

Inspiricare Ltd

# Hazelmere Nursing Home

## Inspection report

9 Warwick Road  
Bexhill On Sea  
East Sussex  
TN39 4HG

Tel: 01424214988

Date of inspection visit:  
12 September 2019  
13 September 2019  
16 September 2019

Date of publication:  
01 October 2019

### Ratings

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

# Summary of findings

## Overall summary

### About the service:

Hazelmere is registered to provide nursing, care and accommodation for up to 23 people. There were 21 people living in the service when we visited. People cared for were mainly older people who were living with a range of care needs, including arthritis, diabetes and heart conditions. Some people were also living with dementia. Most people needed support with their personal care, eating, drinking or mobility. Accommodation was provided over two floors.

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

At the last comprehensive inspection in July 2018, we told the provider they needed to improve the oversight and governance of the service. The registered manager and provider had made improvements to the governance and oversight arrangements, implementation of systems and processes to safely assess and manage risks to people, including their medicines. However, there were some areas of documentation that needed to be further developed to ensure people received safe and consistent care. This included the clear documentation of best interest decisions and the rationale behind them. The improvements made since the last inspection also needed more time to be sustained, and fully embedded into the culture of the service.

People received safe care and support by staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "Very safe here, no complaints at all," and "I came here because I had been ill, it's clean, good food and considerate staff." People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by trained and knowledgeable staff, who had been assessed as competent. There were sufficient staff to meet people's needs. The provider used a dependency tool to determine staffing levels. Staffing levels were reviewed following falls or changes in a person's health condition.

Safe recruitment practices had been followed before staff started working at the service. Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs. Nursing staff received clinical supervision and training. Staff told us that they had they got to know people and their needs well and received the training they needed to meet people's needs safely and effectively. One staff member said, "We get lots of training and have regular supervision." People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals. 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.

Everyone we spoke to was consistent in their views that staff were kind, caring and supportive. People were relaxed, comfortable and happy in the company of staff and engaged in a positive way. People's independence was considered important by all staff and their privacy and dignity was also promoted.

Activities reflected people's preferences and interests. People were encouraged to go out and meet family and friends. Staff knew people's communication needs well and we observed staff communicating with people in an effective way.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. People were involved in their care planning as much as they could be. End of life care planning and documentation guided staff in providing care at this important stage of people's lives.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated. The provider and registered manager were committed to continuously improve, and had developed structures and plans to develop and consistently drive improvement within the service and maintain their care delivery to a good standard.

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 and update:

The last rating for this service was requires improvement (published 19 September 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Hazelmere Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of an inspector.

The service is required to have a manager. The service had 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.

#### The service type:

Hazelmere is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection:

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider, including the previous inspection report.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

We looked around the service and met with the people who lived there. As some people were unable to fully communicate with us, we spent time observing the interactions with people and staff. We spoke with 11 people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, registered provider, deputy manager and five members of staff. Following the inspection, we requested feedback from three health and social care professionals.

We reviewed the care records of six people who were using the service and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not ensured that people were safeguarded from unsafe care and treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were confident of the signs of abuse and how to report safeguarding concerns. They assured us that the management team would address any concerns and make the required referrals to the local authority as necessary. A staff member said, "If I saw or heard anything concerning, I would immediately inform our manager. I know she would act immediately to protect our residents."
- Staff told us, "Safeguarding training is good, we all have regular updates, this makes sure we can look out for our residents," "I would immediately speak up to make sure our residents are safe."
- People told us, "I feel safe here, staff look after us," and "I have no worries and know the staff look after my safety, very respectful and polite."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training and had received refresher training. Staff were confident about how to raise concerns and told us, "We have the safeguarding number on a notice board and we would go to the manager." We were also told "Communication has really improved, we discuss things openly and I wouldn't hesitate to report poor practice."
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Using medicines safely

At the last inspection, medicine management was an area that required improvement to ensure people received their medicines safely. The provider had made improvements.

- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- We asked people if they had any concerns regarding their medicines. One person said, "No problems there, I get my medicine on time, never missed." A second person told us, "My pills are sorted by the doctor, and the staff give them to me, and I don't think I've ever been missed or not got what I need."
- All staff who administered medicines had, had the relevant training and competency checks that ensured medicines were handled safely. For example, people who received insulin injections to manage their diabetes had clear guidance and information about how to manage and monitor their diabetes, this included rotation of injection sites.
- People who had their medications via a percutaneous endoscopic gastrostomy (tube into the stomach) had clear directives for staff to follow. For example, flushing of feeding tube to ensure the tube does not get blocked.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines were available and described the circumstances and symptoms when the person needed this medicine.
- Medication audits were completed on a daily and monthly basis. The registered manager reviewed and analysed the findings of the audits to ensure they took action that may be required to improve medication practices.

#### Assessing risk, safety monitoring and management

- Care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken.
- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were up to date. There were no people at this time who had pressure damage.
- Risks associated with the safety of the environment and equipment for specific people were identified and managed appropriately. Where it had been identified that a person was at risk of falls, sensor mats and cushions had been introduced so staff were alerted to the persons movement and could support them to be safe.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

#### Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, one person had had an unwitnessed fall. Staff had looked at the circumstances and had ensured that risks such as footwear and trip hazards were explored.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place. Staff discussed a recent

incident that had been used as learning tool. One staff member said, "We looked at what had happened, it will never happen again."

#### Staffing and recruitment

- People received care and support in an unrushed personalised way. Comments from people included, "There seem to be enough staff, I don't feel I'm rushed," and "No problems with staffing." Visitors said, "Staffing levels seem good, and the staff team are familiar, nice atmosphere, I have no complaints and I visit regularly at different times."
- Rotas confirmed staffing levels were stable and the skill mix appropriate. For example, there was always a registered nurse on duty with senior care staff and care staff. There was also a first aider on each shift.
- There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.
- New staff were recruited safely, this included registered nurses. All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.
- Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

#### Preventing and controlling infection

- The service was clean and without odours. Domestic staff completed a daily cleaning schedule. People and visitors were complimentary about the cleanliness. Comments included, "My room is really clean," and "Always smells nice, I have never visited and been disappointed with the cleaning, never any odours."
- Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing hands) and at the entrance of the building, to help protect people from risks relating to cross infection.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection improvements were needed in ensuring that staff received the training necessary to meet peoples' assessed needs and keep them safe. Improvements had been made at this inspection.

- On-going training was completed by staff in a variety of subjects such as food safety, medication, safeguarding, infection control and moving and handling. One staff member said, "The training is both face to face and on-line." The provider sourced face to face training from various external agencies, for example, the local authority and the services' dispensing pharmacist.
- Clinical staff had access to professional development. A registered nurse said, "We also have competency assessments to ensure our practice is of a good standard." People told us, "Very well-trained staff, seem very competent, my questions are always answered" Another person said, "They know what they are doing and look after me very well." Visitors told us, "I have no doubts about staff skills, I see them do things safely." Another visitor said, "I think the staff are very knowledgeable and well-trained."
- Our observations during the inspection confirmed that staff had received training, for example, people were moved safely with lifting equipment and staff assisted people with their food and drink in a professional way. When staff practice didn't follow good practice guidance, this was addressed immediately by discussion and guidance. For example, staff assisting people to stand were advised to use a handling belt in future as they had used clothing to steady and complete the move when the person was unable to stand independently.
- Staff from overseas were supported by the registered manager and provider to improve their English, both spoken and written. Staff told us the importance of acceptance, whether it was nationality, culture, illness or personal preferences. One staff member said, "English is a hard language sometimes, but people and other staff are very supportive and we help each other."
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction was good, I had time to read care plans, get to know people before working on the floor."
- Staff received regular supervisions with the registered manager. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

