Act 2005 to ensure that people received the right level of support with their decision making. Whilst there was some evidence that mental capacity assessments were being completed, we also found examples where this had not been undertaken where appropriate.

Requires Improvement 

Is the service caring?

The service was caring.

Good 

People living at Hazelmere House said that they were well cared for and were treated with kindness and compassion and maintained good relationships with the staff.

Visiting relatives were positive about the standard of care, the staff and the atmosphere in the home.

The staff members we spoke to showed us that they had a good understanding of the people they supported and they were able to meet their various needs. We saw that they interacted well with people in order to ensure that they received the care and support they needed.

Is the service responsive?

The service was not always responsive.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised. However there remained concerns in relation to the accuracy of report keeping of the care that people had received.

The arrangements for social activities were good. Feedback was continuously sought about activities and staff provided evidence in care plans after each activity as to whether the person had engaged and enjoyed each activity. This enabled staff to observe as well as gain verbal feedback about people's enjoyment of the various activities.

The provider had a complaints policy and processes were now in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaints and could see that these had been dealt with appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There was now a registered manager in place who was making positive changes throughout the home, however there remained some areas for improvement.

The registered manager operated an open and accessible approach to both staff and people living in the service and actively sought feedback from everyone on a continuous basis in order to improve the service. The staff said that they could raise any issues and discuss them openly within the staff team and with the registered manager.

Requires Improvement ●

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. Whilst we found that audits were being completed, where issues had been identified, action had not being taken to address these shortfalls.

Hazelmere House 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 29 June 2016 and was unannounced. The inspection was carried out by two adult social care inspectors, one adult social care inspection manager and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Hazelmere House. They told us the home had previously been subject to an action plan due to concerns around training, staffing, call bell response times and call bells being hung out of reach. They noted that there were contradictions in care plans and there was a lack of staff supervisions and appraisals. Daily records and supplementary charts were often confusing, not fully completed and there was a lack of internal governance. They had noted some improvements in all areas, but concerns remained about the daily records.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of sixteen people living there, four visiting relatives and fifteen staff members including the clinical services manager, the registered manager, area manager, area home trainer and five care staff. We also spoke with a visiting doctor and physiotherapist.

Throughout the inspection, we observed how staff supported people with their care during the day.

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 to us.

We looked around the building including, with the permission of the people who used the service, some bedrooms. We looked at a total of eight care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Hazelmere House was a safe environment and all family members said that they were more than happy that their relative was safely cared for. Comments included, "It's a very safe environment. Everyone knows what they are doing", "without a doubt I feel safe and secure living here" and "I feel safe and they absolutely respect my dignity". Relatives told us, "my wife is very settled and stable at present" and ""I think she is safe but not confident that staff are as attentive as they could be". This person was meeting with the deputy manager directly after our conversation to discuss their concerns.

At our last inspection in August 2015, we found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient numbers of staff were not deployed to meet the needs of the people living in the home. We spoke with nursing and care staff and looked at staff rotas and found that improvements had been made, and although there were occasions where staffing levels were reduced the registered manager was actively monitoring this and recruiting staff to minimise the use of agency staff.

On the day of our visit, the home was not fully staffed as one member of staff had left early due to sickness. The manager told us that the staffing levels had been assessed according to the provider's dependency rating scale, however they also discussed this with staff at their "Take 10" meetings each day. This allowed for staffing to be adjusted where dependency or numbers of people staying increased. We could see from the previous month's rotas that additional staff had been deployed when the numbers of people living in the home had increased. On the day of our visit there were 49 people living in the home. The rota for the week showed that ordinarily there were two qualified nurses and nine care staff on duty in the mornings reducing to two qualified nurses and seven care staff on duty in the afternoons and early evening. Overnight there were two qualified nurses and four care staff. In addition there was an activities coordinator and catering and domestic staff who were employed in appropriate numbers. The registered manager and clinical services manager were in addition to these numbers. This provided for a care/nursing staff to resident ratio of approximately 1 to 4 in the mornings and 1 to 5 in the afternoons.

