

Pindy Enterprises Limited

Hazelbrook Christian Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was carried out on 21 October 2014 and was unannounced. The last inspection of Hazelbrook Christian Nursing Home took place of 14 November 2013 and was found to be meeting all the regulatory requirements.

Hazelbrook Christian Nursing Home is registered to provide accommodation for 38 people who required nursing or personal care. On the day of our inspection there were 32 people living at the home. The home is located in the Horwich area of Bolton.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager was available to assist us with the inspection. The manager had worked at the home for a several years and was a registered nurse.

During our inspection we spent time in all areas of the home including the lounges, the dining room and with people's permission chatted with some people who preferred to stay in their bedrooms. This enabled us to observe how people's care, support and interaction between staff was provided. We observed and heard staff speaking to people in a kind and respectful manner. There was a friendly and relaxed atmosphere within the home. People living at the home told us that staff were kind and caring. One person said, "I have everything I need here. The staff are lovely." One relative spoken told us, "The staff are marvellous; nothing is too much trouble for them. They are very kind and caring."

On the day of our inspection we saw that people were supported by sufficient numbers of staff. The staff we spoke with confirmed they attended regular training which was relevant to their roles. We also looked at some staff files and saw that robust recruitment procedures were in place and all the relevant checks had been completed prior to new staff commencing their employment at the home.

We saw that the home had suitable arrangements in place to help protect people living at the home from the risk of abuse. People we spoke with told us they felt safe living at Hazelbrook.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). Staff on duty confirmed that they had undertaken training in the Mental Capacity Act 2005 and in Deprivation of Liberty Safeguards.

We looked at five care records and found that these contained clear and concise information to guide care staff about how people's care needs were to be met, their preferred wishes and likes and dislikes. We saw the care records contained risk assessments, which identified risks and described the measures in place to ensure people were protected from the risk of harm. We saw that the care plans were regularly reviewed and reflected any changes to people's care needs. We saw that when the care records were not in use they were securely stored to ensure confidentiality was being maintained.

During the inspection we saw that people were encouraged and supported to eat and drink sufficient amount to meet their needs. We observed some people required assistance when eating their meals and this was done in a sensitive and dignified manner.

We spoke with the manager, nurses, care staff and the ancillary team. Staff spoken with said they felt supported by the manager and felt comfortable in approaching the manager at any time. We observed good working relationships between the staff team and senior staff. Staff comments included, "We all work well together" and "The home is well run".

Prior to inspection we spoke with other healthcare professionals who told us they had no concerns about the home and the care provided. They said that the home was well run and all the staff were very good.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People we spoke with told us they felt safe living at Hazelbrook. We found safeguarding policies and procedures were in place and staff spoken with had a good understanding how to safeguard people they were caring for.

We saw that effective systems were in place to manage risks to people living at the home. We saw the risk assessments were regularly updated to help protect people from the risk of harm.

Staff recruitment was robust to ensure that staff had been suitably employed.

Arrangements were in place to ensure people received their medication in a safe and timely manner.

Good



Is the service effective?

The service was effective.

People living at Hazelbrook received effective care as staff had a good understanding of each person and how their needs were to be met.

Staff received regular training and development. Staff spoken with had undertaken training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLs).

People received a nutritious diet and drinks were readily available. People's health needs were monitored and people had access to a range of health services as required.

Good



Is the service caring?

The service was caring.

The staff members we spoke with had a good understanding of the people they were supporting and how they were able to meet their individual needs and preferences. We saw staff interacted with people in a kind and respectful way.

If people had specific wishes about the care they would like to receive at the end of their lives these wishes were recorded in the care records. This ensured that all the staff knew how the person wanted to be cared for at the end of their life.

Good



Is the service responsive?

The service was responsive.

Throughout the day we saw that staff responded quickly and efficiently when people living at the home required assistance.

The home was well equipped with aids and adaptations to assist people to maintain their independence.

We saw that care plans and risk assessments had been regularly reviewed to ensure people received appropriate care.

Good



Summary of findings

The home had a complaints policy and procedure in place to record any concerns or complaints and how these would be addressed.

Is the service well-led?

The service was well led.

Staff spoken with were positive about the management of the home.

We saw that the manager had robust quality assurance systems in place to monitor and assess the service.

