

Heswall Care Limited

The Hazelwell

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

The Hazelwell is a purpose-built care home that is registered to provide personal and nursing care to older people. The care home accommodates up to 55 people across three separate floors. One of the floors provides support to people who requiring nursing care. On the day of inspection 36 people (three of which were receiving respite care) were using the service.

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

In most cases, risks to people had been identified and assessed with guidance in place for staff to follow to ensure people did not come to harm. However one person's risks assessments had not identified factors that could result in them falling. This meant measures had not been put in place to prevent them coming to harm.

Overall, medicines were safely managed and administered to people at the right times. However, one person had not received medication that was required to help manage their condition effectively. Some people's records had not been completed to show when and where medicines such as creams and ointments had been applied.

Whilst systems were in place to check the quality and safety of the service, they had not always identified issues that we found during the inspection, especially those related to medicine records.

Most people's needs and choices had been thoroughly assessed both prior to and after moving into the home. However, one person's needs had not been fully assessed prior to them moving into the home which resulted in care plans not being in place to guide staff in providing effective care and support.

We made a recommendation regarding this.

On the whole people were supported to access other health and social care professionals and staff sought advice from external agencies in a timely manner. However, for one person staff had not sought important medical advice in a timely way. We found no evidence that this person had come to any harm.

We made a recommendation regarding this.

Enough staff were on duty at the time of our inspection. However, at times it was noted that staff were not always deployed effectively across the three floors which left other staff feeling rushed during busy times. This was discussed with the registered manager and staff during the inspection.

People told us they felt safe living at the home and explained that staff were quick to respond when they needed support. Family members and friends also told us they felt confident people were safe and treated well. Staff showed a good level of understanding around how to identify safeguarding incidents and were

confident in reporting concerns to the relevant people.

People were provided with support to maintain a healthy balanced diet. Both care and kitchen staff had good knowledge of people's dietary requirements and any risks associated with poor food and drink intake or difficulties with swallowing. Staff were observed to provide support at meal times in a sensitive and patient way and the overall mealtime experience was positive. People told us they enjoyed the food which had been compared to "5 star restaurant standards".

Staff were knowledgeable and showed they knew people well and how to support them. Staff had received a range of training appropriate to their role and people's needs and told us they felt supported in their role. Two 'home trainers' had been recruited to help address issues regarding records and to provide regular consistent training support to staff.

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 spoke highly of the caring approach of all staff describing them as "Marvellous," "Truly brilliant" and "Superb." It was clear that positive relationships had been developed between staff and people. Family members and friends told us they were always made to feel welcome and described how their loved ones appeared "much happier and settled."

People received care that was person-centred and based on their needs and preferences; care plans contained information that reflected this and provided staff with information about people's life histories and what was important to them. People were supported to access a range of activities and spoke positively about what was provided.

The registered manager was open and transparent about areas that needed improving and was keen to implement changes to achieve this. They showed a desire to promote a person-centred culture within the staff team and the positive comments from people and visitors evidenced this. People, visitors and staff all felt engaged with and told us overall communication from the registered manager was clear and effective.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good (report published 26 April 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

This service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

This service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Hazelwell

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector, a nurse specialist advisor (SPA) 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

The Hazelwell 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.

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.

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. 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. Prior to the inspection we received information of concern from other commissioners of the service relating to safeguarding concerns. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives/friends about their experience of the care provided. We spoke with eight members of staff which included the registered manager, nurses, senior care workers, care workers and kitchen staff.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider and commissioners to validate evidence found and information regarding concerns reported prior to the inspection.

Is the service safe?

Our findings

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people had not always been fully assessed and plans and guidance in place for staff to manage them and prevent harm occurring. For example, one person's falls risk assessment had not identified certain factors that could result in them falling and measures had not been put in place to prevent harm.
- People who required certain medicines to be administered at a specific time had not always received them when required. For example, one person had not received their medication for a specific illness which could have resulted in their condition not being managed effectively.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records relating to the administering of medicines (MARs) had not always been completed to show that items such as creams and ointments had been applied to people when required.