- We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and some people were subject to a DoLS.
- There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.
- Staff received training in the MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. One staff member told us, "Some people can no longer make some decisions and we need to support them in the safest way, we have best interest meetings with the family, GP and involve advocates if necessary."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to admission to ensure their needs could be met. The registered manager was very clear that people only came to live at Hazelmere if their needs could be met by the staff and premises.
- Staff assessed people's needs regularly and involved them as far as possible in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person, those that knew them well and professionals involved in their care to create written plans of care for staff to follow.
- Staff we spoke with knew people's individual needs and preferences well. A relative commented, "The staff are genuinely interested about my relative, they ask questions about his life before, what he enjoyed and what he didn't like."
- All risk assessments were regularly reviewed. Care plan reviews took place at least monthly, or as and when required.
- The registered manager used recognised tools to assess people's needs and referenced good practice guidance and legislation, for example, Waterlow score (this is used to assess risk of pressure sores). This helped to ensure people received effective and appropriate care which met their needs and protected their rights.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the community diabetic team and speech and language therapists.
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. Staff were able to discuss a persons' Jewish culture and Judaism. They had also involved the family to ensure that their relatives wishes were followed. One person said, "I was asked if I wanted a male or female carer to do my personal care, they have always ensured that I get a female carer."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food provided by the service. One person said, "It's improved and we now have lovely meals." Another person said, "Always looks and smells nice" Visitors told us, "Always looks nice, fresh and attractive to look at."
- People were offered a choice of food, one person preferred cooked breakfasts to main meals and this had been provided whenever they requested it. This had ensured that they ate a well-balanced diet.
- Staff were attentive to people's individual needs and knew people's preferences, which were recorded in care plans. Discussion with the cook and kitchen team confirmed they were knowledgeable about people's personal preferences and dietetic requirements. They confirmed that they had received training in the preparation of textured foods and received regular updates when dietary guidance was changed. The food prepared was presented well and met people's individual needs. Pureed food was presented in a way that people could see the differing colours and textures.
- Staff offered people drinks throughout the day and supported them appropriately. People who had been identified as at risk from dehydration were monitored and action taken by staff. All staff were informed at handover of those who had not been drinking very much. Staff were seen to encourage and support those that weren't drinking. A water and juice station was in the lounge so that people could be offered or request drinks throughout the day.
- There were appropriate risk assessments and care plans for nutrition and hydration. People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. The system highlighted those at risk from weight loss and weight gain. Actions were taken if concerns arose. Such as referral to the GP or dietician. One staff member said, "We discuss residents every day at hand over and if someone is not eating or has lost weight we discuss how to prompt and improve their intake."
- If people required assistance to eat or had their meals a certain way, this had been provided. Staff assisted people by sitting next to them and helping them in a professional way without rushing them. We saw staff assist people calmly and without rushing.
- Choking risk assessments were completed where a risk was identified. Referrals to a speech and language therapist (SALT) had been made when necessary. Emergency equipment such as a suction machine were available for use in an emergency. All care staff and registered nurses had received training in what to do if someone choked.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive ongoing health care, such as with the GP, Speech and Language Therapist (SALT) and falls team. A relative said, "The GP comes when needed, it works well."
- People were supported to attend hospital and dental appointments and access eye and foot care as required. One person said, "I have been to the dentist since I have lived here." Another person said, "Staff make appointments for eye and hearing tests."
- People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. One staff member said, "When we see someone is losing weight, we ask the chef to add extra calories and inform the GP."
- The service had developed relationships with healthcare professionals. We received positive feedback from health and social care professionals about the care and support people received. One health professional said, "Staff contact us for advice and monitor people well," and "They know their residents really well so that is really helpful for us."

Adapting service, design, decoration to meet people's needs

- Hazelmere was an older style building that that was being upgraded and redecorated on a planned basis. The provider had a two year plan for upgrading the premises. Furnishings and décor had been chosen

carefully to ensure they were suitable for people needs but retained a homely and comfortable feel.

- All floors of the service were fully accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.
- There was a safe accessible garden area. The garden areas were well kept, safe and suitable for people who used walking aids or wheelchairs.
- People's rooms were personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests. As rooms became vacant they were redecorated.
- Throughout the building there was signage that helped people find their way around. Notice boards contained information about the home, photographs, activities, religious services and complaint procedures. The registered manager acknowledged that some black board notice boards needed reviewing as the writing was sometimes difficult to see.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people and visitors described staff as kind, caring, patient and good humoured. One person said, "Staff are very kind and respectful." A visitor said, "Really happy with everything, it's been a hard transition for me but they are very kind and supportive."
- The service had received compliments from families and these were shared with staff. This had contributed to raising staff morale and told staff they were valued.
- A health care professional told us, "Very welcoming, always greet people with respect and cheerfulness." Another health professional said, "Staff are helpful and kind. No concerns at all."
- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which was evident when they were talking and laughing with people. Birthdays and special events were celebrated in the home. Photographs of special events, such as birthdays and people with visiting pets, were displayed in the home.
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The registered manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