The manager and staff worked in partnership with other healthcare professionals to ensure people living at the home received appropriate support when required.

Good



Hazelbrook Christian Nursing 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 21 October 2014 and was unannounced. The inspection team consisted of an inspector from the Care Quality Commission (CQC), and a specialist advisor. The specialist advisor who assisted with the inspection was a qualified nurse.

Prior to our inspection the provider completed a provider information record (PIR). The PIR provides information about the service and helps us to prepare for the inspection. The PIR also tells us what the service does well

and what improvements they plan to make. We spoke to other agencies such as the Bolton and Salford local authority commissioning teams who purchase care for people living at Hazelbrook. They told us they had no concerns about the home. We also contacted a specialist nurse who told us their patients received excellent care at Hazelbrook.

During our inspection we spoke with five people who used the service, four relatives and friends, four care staff, the nurse in charge and the registered manager. This helped us to gain people's views about the service and the care provided.

We looked around the home and checked records including five care records for people who lived at the home. We looked at the systems in place for the administration, recording and storage of medicines. We looked at other information including policies and procedures and quality assurance records.

Is the service safe?

Our findings

The five people we spoke with told us they felt safe living at Hazelbrook. One person told us, “I thought I could manage on my own but I couldn’t. The staff are very kind and caring and I know I am safe”.

Relatives spoken with told us they felt the home was well run and that their relatives were safe and well looked after. One relative said, “The staff are fantastic they have done wonders with my relative, I know they are safe and well cared for”.

From our observations and on checking the staff rota we saw that there were sufficient numbers of staff on duty to meet the needs of people living at the home. On the day of our inspection staffing levels consisted of the registered manager, a registered nurse, an assistant practitioner (senior member of staff who had completed advanced training in care and medication), four care staff, cleaning and laundry staff, one chef and a kitchen assistant. The staff rotas showed that this was a consistent pattern of staffing throughout the week.

We looked around the home and found the environment was clean, no offensive odours were detected. The home was safe and free from clutter. This allowed people to move easily around the home with the use of walking aids if required.

We spoke with four members of staff on duty who confirmed that they had undertaken training in the protection of vulnerable adults and that they undertook annual refresher training in this area. Staff had a good understanding of the term whistleblowing and knew who to contact if they had any concerns regarding unsafe or poor practices.

We saw that safeguarding policies and procedures were in place to guide staff on how to protect and care for people they were supporting.

We looked at five care records for people living at the home. We saw that the information was clear and well recorded. Information included individual risk assessments in relation to nutrition and hydration, moving and handling

and pressure care. Care records had been reviewed monthly or when required to reflect any changes in a person’s health or wellbeing. This meant that staff had the necessary information to ensure people’s needs were being met and people were safe.

We spoke with staff who confirmed that there was a handover between staff at the start and end of each shift. This helped to provide staff with current information so people received the care they required.

We looked at two staff files. One staff file was for the last person employed. We saw that robust recruitment procedures were in place including a check by the Disclosure and Barring Service (DBS). Suitable references had been sought. These recruitment procedures helped to ensure the suitability of people to care for vulnerable adults.

We looked at the systems for the storage, administration and recording of medicines to check that people living at the home received their medication in a safe and timely manner. We saw that all the medication was safely stored and controlled drugs were stored in a locked controlled drug cupboard. A separate controlled drugs register was used to record when a controlled drug had been given and this was countersigned in the register by a second person. We saw that the nursing staff administered medicines and were assisted by an advanced practitioner.

We saw some people living at the home were prescribed medicines such as paracetamol to be given ‘as and when required’ (PRN). These were recorded on the medication administration record sheets (MARs) indicating the number of tablets given either one or two.

On checking the MARs we found these had been completed accurately. On the front of every MARs a photograph of the person who was to receive the medication was attached to ensure the medicines were administered to the correct person.

The records we looked at showed us that the registered manager carried regular audits to check that staff ordered, administered and disposed of medicines correctly. There was no evidence of overstocking of medicines.

Is the service effective?

Our findings

People living at Hazelbrook received effective care and support that met their individual needs and preferences. People were cared for by staff that knew them well and supported them in being as independent as possible.

One visitor we spoke with told us, “They (the staff) involve me all the time about how my relative is doing. They communicate really well with me, if there is any problem they let me know. All the staff are super; they do a really good job.”

We asked the registered manager about staff training and were shown a copy of the training matrix. We saw that staff had undertaken training in moving and handling, infection control, safeguarding of vulnerable adults and fire safety. The home offered palliative care so people, where possible could remain at the home when approaching the end of their life. This enabled people to be cared for in familiar surroundings by people they knew. Staff had completed the Gold Standards Framework (GSF) Care Homes Training programme, which is a programme for care homes that supports residents as they near the end of their lives.

Staff spoken with demonstrated they had a good understanding of the Mental Capacity Act (MCA) 2005 and in the Deprivation of Liberty Safeguards (DoLS). The MCA sets out the legal requirements and guidance around how to ascertain people’s capacity in making decisions at certain times. Staff had undertaken training and had an understanding about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were introduced to ensure that people’s rights were protected in a way that does not restrict their liberties or their freedom unlawfully. We were told by the manager of the home that for two people a DoLS application had been made and approved by the local social service department who were responsible for authorising and reviewing any DoLS imposed and ensuring any conditions recommended on the DoLS were met.

We spoke with staff who confirmed that staff training was ongoing and was relevant to their roles. We saw up to date training certificates in the staff files we looked at. There was evidence in staff files of dates and notes of staff supervisions and annual appraisals. Supervisions are regular meetings between the manager and staff to discuss any issues or concerns they may have and to discuss a development or training needs. Staff told us they had received a full induction when they commenced work at the home and they felt supported by the management team.

We asked people living at the home about the choice and variety of the food served. One person told us, “The food is very good, there is always a choice. If you don’t fancy what’s being served they [chef] will make you something else.” A visitor spoken with told us how their relative had gained weight and was much better now they were getting regular well balanced meals.

Where necessary if any concerns were raised by staff or relatives about people’s food and fluid intake; monitoring charts would be put in place. If required advice would be sought from the GP or the dietician. We asked about special diets such as diabetic diet and people requiring a pureed diet. The chef told us that any special diets could be catered for as well as people’s likes and dislikes. We saw that the pureed food was individual blended and served in separate portions to allow people to see colour, experience different tastes and textures.

We saw that people were offered a choice of hot or cold drinks and snacks throughout the day to reinforce the importance of hydration.

We looked at five care plans. A care plan is an individual file with information to guide staff on how people are to be cared for. The care plans had been regularly reviewed and any changes to the plan of care had been amended to reflect changing needs.

We saw that visits from other healthcare professionals, such as GPs, district nurses and dieticians were recorded so staff could act on their advice.

Is the service caring?

Our findings

We asked people living at the home if they felt the staff treated them with kindness and respect. One person told us, “The carers are wonderful. They are very kind and nothing appears too much trouble for them. We can have a laugh with them but they are always respectful.”

We heard staff interacting with people throughout the day and it was evident that good relationships between staff and people living at the home and their relatives had been formed. We observed that people’s privacy was maintained and staff knocked on bedroom and bathroom doors and waited for a response before entering the room. We asked people if staff supported them with decision making. We were told that, “I get up when I want and go to bed when I am ready. I can pick what to eat and where to eat it. The girls help me get dressed but I say what I want to wear”.

We saw that any personal information was securely stored in the office to ensure confidentiality was maintained at all times.

Staff at Hazelbrook had received palliative care training. We saw advance care planning (a plan of their wishes at the end of life) was in place and arrangements had been discussed and agreed with the person and/or their family. The home had a family room equipped with a bed, a sofa and refreshment facilities so people could stay over to be close to their loved one.

We saw that staff had a good understanding of people’s personal preferences and likes and dislikes. We spoke with staff and several of them had worked at the home for a number of years. This provided a consistency of care to people living at the home. People were comfortable with the staff and there was a relaxed atmosphere within the home.

People living at Hazelbrook were assisted with personal care and grooming. People looked well cared for. We heard staff explaining to people what they were going to assist people with for example, when a person needed the hoist it was explained why.

We looked around the home and were able to see some people’s bedrooms. We saw that these were warm and comfortable and had been personalised with people’s own belongings. We found the home to be clean and tidy and no offensive odours were detected. We spoke with a member of the ancillary staff who told us, “I am proud of the home and want it clean and fresh”.