Staff told us that there had been problems with staffing but that they felt this was improving. This was echoed by some of the people living in the home. Staff comments included, "since the new manager came in, things are turning a corner", "there are not enough staff", "it's totally different to before. Sometimes we are short staffed but they do bring in agency now" and ""sometimes we are short staffed but rarely. Generally there are enough people".

People living in the home and their relatives told us, "it's when you have to wait, a new member of staff started yesterday so I had to wait – there seems to be a shortage of staff", "the home is short staffed-there are not enough people to ensure that [name] has enough drinks", "there is enough staff for me; I am helped to get dressed" and ""I think there are enough staff, probably could do with more but there is always someone around".

Our observations were that staff were busy and purposeful and they seemed well organised and efficient. However we did note that on occasion there was a correlation between excessive call bell response times and staff shortages. For example one morning three people had to wait 30 minutes, 31 minutes and 22 minutes respectively for their call bells to be answered. There were staff shortages on this day. On this day, there was a shortage of two care staff, however the on call nurse had attended the home to support staff. We discussed this with the registered manager and could see that they were monitoring the staffing on a daily basis as well as the call bell response rate in order to have a good overview of the current situation.

We spoke with the registered manager and area manager about staffing and they acknowledged that they were actively recruiting but were still using a large amount of agency staff. We could see that there was a recruitment banner displayed outside the home and the manager told us that the home held an open day the previous week and they were interviewing on the day of our inspection. The area manager told us that they had received confirmation from the corporate provider that they could improve terms and conditions for recruiting nurses to attract more people to the post. The corporate provider had also conducted a recruitment drive overseas which had been successful and they were awaiting two nurses starting from this programme. The registered manager told us in addition to the nurses they had three new care assistants that were awaiting employment checks prior to starting in post. We could see that the provider and registered manager were closely monitoring the situation and making improvements in this area.

At this inspection, we looked at the call bell response times as well as the home's complaints records and the accident records. We could see that the registered manager was now closely monitoring the call bell response times and these were recorded daily. Regular audits were being carried out and where any response times were above the required time, the manager investigated. Staff aimed to answer call bells within four minutes. We looked at the records for June and we saw overall that response times had improved and call bells were being responded to promptly.

We spoke with the manager about the call bell response times. She advised that they were looking to introduce a computer alert system on each corridor so all staff including domestic staff could see where a call bell had been activated. She stated that this was due to call bells being pressed for non-care related issues where another member of staff would be able to deal with the issue. A call bell survey was also being completed at the time of our inspection and we saw a staff member speaking to people in the home about their views on the response times. We received mixed comments from people living in the service about the call bells. Comments included, "they keep you waiting sometimes if they are busy", "there are not enough staff but do seem to come quickly when I ring the bell" and "I used it once in the night and they were very prompt however in the day it takes longer". We checked the incident and accident records as well as safeguarding records and could not see any correlation between the lengthy call bell response times and any incidents.

In August 2015 at the last inspection, we found the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they were not following appropriate safeguarding procedures. We served a warning notice asking the provider to be compliant by 30 October 2015. On this inspection we found that improvements had been made and the service was now compliant with this regulation. The registered manager had a safeguarding file which clearly documented the procedure, the local authority safeguarding policy and a one minute guide. This file also contained records of all the safeguarding incidents and we could see that these had been appropriately reported to the local authority as well as the Care Quality Commission (CQC) as required. Any actions taken as a result were clearly recorded along with the outcome of any investigations. We checked our records and could see that the registered manager was now submitting notifications of any safeguarding or other incidents at the home, to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. One member of staff told us, "I'd speak to the manager". Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. We saw that the provider had a whistleblowing policy in place and staff were familiar with the term whistleblowing or 'speaking up' and each were given a card with a free phone number to call to a speak up line for staff wishing to raise concerns. This policy was also displayed in the staff areas. All staff said they would report any concerns regarding poor practice to senior staff. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

Risk assessments were carried out and kept under review so the people living in the home were safeguarded from unnecessary hazards. We could see that the home's staff were working closely with people and where appropriate their representatives and other health professionals to keep people safe. For instance we saw where risks had been identified in relation to eating and drinking, referrals had been made promptly to the speech and language team (SALT) for advice to minimise risks to the person. There was some room for improvement in respect of risk assessments, as we saw one example where a person was at high risk of pressure sores but there was no preventative action in place to minimise the risk. Relevant risk assessments, regarding for instance falls, nutrition, pain assessments were kept within the care plan folder.

Staff members were kept up to date with any changes during verbal handovers, which took place at every staff change. This helped to ensure they were aware of any issues and could provide safe care. We were able to observe a handover meeting and could see that any relevant information was passed between staff and they were able to raise any concerns in order that a person could be monitored on the next shift. It was clear in this meeting that staff knew the people they were supporting very well and were able to detect any changes in their care or presentation straight away.

We looked at the files for three staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks has been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from each file that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to verify this. Each file held a photograph of the employee as well as suitable proof of identity.

We saw the provider had a policy for the administration of medicines, which included controlled drugs, the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by staff who had received the appropriate training. Medicines were stored in a locked trolley which was kept in a locked medicines room when not in use. The home utilised a monitored dosage system (MDS) with medicines pre-packed by the dispensing pharmacy in bubble packs according to the prescription for each person. This helped to minimise the potential for human error in the administration of medicines. We saw Medicine Administration Record (MAR) sheets relating to the MDS system and noted that records tallied with the medicines administered from the bubble packs. Controlled drugs were stored securely and in the records that we looked at these were being administered and accounted for correctly. Medication fridges and the medicine rooms were being checked regularly, so any medication was being stored correctly at the right temperature.

From our observations and discussions we found that the staff members knew the people they were supporting well. They could speak knowledgeably about the people living in the home, about their likes and dislikes as well as the care that they needed. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

The provider had received a five star rating in food hygiene from Environmental Health on 18 August 2015. This is the highest rating for food hygiene which meant they were observing the correct procedures and practices in this area.

We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. The atmosphere in the home was calm and staff members were going about their roles in a professional manner. We observed staff maintaining hygiene by the use of specific aprons and gloves when serving food or delivering personal care.

We checked some of the equipment in the home, including bath hoists and saw that they had been subject to recent safety checks.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. They would provide details of any special circumstances affecting the person, for example if they were a wheelchair user.

Is the service effective?

Our findings

All the people living at the home who we spoke to and their family members felt that their needs were well met by staff who were caring and knew what they were doing. Comments included, "I have my meals in my room which is my choice", "the meals are very good, I stay in my room for lunch", "If I ask for anything staff don't just say yes, they say course you can. Staff know without being told" and "I'm looked after well, these staff are much better". Comments from family members included, "there were problems to start with but they seemed to have settled down now that there is a new manager and deputy manager. Things have improved. Nothing is too much trouble for [staff name]". We did receive one negative comment from a relative who felt they needed to visit the home frequently to ensure their relative received the right care. This family were meeting with the deputy manager later that day to discuss their concerns.

At our last inspection in August 2015, we found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In providing care and treatment of service users the registered provider did not act in accordance with the Mental Capacity Act 2005. On this inspection we found that they continued to be in breach of this regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the manager had applied to the supervising authority for eight people to be assessed under DoLS and they had yet to receive authorisation for these people. We were able to view the paperwork in relation to both standard and urgent DoLS applications and could see that they were being completed correctly. However there was no system in place to alert the registered manager to when applications had been approved and when they were due to lapse.

We looked at the care records for two people who it stated on the care file did not have capacity and were not able to express their views and make decisions about their care. We found that mental capacity assessments and processes had not been completed in accordance with the requirements of the MCA. In both cases, there were bed rails in place to protect these people falling from bed and appropriate risk assessments had been completed. However there was no evidence of assessments of mental capacity or record of best interest to support whether the use of these were in their best interests on either file.

We spoke with staff. Management and nurses spoken with told us that they had received training on MCA and DoLS and one newer member of staff confirmed that they had covered this in their induction. However, staff were not always able to tell us who was subject to a DoLS authorisation and the records showed that they had not always acted in accordance with the MCA principles. The clinical service manager told us that they were currently assessing everyone within the home to determine whether a DoLS was required. The area trainer advised us that they were in the process of giving all members of staff small pull out guides about mental capacity and they aimed to have mental capacity champions. Their aim was for all staff to complete workbooks on MCA and for the manager to sign these off once they have been completed. However to date, the provider was not acting in accordance within the principles of the MCA.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In providing care and treatment of service users the registered provider did not act in accordance with the Mental Capacity Act 2005.

At our last inspection, we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that persons employed in the provision of the regulated activity had received such support, supervision and appraisal as is necessary to enable them to carry out the duties they are to perform. We found that improvements had been made in this area; however there was room for further improvements in the recording of these meetings and the support given.

Care and nursing staff told us they felt well supported since the new manager and clinical services manager had been in place. Staff told us, "it's totally different to before, the managers are strict but very nice with you and approachable" and "we get enough support". We received varied comments about supervision. Some staff members told us they had regular supervision whereas others told us they had not received supervision for some time. We looked at the records and could see that staff had received supervision, however there was no system in place to tell how frequently this was occurring. We spoke to the registered manager and she advised that when she started in role, supervision was viewed by staff as a negative experience, therefore she had focused on informal supervision and coaching to change staff perception of supervision. She had now begun to record formal supervision and was in the process of setting up a tracker and cascade system. This would mean that staff would be supervised within their service area, for instance, the housekeepers would be supervised by the most senior person in that area and the nurses would be supervised by the clinical services manager. The manager acknowledged that support and supervision had improved, but the recording needed to be strengthened.

The provider had their own induction training programme that was designed to ensure that any new members of staff had the skills they needed to do their jobs effectively and competently. This was in line with the Care Certificate Framework, a nationally recognised and accredited system for inducting new staff. The person would complete a maximum of five days induction in a classroom which included one day visiting the home to observe. The induction covered areas such as moving and handling, safeguarding, dementia awareness, fire safety, challenging behaviour and person centred care. Once this was completed and prior to starting work on shift, they would shadow existing staff members and would not be allowed to work unsupervised for a period. We looked at the induction record for one recently appointed staff member and could see that this included ensuring that the member of staff had access to all the core training identified by the service. In addition to this each staff member was given a workbook where they needed to demonstrate competencies, which were in line with the Care Certificate. This was completed within three to six month from their start date and these were signed off. One staff member told us, "the trainer shadows you and checks that your practice is okay". We spoke to the area home trainer for the corporate provider and they spoke about meeting with the registered manager bi-monthly to monitor core training and look at

additional training and future planning. They were developing links with external providers and other professionals to improve staff knowledge. Some staff had completed a National Vocational Qualification (NVQ) and plans were for more staff to complete this. Staff spoke of having regular training and enjoying the training that was provided to them.

We asked the area home trainer and staff about training and they all confirmed that they received regular training throughout the year, they also said that their training was up to date. The practice development facilitator advised that the training was monitored via a computer system, which flagged immediately to the manager if someone's training was about to go out of date in order that plans could be put in place to refresh that particular training need. We subsequently checked the staff training records and saw that in May 2015, the service was 97.4% compliant in terms of mandatory training and where there was outstanding training we could see that this had been booked.

During our visit we saw that staff took their time to ensure that they were fully engaged with each person and checked that they had understood before carrying out any tasks with them. Staff explained what they needed or intended to do and asked if it was alright rather than assuming consent. People told us, "I am treated with respect without a doubt" and "staff respect your privacy and dignity". We observed a staff member helping someone who had split some juice. We noted that they reassured the person that it was not a problem, ensured that someone else came to clear the area and ensured that the person was provided with another drink. The incident was dealt with in a dignified and respectful way.

The information we looked at in the care plans was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We saw evidence that people had signed to consent to the care they were being provided and in instances where people were unable to sign, relatives had been involved in discussions about someone's care.

Visits from other health care professionals such as GPs, physiotherapists, chiropodists and opticians were recorded so staff members would know when these visits had taken place and why. We spoke to a visiting GP who told us that the nurses in the home were "on the ball" and knew the people living in the home well. They advised that staff contacted them appropriately for assistance and acted upon advice given. We also spoke to a visiting physiotherapist who stated that the new management were very proactive and that staff in general were good at listening and acting upon the advice they had provided. They advised that they had been attending the home over some time and had seen improvements recently. They felt that staff knew people living in the home well and the interactions between staff and residents were very genuine. We spoke to people living in the service about whether they had access to health services. They told us, "I get to see the GP if I need to" and "I have the physio every Monday". A relative told us that their relative had regained their independence again after their stroke whilst living in the home.