Supporting people to express their views and be involved in making decisions about their care

- People and their families confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. One person said, "Staff know I like to stay in my room, they tell me if there is an event so I can choose to attend."
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and which they needed help with.
- Staff supported people to keep in touch with their family. Visitors were always made welcome and offered a drink, and some privacy to talk. One visitor said, "I am able to visit every day, and stay as long as I wish." Staff enabled people to be in contact by telephone and email with relatives who lived further away.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how important it was to listen to people, respecting their choices and upholding people's dignity when providing personal care.
- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- People were supported by staff to take pride in their appearance and maintain their personal hygiene through baths and showers when they wanted them. People were assisted with make-up, jewellery and nail care. The laundry team looked after people's clothing and staff ensured people's clothing and footwear was of a good standard.
- Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to eat independently, for example, cutlery that met their needs, such as smaller spoons and angled handles.
- People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.
- Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. The registered manager said, "We have really looked at each persons' care plan and ensured it is person centred, we can still improve, its on-going." Staff said, "We all read the care plans, it helps make sure we are up to date with any changes. Handovers are really helpful because any changes are discussed, if someone is not well, we discuss what we can do and all ideas are discussed."
- Before coming to live at Hazelmere, senior staff visited the person, either at home, in hospital/care home and completed a pre-admission assessment. This ensured that the person's needs and expectations could be met by the service. For example, ensuring specialised equipment, such as pressure relieving mattresses were in place before they arrived.
- Care plans were personalised and included up to date information for staff on how best to support them with their assessed needs. These were reviewed monthly and amended more frequently when needs changed. There was clear guidance for staff on people's health needs and the care required to manage their long-term health conditions. For example, people had oral hygiene care plans that described how staff should support people with their teeth or dentures.
- People's records reflected their beliefs, values and preferences and included specific details like favourite clothes, whether they liked to wear makeup and how they liked to wear their hair.
- Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.
- From our conversations with staff, it was clear they knew people well. One visitor said, "We knew the home because of respite visits, he knows the staff and has settled well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.
- People's communication and sensory needs were assessed regularly, recorded and shared with relevant others.

- Technology was available in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobiles to talk to and receive calls from relatives and friends. There was a broadband system in place and people could be supported to use this to contact relatives using skype and emails.
- Notice boards contained information about up and coming events or something interesting and attractive to look at. There was some pictorial signage around the home to help orientate people. For example, to locate bathrooms.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service at any time. Visitors told us, "Very homely and friendly here, I feel welcomed every time I visit."
- Care plans recorded information about people's interests and hobbies. People confirmed they were happy with the activities on offer. There was a new activity co-ordinator who had started to compile information on everybody's' ability and preferences. It is acknowledged that this was a work in progress at this time and the staff team were excited about taking activities forward, with more outside trips. The activity team also had a second co-ordinator who had joined the team in January 2019 and who was very special to both the staff team and people who lived at Hazelmere.
- The activity programme was varied and included skittles, exercise classes, art and crafts, pet therapy and one to ones for people in their rooms.
- The support people required from staff to engage and interact with them to reduce the risk of social isolation was discussed and highlighted in care plans. One person said, "I really enjoy the entertainers and pets." Another person said, "I love the exercises." People and visitors told us staff had time to chat with them. One visitor said, "The staff make time for chatting, I see them sitting with people and that is enjoyed by everybody."

Improving care quality in response to complaints or concerns

- There was a copy of the complaints policy readily available for people and visitors to the service. People and their relatives knew how to make a complaint and felt comfortable to do so. They described how the management and staff team were receptive to feedback and shared examples of their views being acted on.
- We reviewed complaints that had been received by the service since the last inspection. All complaints were investigated, an outcome and lessons learned were recorded. For example, comments about the food had been taken forward and changes made.

End of life care and support

- Staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information about end of life care. Staff told us that they felt prepared and understood how to support people at the end of their life. One staff member said, "It's a very important part of care, we do get training and support from the hospice team." The registered manager confirmed that they were enrolled on the Gold Standard Framework with the local hospice but the training was postponed at the moment by the hospice. It is hoped that this will be completed in the near future.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, family, GP and had been reviewed regularly.
- Staff demonstrated compassion towards people at the end of their life. They told of how they supported them health and comfort wise. This included regular mouth care and position moving. We were also told

that families were supported and that they could stay and be with their loved ones at this time.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement.

