James Hudson(Builders)Limited

Hazelgrove Care Home

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?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We inspected the service on 30 November 2015 and 1 December 2015. Hazelgrove Care Home is registered to provide accommodation and personal care for up to 40 older people living with or without dementia. On the day of our inspection there were 36 people living at the home.

The home had a registered manager who was available during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although people told us that they felt safe, we found that not everyone was being looked after in line with their care and support plan and this was putting them at risk of harm. Risks were not always being managed safely. Staff were not always acting in accordance with agreed support plans to keep people safe.

Summary of findings

The provider had systems in place to recognise and respond to incidents and allegations of abuse although these were not consistently being followed.

People received their medicines as prescribed and overall medicines were managed safely.

Staffing levels were sufficient to meet people's needs although staff often felt rushed. Staff absence negatively impacted on time needed by senior staff to carry out their roles effectively This had affected the quality of record keeping. Records did not always provide clear guidance for staff to follow in order to respond to people's needs and support them effectively.

Recruitment procedures were good ensuring that only people suitable to work at the home were appointed. The premises were well maintained and safe.

Staff received appropriate induction and training. This gave them the knowledge and the skills to support the people who used the service. Staff support was an area where improvement was required to ensure staff felt listened to and valued.

Overall people's rights were protected under the Mental Capacity Act 2005. External professionals were involved in people's care as appropriate.

People received sufficient to eat and drink although the dining experience could be improved.

People felt listened to and were supported to make decisions and choices. People's privacy and dignity however was not always respected and promoted. People enjoyed a range of activities.

A complaints procedure was in place and staff knew how to respond to complaints. There were systems in place to monitor and improve the quality of the service provided. People living at the home and the staff team had opportunities to be involved in discussions about the running of the home although staff did not always feel that they suggestions were acted upon. The manager was in the process of making changes to the service to improve the overall quality of the care and support provided.

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?

Requires improvement

The service was not consistently safe.

Staff were not always following agreed support plans.

Risks were not always being safely managed.

The provider had systems in place to recognise and respond to allegations or incidents of abuse although these were not consistently being followed.

People received their medicines as prescribed and overall medicines were managed safely.

Staffing levels were sufficient to meet people's needs although staff absence negatively impacted on time needed by senior staff to carry out their roles effectively.

Recruitment procedures were good ensuring that only people suitable to work with vulnerable people were appointed.

Is the service effective?

Requires improvement

The service was not always effective.

Staff received appropriate induction and training although staff support could be improved.

Overall people's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink although the dining experience could be improved.

Records did not always reflect that support was effective.

External professionals were involved in people's care as appropriate.

Is the service caring?

Requires improvement

The service was not always caring.

Staff were kind, caring and respectful when supporting people.

People's privacy and dignity was not always respected and promoted.

People were listened to and were supported to make decisions and choices.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care records did not provide clear guidance for staff to follow in order to respond to people's needs.

People enjoyed a range of activities.

Summary of findings

A complaints procedure was in place and staff knew how to respond to complaints.

Is the service well-led?

Requires improvement 

The service was well-led.

The registered manager was making improvements to the service.

People's views and wishes were sought although staff suggestions were not always acted upon.

There were procedures in place to monitor and review the quality of the service.

Hazelgrove Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November 2015 and 1 December 2015 and was unannounced.

Before the inspection we reviewed information the provider had sent us including statutory notifications. A notification is information about important events which the provider is required to send us by law.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we spoke with ten people who used the service about the care and support they received. We also spoke with six people's representatives.

We spoke with the registered manager, two provider representatives, which were regional managers, the nurse on duty, two care leaders and eight care staff. We also spoke with a visiting health professional.

We looked at four care records in detail and extracts from four others. We reviewed three staff recruitment files and other records relevant to the running of the service. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems.

Requires improvement

Is the service safe?

Our findings

When risks were identified in relation to providing care and support the home had a policy to assess and record these risks and then take action to reduce or remove them completely. We found that the service did not do this consistently and thus could not demonstrate how they kept people safe and free from harm. For example, one person was identified as being a high risk of falls yet there were no assessments as to how this risk could be reduced. Another person needed support with mobility and their care records gave contradictory information, with one assessment referring to the use of a frame and another one saying staff should use a hoist to move the person. Neither plans were dated and were next to each other in the file. Another person had also been identified as having a high risk of falling. There was no record to how staff should reduce this risk. These examples meant that people may not be receiving safe care and support because risks were not being minimised to keep people safe.