The provider prepared their own food and the menu provided a good variety of food to the people using the service. The home followed a four week flexible menu which was called the principle menu and was set by the corporate provider. We saw that the dining room had a menu which exhibited a number of choices for lunch and evening. People were asked what they would like at every meal time. Special diets such as gluten free and diabetic meals were provided if needed. Staff members we spoke to confirmed that people could request an alternative option such as an omelette if they did not like the meal of the day. The people using the service told us, "we have a choice of meals and the choice is quite good", "the food is okay, there is a choice of meals and there is a menu to choose from. There are always plenty of drinks", "the food is usually quite good" and "the food's good".

We undertook a SOFI observation in the ground floor dining room over lunch and saw that the food looked

tasty and appetising and was well prepared. The tables were set with cloth napkins, table cloths, cutlery and flowers so the meal times were distinguished from other times of the day. Staff were wearing protective aprons when handling and serving the food or entering the kitchen area. We saw that staff offered people drinks and they knew people's preferences and choices. Staff were attentive and there were a number of staff on hand observing lunch, for instance the hostess and activity co-ordinator were available generally to help and assist generally, whereas care staff were available to people needing support with eating. We found the atmosphere at lunchtime was calm. These people were assisted by staff members sitting alongside them in a patient and unhurried manner. Staff were chatting to people eating as they were moving through the dining area and prompting people and checking that people were ok throughout the mealtime. Staff took the time to explain to people what the food was and asked permission before helping someone. We observed one person did not appear to be eating anything. One staff member approached them and offered them an alternative and then the chef came from the kitchen and spoke quietly with the person offering them the choice of anything that they would like. They agreed to try a drink but declined any food.

We saw that staff used the Malnutrition Universal Screening Tool to identify whether people were at nutritional risk. This was done to ensure that people weren't losing or gaining weight inappropriately. On the care files that we looked at, this was being reviewed on a regular basis. We saw staff offer drinks and that they were alert to individual people's preferences and choices in this respect.

The home was very clean and maintained to a high standard. At our last inspection we recommended that the home considered National Institute of Clinical Excellence guidelines on "Supporting People with Dementia and their Carers in Health and Social Care". The manager advised that they had consulted with the people living in the home about some alterations to the home environment. She advised that people had not wanted to alter front doors or the corridors as they felt that this was not appropriate. We were able to view the minutes from this meeting that verified this. However, she advised that they were currently refurbishing areas of the home and were looking at different methods to differentiate the different parts of the home. This also included introducing a bistro area into the front reception area. On the day of our visit, we observed the manager speaking to the people living in the home and gaining their opinion on the fixtures and decorations for this area.

Adaptions were provided for use by people who needed additional assistance. This included bath and toilet aids, grab rails and walking frames and sticks to help maintain independence.

The laundry within the service was well equipped and there were systems in place for the care of people's clothes.

Is the service caring?

Our findings

We asked people living in and visiting Hazelmere House about the home and the staff who worked there. They all commented on how kind and caring all the staff were. Comments included, "they are the loveliest bunch of people, nothing is too much trouble", "some are very, very good", "the staff are very good, very pleasant, I'm very pleased with the staff", "everyone is so kind and helpful" and "nurses and members of staff are excellent". Visiting relatives told us, "the care is excellent, I can't fault it, she wouldn't be here otherwise" and ""the staff are very friendly and approachable which is very important".

It was evident that family members were encouraged to visit the home when they wished. One person living in the home told us, "my daughter comes every other day". Comments from relatives included, "I always feel welcome. One of the good things about it was having a reception. [name] is always very nice and helpful" and "I'm always made to feel welcome".

We viewed cards that had been sent into the home. One person's relatives wrote, "Many thanks to all the staff at Hazelmere for all the kindness given to [name] during her stay with you". Another person's relative wrote, "This is a heartfelt thank you to all staff (particularly to those on the first floor) for looking after my father [name] so well in his last few weeks. It was a delight to witness the care, respect and kindness you gave him. Also to know how welcome I would be, no matter what time I turned up".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Hazelmere House and had very positive relationships with the people living there. Comments included, "I love it. I take pride in the fact that everyone is doing their job" and "I enjoy the work".