We noted in the reception area of the home a range of leaflets and information about outside services for people to contact for help, advice and support for example how to contact advocacy services if required.

Is the service responsive?

Our findings

We found that the service was responsive to people's individual needs. People living at the home told us they felt their views and opinions were listened to and respected.

We looked at five people's care records and saw that prior to a person moving into the home a full assessment of their care and social needs had been completed by the registered manager or a senior member of staff. This assessment ensured that the home and staff could meet the needs of each person.

We saw care records were detailed and contained information about the personal care needs people required, likes and dislikes, risk of falls, mobility, past and present medical history and medication required. Further information about the person's life was also included for example family and siblings, work life experiences and what was important to them. This information helped staff who were caring for them to know more about the person and to generate topics of conversation. Staff spoken to told us they referred to the care plans to check if there were any changes documented. We saw that the care records had been reviewed by senior staff to ensure that people were receiving the care they needed.

We observed that staff responded swiftly and efficiently when people used the call bell or required assistance.

We saw that the home was well equipped with suitable aids and adaptations for example walking aids, wheelchairs, and a passenger lift, to allow people to move around the home. There were suitable aids in the bathrooms such as grab rails and assisted bathing hoists.

We asked people who used the service how people spent their day and saw that a range of activities was available. People told us it was their choice of whether they joined in or not. Activities included: pet therapy, hand massages, nail care, Zumba, quizzes, dominoes, bingo and sing-a-longs from outside entertainers. There was a café for relatives and friends to meet and support one another. The home had a regular church service with communion and had a resident lay minister to offer spiritual ministrations if required.

We asked people living at the home if they were unhappy or worried about something what would they do. One person said they would tell the manager or staff and they felt sure their concerns would be dealt with. One relative spoken with said, "If I had any complaints I would certainly speak with the manager. I have every confidence that it would be addressed immediately". We saw that effective systems were in place to deal with any complaints raised and details of how to make a complaint were prominently displayed on the notice board. We saw the home had a complaints file. There had been no complaints reported within the last 12 months.

We asked about relatives, residents and staff meetings and were shown the minutes of the recent meetings. People living at the home and their relatives were asked for their opinions on the running of the home, food and activities and any areas of improvement. This showed people were being actively involved in how the service was managed.

Is the service well-led?

Our findings

There were management systems in place to ensure the home was well-led. The home had a manager who was registered with the Care Quality Commission and they were supported by a team of qualified nurses and care staff. The manager and most of the staff had worked at the home for a number of years. This provided continuity in the management and staffing structure and assisted in the effective running of the home.

Staff spoken with told us that they thought the home was well managed and well run. Staff said they felt supported by the registered manager and senior staff and felt they could approach them at any time.

Comments from staff members included, “The manager is very good, and she is supportive”. We saw that the registered manager held regular staff meetings and meetings for people living at the home including their relatives. The registered manager had an ‘open door’ policy so that people could approach her at any time, we saw this happening several times throughout the day.

From our discussions with the registered manager it was evident that they had a good understanding of all the people living at Hazelbrook. We observed that people living at the home and their relatives were comfortable in approaching the registered manager. The registered manager told us they still covered some shifts on both days and nights when required.

During our inspection we observed that staff interacted well with one another and they were fully aware of their

roles and responsibilities. The registered manager or senior staff carried out daily checks on the environment to ensure that bedrooms, bathrooms and communal areas were clean and that people living at the home were appropriately dressed and that personal care needs had been attended to.

The registered manager and staff worked in partnership with other healthcare professionals to ensure people living at the home received appropriate support when required. We saw that people’s weight was monitored and any concerns identified had been referred to the GP and/or dietician.

We saw that quality assurance procedures were in place. Regular audits were completed relating to care records, medication, infection control, falls, complaints, incidents and accidents, dignity and end of life. We saw that from the manager’s analysis of the audits that systems were in place to ensure continuous improvements. The provider notified the CQC as required of incidents /accidents that had occurred within the home and what preventative measures they had actioned.

We saw cards and compliments displayed from relatives and friends thanking the registered manager and staff for their care, compassion and support.

We were shown the residents and relative’s feedback from the latest satisfaction questionnaire sent out in October 2014. Comments were positive and included: ‘Very happy with the care given’, ‘Dignity and privacy is always maintained’ and ‘Staff are always polite and courteous’.