People we spoke with told us that they felt safe. Staff had received training to protect people from abuse. Staff we spoke with were able to describe what constituted abuse and what to look for to indicate it was happening. They described to us the process for reporting concerns and said that they would be confident to report suspected abuse in order to protect people who used the service. The provider was able to demonstrate how they worked with the Multi-Agency Safeguarding Hub (MASH) to ensure that appropriate safeguarding referrals were investigated.

We saw that the premises were well maintained and safe. Routine checks and tests were carried out to ensure the safety of equipment that would be used in the event of a fire. Each person had a personal evacuation plan that would be implemented in the event of an emergency. Discreet stickers on bedroom doors identified for staff at a glance what level of support a person needed.

People who used the service and their relatives all confirmed that staff worked hard and were very busy. Some staff we spoke with felt there were not always enough staff on duty to meet people's needs effectively, but they did think that they could keep people safe. Two staff members told us, "We need more staff. We are busy and it is often hectic." Senior staff told us that they often had to provide direct care when staff did not attend for work. They told us that this meant they had less time for their own duties. The registered manager had recently appointed an additional, temporary staff member to support at lunch time. Feedback to us was that this post had had a positive impact on the meal time experience for people and staff were hopeful that the position would be made permanent.

We looked at the recruitment files of the last three staff members to join the team. We saw that all required information was available to demonstrate that only suitable people were recruited. Staff involved in the process were knowledgeable about safe recruitment practices and the provider routinely checked records to ensure that policies and procedures were followed. We spoke with newly appointed staff who told us that they had provided references and proof that they did not have any criminal convictions that would prevent them from working at the home. They told us that they thought the process was thorough.

Overall people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them safely. The medication policy detailed how safe monitoring, administering and storing procedures should be implemented. We saw staff administering medicines in line with this policy. We saw when an error had occurred this had been managed appropriately. Staff had been trained in the safe handling, administration and disposal of medicines. One staff member told us how they were monitoring a new member of staff to ensure that they administered medicines safely. The new staff member understood the reason for this They told us that the arrangement also helped them to feel confident in the process before doing it unsupported.

Medication administration charts were appropriately completed although some charts used for topical medicines such as creams were not consistently filled in. This had already been identified by the registered manager as an area where improvement was required.

Some medicines were prescribed as and when necessary. We saw that there were protocols in place for these although they were quite vague in parts and this could lead to inconsistency. The nurse on duty acknowledged this and committed to make the protocols more specific.

Medicines were usually stored securely, although medicines ready to be returned to the chemist were not stored as securely as others. The registered manager took

Requires improvement

Is the service safe?

immediate action when we raised this and arranged for the cupboard to be fitted with a lock prior to the second day of our inspection. Medicines that needed to be stored in a fridge were done so and temperature checks were carried out to ensure that the appropriate temperature needed for safe storage was maintained.

Requires improvement

Is the service effective?

Our findings

People told us that staff met their needs in ways that they preferred. They said that staff had the skills and knowledge to meet their needs effectively. A relative told us, "People are very well looked after. The girls are very good. They go beyond the call of duty."

Staff said that they could meet people's needs effectively because they had received good training opportunities. Staff received generic training such as safeguarding, health and safety and fire safety. They also received training specific to understand and meet the needs of the people they supported. For example, staff spoke positively about the training in relation to dementia and end of life care. They told us how this training helped them to understand people and provide effective care. We saw that competencies were regularly assessed by senior staff and issues were identified and actioned. This meant that staff could learn from their practice and improve it to offer appropriate care and support.

New staff were supported to gain the skills and knowledge needed for the roles they were appointed for. We saw plans were in place for new staff to commence a new nationally recognised award called the 'Care Certificate'. Two staff had already completed the award. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New care staff told us that they were currently working through this process which they said was, "Very good." Experienced staff told us how they supported new staff to ensure they were confident to work alongside them and carry out the roles required of them. Senior staff told us that they monitored new staff and considered that their induction was effective.