We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw there was good communication and understanding between members of staff and the people who were receiving care and support from them. We saw that staff members were interacting well with people in order to ensure that they received the appropriate care and support from them. Staff took their time with people and ensured that they understood what the person needed or wanted without rushing them and always seeking their permission before undertaking a task. We observed that staff used a dignified approach to people, for example knocking on people's door before entering and using their preferred names.

We undertook a SOFI observation in the ground floor dining room over lunch. We saw that staff members were moving around the dining rooms attending to people's needs and speaking to people with respect and encouraging them to eat their lunch and seeking out whether they needed support. People were very relaxed and comfortable with the staff who supported them. We saw people joking and laughing with staff members which showed there were trusting relationships between the staff and the people living in the service. All the interactions we observed and overheard throughout the inspection were caring, kind and compassionate.

We saw on the day of our inspection that the people living in the home looked clean and well cared for. For example ladies in the home had their hair styled. Those people being nursed in bed also looked clean and well cared for.

The quality of the décor, furnishing and fittings provide people with a homely comfortable environment to live in. Rooms were all personalised, comfortable, well-furnished and contained individual items belonging to the person.

The provider had a range of information available for people living in the home available in the reception area as well as a welcome booklet that was kept in each person's room. There were leaflets inviting feedback and a feedback form which included some areas where people had asked for improvements and how the service had acted upon these. There were photographs of recent activities that had taken place in the home, as well as the latest activities programme. There was the latest CQC inspection report. Forms were also available inviting comments from carehome.co.uk. There were leaflets about dementia and reducing falls and the provider's policy statement. There was a certificate confirming that the home had now gained accreditation in 'Six Steps to Success' in September 2015. This is a framework for supporting people to live and die well which can equip nurses and care staff to recognise end of life situations and manage them more effectively, working in partnership with the individuals, their families and other organisations to deliver the best quality of care possible.

In the care files we viewed we could see that discussions had taken place with people about their end of life care, which included preferred place of care and where Lasting Power of Attorney provisions were in place. We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) records were in place on six of the care files we reviewed. We saw that either, the person, or where appropriate, their relative or health professional had been involved in the decision making process. We found that the records were dated and had been reviewed and were signed by a General Practitioner.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where cardio pulmonary resuscitation (CPR) would not be successful. Making and recording an advance decision not to attempt CPR may help to ensure that the person dies in a dignified and peaceful manner.

We saw that personal information about people was stored in their rooms so they knew who was writing in the plans and they could access this whenever they wanted to. However, where people had requested, this could be kept securely in a locked office.

Is the service responsive?

Our findings

Those people who commented confirmed that they had choices with regard daily living activities and that they could choose what to do, where to spend their time and who with. Comments included, "it's very nice here, place itself is lovely", "I like the activities and always join in most of them, it's bingo this afternoon which I really like" and "I'm improving here". One relative told us, "the maintenance man is very good, any problems are immediately fixed".

At our last inspection in August 2015, we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not maintain accurate, complete and contemporaneous records of care provided. We also found that this was an issue at our previous inspection in May 2014. Information from the local authority indicated that visits they had carried out in June and August 2015 and April 2016 found satisfactory progress had not been made in regards to maintaining accurate and contemporaneous records of care interventions. We served a warning notice asking the provider to be compliant by 30 December 2015. The manager had made significant improvements, however some concerns remained. The action taken was sufficient to meet the requirements of the warning notice, however we identified some shortfalls. These constitute a breach of regulations and the manager needs to continuously improve in this area.

We saw in care plans that where someone was identified at being at high risk of malnutrition additional monitoring of fluid and food intake and weight was undertaken. We viewed these records and found that there were some inconsistencies in this recording. We found on one file, whilst the records for that day were accurate, there were no records at all for the previous two days and there were other days missing earlier in the month. In another file, the last entry for drink being offered was nine hours previous to the time we looked at this. We found one care plan that identified someone needed to be weighed more frequently, however when we asked to see these records, they could not be found.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not maintain accurate, complete and contemporaneous records of care provided.