This meant the service management and leadership was still being embedded and now needed to be sustained. Improvements to both the culture and care delivery were seen at this inspection.

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

At our last inspection, the provider's system for auditing the quality of the services provided was not robust in all areas and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Notifications had not been submitted to CQC as required and this was a breach of Regulation 18 Registration Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 and 18. However, further improvements were still required to embed systems to drive consistent improvement.

- The registered manager was working to ensure there was sufficient oversight and effective governance at the service. Systems and processes to assess, monitor and improve the quality and safety of the service provided had improved. However, time was still needed for a cycle of all audits to be completed. Action plans generated from audits still needed to be completed for us to be able to assess if auditing systems were always effective to sustain improvements.
- The manager completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation. Discussion took place about care plan audits and the difficulties experienced by the registered manager of auditing her own work. It was confirmed during the inspection process that an outside training consultant would be auditing care plans in the future.
- Improvements were needed to some areas of medicine management. For example, records of the use of 'as required' medicines lacked information on whether it had been effective and pain charts were not used to evaluate the positive effect for those people who were more withdrawn or non-verbal. Protocols and guidance for 'Just in case' medicines were not available. The registered manager had amended this documentation by the second day of the inspection.
- Staff were able to discuss best interest decisions and who was involved, however these were not always clearly documented and the rationale for the decision was not documented. This was an area that required improvement.

- At the last inspection the provider had not fulfilled their statutory obligations to the CQC with regard to notifications. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service.
- Since the last inspection the registered manager had informed the CQC of significant events including accidents and incidents and safeguarding concerns.
- The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism. One visitor said, "The management is very good," It was also highlighted by the visitor that, "The manager is particularly helpful and supportive to staff and as a result they are very loyal to both the home and residents."
- Quality assurance processes had been developed to consistently drive improvement. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.
- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC. The rating awarded at the last inspection was on display at the service entrance and on the provider's website.
- The leadership team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions. The team worked very well together. This showed in the atmosphere in the home, caring attitude of staff to people, visitors and each other.
- Staff were valued, and this had a positive effect on their ability and resilience in supporting people. One staff member said, "We work as a team," and "It's a really good place to work."
- Staff felt supported and told us they received for any support or guidance they asked for. One staff told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge. They said, "The manager has introduced champions and its really rewarding taking responsibility, it's exciting."

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

- The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys had been sent out to people, relatives and professionals yearly. These were collated and actions taken to comments received. The actions were then shared with people, visitors and staff.
- Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.
- Resident and relative meetings were held six monthly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended. Suggestions in respect of activities had been taken forward, for example pet pals now visit.
- For those unable to share their views families and friends were consulted. One visitor said, "I try to attend all the meetings, if I can't then I read the minutes, the communication here is very good."

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

- The provider's ethos was to ensure people could continue to enjoy their life with personalised care plans and a range of activities to keep them mentally and socially active. This ethos ran through everything that happened at the service and was fully supported by staff. People and visitors were consistently positive about the registered manager and staff. Comments from people, included, "kind," "patient" and "caring"
- Information provided the provider information report (PIR) told us they promoted a positive culture that

was person centred, open, inclusive and empowering. They underpinned this with a solid induction programme. This had ensured staff were following organisational policies and procedures. Staff discussed organisation policies and were aware of where to access good practice guidance, such as the National Institute for Health and Care Excellence (NICE).

- The management structure allowed an open-door policy, the manager's office was amongst peoples' bedrooms and the communal areas, so the manager was visible to visitors, people and staff. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work. The registered manager worked alongside the staff and this was appreciated by staff.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences.
- Staff worked very closely as a team and made sure they shared information and tasks so everyone received good quality care.

#### Continuous learning and improving care

- The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager to share ideas and discuss concerns.
- The provider consistently questioned what they could do to improve the service and made any changes they felt necessary. When a safeguarding had been raised, the registered manager worked with the local authority and confirmed that lessons had been learnt and learning taken forward.
- The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.

#### Working in partnership with others:

- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing. The registered manager had recently had meetings with the Brighton and Sussex Medical school to be involved in a research project on how to manage pain, anxiety and depression in the care home setting. The research project will improve the quality of life for people in care homes. This was due to start in November 2019.
- Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed.