

# The Partnership In Care Limited

# Hazell Court

## Inspection report

Acton Lane  
Sudbury  
Suffolk  
CO10 1QN

Tel: 01787373542

Website: [www.thepartnershipincare.co.uk](http://www.thepartnershipincare.co.uk)

Date of inspection visit:  
12 July 2023

Date of publication:  
27 July 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hazell Court is a residential care home providing accommodation and nursing and personal care to up to 55 people. The service provides support to adults and people living with dementia. At the time of our inspection there were 46 people using the service.

Hazell Court is an adapted building over 4 floors and has 2 units. In the long-term unit people received personal care support without nursing. In the rehabilitation unit people received nursing care. The rehabilitation unit was commissioned by the NHS. People used the rehabilitation unit after a stay in hospital and were supported to return home.

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

There were systems in place to keep people safe from avoidable harm and abuse. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received their medicines when required and monitoring ensured discrepancies were identified and addressed. Staff were available when people needed them, and staff were recruited safely. The service was visibly clean, and monitoring reduced the risks of cross infection risks. People were supported to have visitors when they wanted them.

There were systems in place to monitor and assess the service provision. This supported the registered manager and provider to identify shortfalls and address them. We received positive feedback about the registered manager, the provider and how the service was led. People received person centred care which achieved good outcomes. Lessons were learned when things went wrong, for example, accidents, such as falls, and concerns were used to drive improvement to reduce them happening again.

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 30 November 2018).

### Why we inspected

The inspection was prompted in part due to a concern received about the safe care provided. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

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 remained good, based on the findings of this inspection.

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

#### Follow up

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.

|  |                      |
|--|----------------------|
| <p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>             | <p><b>Good</b> ●</p> |
| <p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p> | <p><b>Good</b> ●</p> |

# Hazell Court

## 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 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 undertaken by an inspector 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.

#### Service and service type

Hazell Court 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. Hazell Court is a care home with nursing care on the rehabilitation unit and without nursing care on the long-term unit. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 11 people who used the service and 4 relatives. We also observed staff interactions with people, for example during the lunch time medicines administration. We spoke with 8 staff members, including the registered manager, senior care, nursing, activities and domestic staff.

We reviewed the care records of 5 people who used the service, including their care plans, risk assessments and medicines records. We also reviewed 3 staff recruitment files, training records, and records relating to health and safety and governance, including safety checks of the environment and equipment and audits.

Following our inspection visit we received electronic feedback from 3 people's relatives and 17 staff members, including the administrator, care coordinator, care, senior care, nursing and domestic staff. We spoke with 1 relative on the telephone.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to mitigate the risk of abuse. This included policies, procedures and staff training. In addition, there were signs posted around the service to advise how to report abuse to the appropriate professionals.
- Staff confirmed they understood their roles and responsibilities in recognising and reporting concerns of abuse.
- People told us they felt safe in the service, which was confirmed by relatives. A relative said, "I know [family member is] safe because I vary the times I come and visit so I think I see everything and it's okay." Another relative commented, "There is a welcome and relaxing environment and when I leave, I am relaxed because [family member is] in safe hands." Another relative said, "[Family member] is happily settled and feels safe, cared for and respected."

Assessing risk, safety monitoring and management

- Prior to our inspection, we received a concern about the risks of dehydration and how the risks were mitigated. During our inspection visit, people confirmed they had enough to drink, and we saw people had access to drinks and were encouraged and assisted to drink, where required.
- Records were maintained where people were at risk of dehydration, and these were monitored by senior staff. A relative said, "They do [family member's] fluids well and they keep me informed about how [family member is] doing, they will phone if there's any problems, so we know [family member is] safe."
- People's care records included risk assessments and guidance for staff in how to reduce the assessed risks to people. This included risks associated with moving and handling, choking, pressure ulcers and malnutrition.
- Environmental risk assessments identified how risks were mitigated. The grounds were secure, which prevented unauthorised access to the service. A person said, "I like it here because it is safe for me. The gates are locked and that makes me feel safe."
- Staff told us they received training in keeping people safe, including moving and handling. A staff member told us about using equipment to support people with their mobility, "[Registered manager] has always told us if in doubt do not use it, and support and extra training is always available, there is always another team member to help out."
- Mobility equipment, such as hoists and slings, were regularly checked and serviced to ensure they were safe for use and fit for purpose. Fire safety checks and drills were undertaken to reduce risks in case of a fire. Systems to reduce the risks of legionella in the water system were in place.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Staffing and recruitment

- We saw staff responded to people's requests for assistance promptly. People told us the staff were available when needed. A relative said, "I've been in here at 9.30pm and there's still plenty of staff around to help them. At weekends it is no different maybe not quite as busy as weekdays, but like I've said I can't fault the place." Another relative said, "There always seem to be [staff] about. Staff can be seen engaging with residents appropriately according to their needs and abilities."
- The registered manager told us the service was fully staffed. A staff member was due to leave, and the registered manager was proactive in interviewing staff before they left. They said this would reduce the need to use agency staff, which were not being used.
- We received mixed feedback from staff about staffing levels. The majority stated there were enough staff. A staff member said, "Definitely more than enough staff to keep everyone safe. There are times where we may have a staff absence unexpectedly, but it is covered very quickly." Another staff member told us there were usually enough staff, but when there was a change in the people using the service, they could struggle when people required the support of 2 staff.
- The registered manager told us staffing levels were kept under review and the provider was responsive when they needed more staff, for example if a person's needs changed.
- Records showed staff were recruited safely, including making the necessary checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People received their medicines as required. There were systems in place to obtain medicines when people had been admitted to the service following hospital discharge.
- Medicines were stored safely, and regular auditing of medicines supported the senior team to quickly identify discrepancies and address them.
- We observed staff doing a weekly medicines audit, including checking the electronic system and undertaking a stock check. Staff explained how the processes for administering medicines reduced the risks of medicines being given too close together and given to the wrong person.
- Staff told us they felt medicines were managed safely. A staff member said, "If I ask a senior about medication or when a resident can have more pain relief the seniors always assist with this and reassures the residents as to when they can next have some. Having 2 seniors on shift means no one has to wait past the prescription time for medication." Another staff member told us, "The medication champion is always checking cream chart dates and making sure staff are aware of importance of applying creams and signing once applied."
- Staff who were responsible for supporting people with their medicines were trained and their competency checked.



### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- People told us they could have visitors. During our inspection visit, we observed people enjoying visits with their relatives.
- People's relatives told us they could visit when they wanted to. A relative said, "I'm always welcomed and they're quite happy to let us come any time."

### Learning lessons when things go wrong

- There were systems in place to learn lessons when things went wrong, and these were disseminated to staff.
- Incidents and accidents, including falls, were monitored and analysed to identify any potential trends. Systems were implemented to reduce the risks of incidents happening again.

# 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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's care plans detailed the care and support people received to meet their assessed needs to reduce risks to their health and wellbeing and achieve good outcomes. We observed a person talking with staff and they said, "There is nothing I could have done to be lucky enough to be here with you."
- People were positive about the care and support they were provided with and were complimentary about the staff. A person said, "It's very nice here, we have nice manager here. As for activities I like to do the exercises, they are very gentle but work well for me." Another person told us, "I like the carers, they are so helpful towards me and the others here. Look everything is kept so clean they're wonderful here."
- Relatives commented on how the service was well-led. A relative said, "I can always talk to the management, they are easy to access and chat to." Another relative told us, "[Registered manager] is often to be seen about the building when we visit, a good sign, I feel. We have spoken several times, both in person and on the telephone and I have found [registered manager] to be pleasant and helpful."
- Feedback from staff reflected the person-centred approach to the care and support provided, which was led by the provider and registered manager. A staff member said, "[Management team] are very efficient and try to help as much as they can. I can't fault the way that the home is run as the management are amazing and very supportive."

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

- There was a duty of candour policy in place which was understood by the registered manager.
- Records demonstrated when the registered manager had contacted relatives giving an explanation and an apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities in managing the service. This included advising us of notifiable incidents, as required.
- A programme of audits undertaken by the registered manager and provider supported them to identify shortfalls and address them. The registered manager told us the provider's directors were supportive and people using the service was their priority, if anything was requested for the benefit of the people using the service it was provided.
- The registered manager was committed to provide a high-quality service, this included developing staff,

promoting training, monitoring the service, and listening to staff.

- Feedback from staff demonstrated they understood their roles and were also committed to ensuring people received high quality care. We saw staff were caring when interacting with people. A staff member said, "I feel our residents are well cared for and very much loved... Our team pulls together and does what is best for our residents making sure they smile each day." Another said, "Person-centred care and family values are our home's main focus."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were valued and listened to about the service they received. This included in attendance at care reviews, complaints and concerns and surveys. A staff member said, "Our residents are always happy with our service provided, we ask our residents regularly to fill out surveys of care and service given to help us improve if needed."
- People told us their comments were listened to and valued, for example the food they ate. A person said, "Food wise you can have what you like really and it's good." A staff member listed the activities and entertainment on offer said they asked people what they wanted to do.
- Relatives told us they were contacted if there were any concerns about their family member's wellbeing and their comments about the service were listened to. A relative said, "I have not raised complaints as such, but I did mention that my [family member] was having difficulties... The matter was addressed immediately, and the problem resolved."
- Records demonstrated complaints and comments were used to drive improvement, for example in staff meetings, staff were advised of their roles and responsibilities. Staff told us they received one to one supervision meetings and nursing staff received clinical supervisions. This supported them to discuss their work, receive feedback and identify any training needs.

Continuous learning and improving care

- Staff received training relevant to their role, including training in diverse needs, such as dementia. Training was kept under review and refresher training provided as required, A staff member told us, "I feel we are provided with the training we need, and the training is very informative."
- A staff member said, "Our management has an open-door policy and I feel comfortable approaching them with issues or to seek advice. They see their role as that of leading and training and often use situations or questions that arise in our day-to-day duties as teachable moments. I like that we are challenged and always encouraged to grow."
- Staff told us they were aware of the provider's whistleblowing policy, which includes reporting poor practice. A staff member told us, "I have in fact whistle blown in the past and I was supported by management, and I would feel very confident to do so again if need be."

Working in partnership with others

- The registered manager told us they had good relationships and worked in partnership with other professionals involved in people's care. This included the GP, and speech and language therapists (SALT). The registered manager said the SALT provided training for staff in risks of choking and mouth care.
- The rehabilitation unit was commissioned by the NHS, and regular multi-disciplinary meetings were held to discuss people's progress and the service provision. The staff working in the service worked in partnership with the full time NHS therapists.
- The registered manager told us how they had reduced the length of time people required rehabilitation which demonstrated the positive support and care provided and joined up working with other professionals. The full-time NHS therapy staff working alongside permanent Hazell Court staff gave quicker access to the support people required to return home.