At our last inspection in August 2015, we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment was not provided in a person centred way that met the person's needs and reflected their preferences. We asked the provider to produce an action plan of how they would ensure that they met this regulation. We saw that action had been taken and improvements had been made, however there was still room for further improvement in terms of responding to peoples' needs.

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. We looked at the pre-admission paperwork on the care plans that we viewed and could see that assessments had been completed.

The eight care plans we looked at contained information regarding background history to ensure the staff

had the information they needed to respect the person's preferred wishes, likes and dislikes. For example the food the person enjoyed, where they had lived, what they preferred to be called, preferred social activities and people who mattered to them. We asked staff members about several people's choices and the staff we spoke with were knowledgeable about the people they were caring for.

We looked at the care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and captured the needs of the individual. The care plans were being reviewed on a regular basis and captured any changing needs in terms of health and wellbeing. We could see that where there had been a change, prompt action was taken and the relevant professionals were consulted for advice appropriately. We saw that the plans were written in a style that would enable a staff member reading it to have a good idea of what help and assistance someone needed at a particular time. We found that people's preferences were observed and they were receiving the care specified in the care plans. However we found instances where staff had not always followed everything in the care plans. For instance we found in two care plans that people needed help to clean their teeth, we noticed that their teeth did not appear to have been cleaned that day and checked the daily records. It was not clear from the records whether their oral health care needs had been met, so we checked the toothbrushes. They were both very dry and had not been used that day. When we spoke to staff, they advised that one person had a sore mouth and it was difficult to brush their teeth, however alternatives had not been considered. We raised this with the manager to address.

In August 2015, we found that the provider was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not fully investigated complaints or taken necessary and proportionate action in response to the failure identified by the complaint or investigation. On this inspection, we found that improvements had been made.

The home had a complaints policy and processes were in place to record any complaints or compliments received and to ensure that these would be addressed within the timescales given in the policy. Copies of leaflets were available in the reception area and the policy was also set out in the welcome documentation. We looked at the complaints that had been received for the last three months. We could see that all the complaints had been investigated fully and dealt with appropriately. There were details of the outcome of the complaint, the action taken and whether this had been closed or escalated. Everyone we spoke to said that they knew how to make a complaint. Comments included, "if anything is not satisfactory, I would tell my daughter and she would sort it out", "never complained – never had any reason to" and "I have no complaints at all" One person we spoke to said they had raised complaints and these had been dealt with promptly. Some relatives said that they had raised complaints and were meeting with the clinical services manager that day to discuss this further.

The provider employed an activities co-ordinator, who was described by many people living at the home as excellent. Their job was to help plan and organise social or other events for people. The people using the service were asked what kinds of activities they liked to do during the assessment and care planning processes. We saw on the care files that it was recorded when a person had taken part in an activity and whether the person had enjoyed this activity. Staff then had to provide evidence as to how they had reached this conclusion, for instance "[name] enjoyed the music, singing along and tapping his feet". We saw books, puzzles and games in the conservatory area for quieter activities and there was a TV and activities tended to take place in the larger lounge. There was a poster in the reception area advertising activities each week ranging from bingo, singing in a choir, board games and horticultural therapy. On the day of our visit we saw a coffee morning was taking place, with newspapers and people discussing what was going on in the news, a bingo session and a horticultural session. Prior to all these activities, we saw the activities co-ordinator reminding people that these activities were taking place and encouraging them to participate. We also saw

that people were engaged with the activities and there was lots of smiles and laughter, particularly at the bingo session.

Is the service well-led?

Our findings

There was a registered manager in place and they had been registered since April 2016. There was also a clinical services manager who was a registered nurse, who worked supernumerary to the rota providing support to all care and nursing staff. The registered manager told us that significant improvements had been made in the home since they had been in post, however they were aware that further changes needed to be made.

In August 2015 at the last inspection, we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and processes established to ensure compliance with the regulations were not operated effectively so the health and well-being of the people who lived at the home was not assured. We served a warning notice asking the provider to be compliant by 30 December 2015. The manager had made significant improvements, however some concerns remained. The action taken was sufficient to meet the requirements of the warning notice, however we identified some shortfalls. These constitute a breach of regulations and the manager needs to continuously improve in this area.