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

- Staff knew people's identified risks and were seen to support people with their physical needs and mobility in a safe way.
- Regular checks were completed on the environment and equipment used to ensure they remained safe.
- Medicines were managed by suitably qualified and skilled staff who had their competency checked regularly.
- Other records relating to the safe use of medicines such as fridge temperatures and those relating to controlled drugs had been completed accurately.
- Guidance was in place for staff to follow for the use of 'as required' medicines to ensure people only received these when necessary.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at The Hazelwell and family members and friends confirmed this. Comments included "All the staff deserve a lot of credit as they work very hard to maintain high standards and keep us safe," "My [relative] is happy and safe here" and "My friend has told me that he feels safe and secure here."
- Managers and staff completed safeguarding training and understood their responsibilities for keeping people safe. Staff told us they were confident reporting any safeguarding concerns to the registered manager or relevant agencies.
- Allegations of abuse were raised with the relevant agencies in a timely way. Managers and staff worked alongside others and acted appropriately to safeguard people from further risk of harm.

Staffing and recruitment

- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs. We did, however observe that staff working on different floor did not always support each other at busy times. We discussed this with the registered manager who told us this was something they were working on with staff.
- The service used agency care staff to support when staffing levels were low during night shifts; the registered manager told us where possible they use the same staff to ensure people receive consistent care and support.
- The registered manager was in the process of recruiting new staff to reduce the need for agency care staff.
- Safe recruitment processes continued to be followed to ensure newly recruited staff were safe to work with vulnerable people.

Preventing and controlling infection

- The home was visibly clean and well-maintained and people spoke positively about the overall cleanliness.
- Staff told us they had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about infection prevention and control.
- Staff were seen to use personal protective equipment (PPE) when required.

Learning lessons when things go wrong

- Accidents and incidents were recorded in detail and reviewed by the registered manager and area manager to look for patterns and trends. Following reviews, the area manager provided an analysis of incidents so that learning could take place and further incidents prevented.
- Learning had been taken from recent incidents that had highlighted issues relating to the completion of records and action taken to address this to prevent further incidents.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- In most cases people's needs and choices were assessed in detail to make sure the service was able to meet them and support people effectively. However, prior to admission one person's needs had not been fully assessed in line with the provider's policies. Guidance was therefore not in place for staff to provide effective care and support.

We recommended the provider follow best practice guidance in relation to assessing people's needs.

- Assessments from health and social care professionals were obtained and used to help plan effective care and support for people.
- Staff followed guidance from other professionals to ensure people's health needs were met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- In most cases, people received additional support from health and social care professionals when needed and staff followed guidance when needs had changed. However, staff had failed to seek advice from relevant health professionals regarding one person's medication and change in health.

We recommended the provider review their processes for ensuring people have access to appropriate health advice in a timely manner.

- People told us their health needs were met and had regular access to health professionals such as a GP who visited regularly. People also felt confident that outside of those hours medical assistance was available through the nurses on duty.
- Staff worked closely with other social care and healthcare professionals to ensure people received the services they needed. One family member told us "Staff are really good at ensuring healthcare support is arranged if/when required."
- Information was shared with other agencies where this was appropriate so that people received consistent care and support to meet their needs.
- Guidance was in place for staff to follow to ensure people were supported with good oral hygiene. Where required people had access to regular dental appointments to help maintain this.

Staff support: induction, training, skills and experience

- People told us they had no concerns regarding staff knowing what they were doing. People trusted staff and told us new staff had a more experienced staff member with them. One person told us "I take a lot of looking after and the carers know what I need and exactly what they need to do." One family member told us "Without a doubt the staff in this place know what they are doing."
- Newly recruited staff received a thorough induction prior to supporting people. On-going training was provided that was relevant to people's needs and staffs' roles.
- The service had recently implemented two 'home' trainers to work closely with staff on a regular basis to ensure they received up-to-date consistent training and support.
- Staff told us they felt supported in their role and received regular supervision where they were able to discuss any concerns or development needs.

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

- People spoke positively about the food and told us regular drinks and snacks were provided. Comments included; "The food is what you would expect in a five star hotel," "The food is very good with plenty of choice" and "I like the fact I can get snacks and a drink whenever I want it. Once I even had a bowl of cereal at 3am."
- Positive experiences were observed during lunch time; where required staff were seen to support people in a patient and compassionate way. Staff and people chatted which provided a sociable feel.
- Food was well presented and appetising. Where people required pureed diets food was presented in a way that looked appealing; the registered manager told us they were looking at ways to further develop this to enhance the visual experience.
- People's dietary needs, preferences and risks associated with poor food and drink intake were recorded in their care plans and both care and kitchen staff had good knowledge of this.

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

- The Hazelwell is a purpose-built home which has been decorated and furnished to a high standard and in a way that provided a 'homely' feel. This extended to areas such as the communal bathrooms which helped to provide a more relaxed environment.
- People's rooms had been decorated in a way they preferred with items of personal memorabilia.
- Areas and rooms around the home were available for people and visitors to use that allowed for privacy.

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 (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments had been completed when people lacked capacity and best interest decisions were recorded as required.
- Staff had received training in MCA and had access to information and guidance to help support their

practice. Staff asked people's consent before offering support.

- Where required appropriate DoLs applications had been made in people's best interests to ensure their rights were protected.

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 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

- People, family members and friends told us staff were kind and caring. Comments include; "The carers are marvellous," "The staff are truly brilliant and I have such fun with them" and "They [staff] are very kind and considerate and they are always there if you need them."
- Some people commented that they felt everybody who worked and lived at The Hazelwell were all part of one big family. One person told us "I think the relationships that we have in this home are superb."
- Warm, affectionate interactions were observed between staff and people living at the home; staff were seen to be compassionate and provided care and support in a way that made people feel at ease.
- Family members and friends told us they were always made to feel welcome; they had got to know staff and were grateful for regular updates about their loved ones. One family member told us "It doesn't matter when we visit, we are made to feel welcome by thoughtful and caring staff."
- We saw examples of how staff respected people's equality, diversity and human rights and were sensitive to people's diverse needs.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy, dignity and independence was fully promoted and respected.
- People told us they could have a shower or bath when they wanted and that staff followed their preferred routines and provided support and assistance in an attentive manner. One person told us "They [staff] treat me well and are always so attentive towards me."
- Staff respected people's wishes around how they spent their day; some people preferred to stay in their room and staff respected this whilst ensuring they interacted and chatted with them regularly.
- People's personal records were kept confidential and only accessed by those on a need to know basis. Staff ensured discussions of a personal nature with and about people took place in private.

Supporting people to express their views in making decisions about their care

- People were supported to express their views and involved in making decisions about their care. This was done through discussions, care reviews and meetings which took place regularly.
- People told us they knew about their care plans and were included in regular reviews which gave them the opportunity to discuss their care and support. One person told us "I am able to review my care plan with my daughter and staff every month."

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 the same. This meant people's needs were met through good organisation and delivery.

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

- People told us they felt their care was focused on them as an individual. One person told us "My agreed routine allows the staff to know my requirements and this is particularly important if any new staff are going to be on duty."
- Information about people's life histories and what was important to them was recorded in detail. This information provided staff with the ability to get to know people before supporting them and to engage in conversations of interest.
- Staff interactions showed they knew people well and understood and met their individual needs well. People commented; "The way that they [staff] relate to me is brilliant, it feels like we are a big family" and "The staff are dedicated, hard working and importantly you can rely on them."
- People told us they were particularly grateful for the assistance staff provided when they needed help during the night.

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

- Activities were clearly enjoyed and a regular feature within the home; during our inspection various activities were observed including a singer who attended. People were observed to be actively involved and enjoyed the event.
- People commented positively about the activities; "I really loved it in the summer when we remembered D-Day outside in the garden" and "There is a lot of choice around activities and I do try and join in."
- People's cultural and religious beliefs were catered for and considered as part of the events organised; people told us they regularly attended Holy Communion.
- Staff ensured that people who were unable to leave their rooms due to health conditions or through choice were provided with regular one-to-one activities and interaction.

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.

- People's communication needs and difficulties were considered as part of the assessment and care planning process. Guidance was in place for staff to follow to help effectively communicate with people where required.
- The registered manager told us they planned to implement more effective communication methods such

as pictorial menus for those who may require it.

- Where language barriers were identified with staff, systems/applications on their phones were used to help effectively communicate with people.
- Where people had difficulties using call bells to alert staff due to physical/mobility difficulties, the registered manager had arranged for assessments from external professionals to look at assistive communication aids.

Improving care quality in response to complaints or concerns

- People and family members told us they would raise concerns or complaints if they needed to. They were confident that any concerns would be properly investigated by the registered manager.
- Information was available around the home and in reception about how to raise a concern or complaint and the procedure that would be followed. People told us they had no concerns and were happy with the service they received. One person told us "I have no complaints whatsoever, the staff do all that they can for us."
- A record of any concerns/complaints was kept which clearly showed the procedures followed by the registered manager and how they were investigated and resolved.

End of life care and support

- Although the service was not currently supporting anyone with end-of-life care, this was considered as part of the care planning process and people's wishes and preferences were recorded in detail.
- Staff received training in relation to end-of-life care and the service followed a nationally recognised program based on best practice guidance for providing person-centred, compassionate care.

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

Continuous learning and improving care

- Although there were systems in place to check the quality and safety of the service, these had not always been effective and had not identified some of the issues we found during the inspection, for example issues with MARs and body mapping charts not being completed.

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

- Other checks and audits had been completed by the provider, registered manager and senior staff on key aspects of the service; where issues had been identified, actions were put in place to address these.
- The registered manager was aware of issues relating to records not being completed accurately and in a detailed and timely manner. The new 'home trainers' had been recruited to address issues and develop staff training and knowledge.
- The registered manager had learned from recent incidents/events and worked to address areas of concern to improve the quality of the service provided.

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

- Positive comments were made regarding the overall service and how staff worked together to provide person-centred care. Comments included; "Teamwork is a key feature and the staff are clearly supportive of each other," "Performance of the staff in this home is first class," and "I did not look forward to coming here, but I have to say that this must be about as good as you can get."
- Observations during the inspection showed that staff worked hard to implement the person-centred culture that was promoted by the registered manager.

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

- People and family members felt the home was well-run and that the registered manager had a good level of knowledge. Comments included; "The manager has a real working knowledge of this place," "I certainly do think that this home is well-led and [registered manager] is lovely and approachable" and "It is definitely well run and the atmosphere is very good."
- The registered manager effectively communicated with staff to ensure they were aware of issues within

the service and areas in need of development.

- The registered manager was aware of their legal requirement to notify CQC about certain events and submitted notifications when required.
- The registered manager was supported by a newly recruited deputy manager, a team of nurses and residential lead. All staff understood their roles and responsibilities and had good knowledge of people's needs.

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

- Family members told us the registered manager was open and transparent about issues within the home and felt they were listened to if they had any concerns. One family member told us; "It reflects well on the home that if an issue is raised it will be listened to, properly considered and discussed at the next meeting."
- The registered manager informed people and relevant professionals when things went wrong and took action to address and learn from incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People, family members and friends told us they knew who the registered manager was and spoke positively of her visibility around the home and her ability to "get things done".
- Positive feedback was received regarding the level of communication from all staff including the registered manager which made people feel included. One person told us "Communication is always clear and timely." A family member told us "It reflects well on the home that if an issue is raised it will be listened to, properly considered and discussed at the next meeting."
- Staff told us they felt listened to and were able to offer their views and suggestions about the service and any improvements that could be made.
- Links had been created with local charities and community groups and the service had taken part in fund raising events to help engage people with the local community.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not always been considered as part of their assessments and plans not in place to prevent harm occurring. Medicines had not always been administered at the times required to help effectively manage specific conditions.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records had not always been completed by staff I show that relevant tasks had been completed, such as the administration of certain creams and ointments. Quality assurance systems had not always identified issues found during the inspection.