Hazelmere House had an established quality assurance system in place and we could see that audits were now being completed on a regular basis by both the registered manager and the area manager. We were able to view a first impressions audit completed in June 2016, the manager's weekly walk around audit as well as infection control audits and nutrition audits. We noted that on a number of these, issues that had been identified had no date for when action needed to be completed to remedy the shortfall and there was no evidence that any action had taken place. For instance on the nutrition audit, it identified that food and fluid charts were not being completed and weights were not being consistently taken. We identified the same shortfalls on the day of our inspection. The issues identified were not being corrected and the service was not learning from previous concerns to make improvements. We spoke to the registered manager and she was aware of these shortfalls and advised that she was working to improve this and this would be strengthened once they had a full complement of permanent staff rather than agency staff.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity.

In addition to the above audits, there were also a number of maintenance checks being carried out weekly and monthly. These included the water temperature, equipment such as wheelchairs and bedrails as well as safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances, any lifting equipment such as hoists and the lift.

At the last inspection, the provider was found to be in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered provider had not submitted the relevant notifications as required under this regulation. We checked our records prior to the inspection as well as checking the records on our visit and we could see that the provider was now providing all the necessary

notifications to CQC.

The manager told us that information about safety and quality of the service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. They 'walked the floor' regularly in order to check that the home was running smoothly and that people were being cared for properly. The manager conducted regular night spot checks as well as working the occasional shift in order that they were aware of the pressures on staff and could work alongside them. We asked the people living in the home how it was managed and run. Comments included, "I have never complained and generally am quite happy living here", "the manager is here most days and now has an assistant – they are both very good" and "Sarah the manager is very understanding – so kind – I have no complaints at all". We spoke to relatives and they told us, "the current manager is excellent, really nice, very caring; I hope she stays longer than the others" and "I find that Sarah and [name] will listen and come back with an answer".

People living in the home and families told us residents and relatives meetings were now being held. One relative told us, "comments and suggestions are acted upon". We were able to view the minutes from the last meeting held in April 2016. Issues discussed included, staffing, food, menus and activities.

In order to gather feedback about the service being provided, we saw a feedback display in reception saying what feedback they had received and what action had been taken by the provider to address this. There were feedback questionnaire leaflets for both the provider and carehome.co.uk encouraging people to feedback on the service as well as an 'everyday hero' suggestion box. The aim was for people living in the home or other staff to give positive feedback to someone they had noticed had done something above and beyond their job. We were able to view some of the feedback where people had commented that a particular member of staff had shown care and compassion to them that day.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the home was being managed now and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. We asked staff how they would report any issues that they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the registered manager. Comments from the staff members included, "[name] always deals with things swiftly", "they are both open and approachable. I think it's better", "since Sarah has started, I feel that they are starting to listen" and "the manager has a very open door policy, but she'll let you know if you need to step up. The whole mood in the home is more upbeat".

The staff members told us that staff meetings were being held again and we could see one taking place on the day of our visit. These enabled managers and staff to share information and/or raise concerns. During our inspection we viewed minutes from past staff meetings. Staff had opportunity to discuss a variety of topics including staffing, annual leave, the importance of recognising when staff had done well and upcoming activities in the home. The manager also held meetings each day called 'take 10'. These were short daily meetings with care staff covering what was happening in the home that day, any staffing issues, high risk residents and new admissions. We were able to view minutes of these and could see that these happened each day and provided a good level of information to staff of what was happening on a daily basis.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring

team prior to our inspection and they stated that the main outstanding concern was in relation to daily records which were not up to date. This continued to be an issue on our inspection and you can see what we told the provider to do at the end of this report.

As part of the inspection, we repeatedly requested folders and documentation for examination. These were produced quickly and contained the information that we expected. In the instances where this was not up to date, this had been identified by the manager and she was in the process of addressing these shortfalls.

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 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	In providing care and treatment of service users the registered provider did not act in accordance with the Mental Capacity Act 2005. The provider was not consistently completing mental capacity assessments and DoLS applications where necessary.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not maintain accurate, complete and contemporaneous records of care provided and whilst the provider was completing audits, corrective action was not being taken to address these shortfalls.
Treatment of disease, disorder or injury	