Staff felt well supported by each other and said that communication between staff teams was good. The registered manager's supervision matrix showed that people had formal opportunities to meet with them quarterly and attend appraisals.

Consent to care and treatment was sought in line with legislation and guidance. We saw that staff clearly explained processes before carrying them out. Where people expressed a preference staff respected them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

We saw that the registered manager had completed a DoLS application to support a potential restriction. They told us that they were waiting for the formal assessment and until it was completed they were taking steps to keep the person safe. Staff were knowledgeable about potential restrictions meaning it would be less likely that a person would have their liberty deprived.

Records demonstrated capacity assessments had been carried out where potential restrictions had been identified. Outcomes had been recorded and applications for authorisation had been requested.

Some people had requested formally not to be resuscitated after a cardiac arrest. One person had a consent form at the front of their file reflecting this, but later in the care plan it stated that this had not been discussed. This contradictory information could mean that the person's wishes may not be considered at a time when they would be unable to say what they wanted.

People told us that staff involved them in discussions and decisions about how they wanted to receive their care. We heard staff asking people how they wanted to be supported, what they wanted to eat and drink and where they wanted to sit. Staff responded on each occasion how the person had requested.

Requires improvement

Is the service effective?

Some people told us that they liked the meals on offer at the home but some people did not. People told us that there was a choice and kitchen staff told us that people's preferences were considered when they were menu planning. A relative told us, "There is always plenty of food." Kitchen staff knew people's likes, dislikes and dietary requirements. They could tell us who had a soft diet and explained how they made fortified meals and drinks to help people who were losing weight and needed supplements.

We observed lunch time. Meals took a long time to serve. We saw staff queuing to reheat people's meals before serving. The registered manager told us that this practice would cease once the home purchased a piece of equipment to keep food warm. In the mean time staff were putting food into a microwave and then serving it. This process was very time consuming. One person complained that their meal was cold. One person chased up their meal over half an hour after serving started.

The registered manager had recently appointed an additional staff member to offer additional support at meal times. Their role was to ensure that nutritional assessments were completed and weight and food and fluid intake was monitored. Some of the records we saw were historically not well completed suggesting that this new role was required to ensure improvements in this area.

Some people required one to one support to eat their food but staff did not always stay with that person throughout their meal as they had other tasks to do. One person was supported in a way that was appropriate to their cultural needs and this had been documented in their care plan. One person whose weight had decreased and was a high risk of malnutrition did not have an eating and drinking care plan to reflect the changes and increased monitoring and support required. The care plan said that they had a normal diet.

We saw how some people's weight was recorded although we could not see what was done as a result of this monitoring. Fluid records were completed on some occasions but not on others. Staff did not know what each person's daily planned intake should be and it was not evident what action staff should take when the person did not drink a sufficient amount. The records were not effectively monitoring this. Staff told us that the information was recorded for the senior staff to review.

People told us that they saw a doctor or a nurse whenever they needed to. Relatives told us that their family members had their health needs met effectively and that they were contacted if there were any changes or concerns.

We looked at records from health professionals. A visiting health professional told us that they did not have any concerns about the home and felt that staff worked hard to meet people's needs. They regularly visited the home and staff contacted them whenever they had concerns about a person.

Requires improvement

Is the service caring?

Our findings

People told us that they were well looked after and well cared for. One person told us, “They [the staff] are all lovely.” Relatives also spoke highly of the staff team and the way they supported people. Staff demonstrated a caring attitude during discussions with us and we observed staff to be kind and sensitive in their approach with people.

Staff welcomed visitors to the home and in discussions demonstrated that they understood how important contact from family and friends was. Visitors told us that they always felt welcomed and enjoyed visiting. They said that they were always able to have private time either in the small lounge or in the bedrooms.

People who used the service and their relatives, where appropriate, told us that they had been involved and consulted in decision making and care planning. We saw how people were consulted about what they did, where they sat, what they ate and who they spent time with. People told us that support could be flexible. For example, they were given a choice of ways to bathe. This meant that they could make a decision based on how they were feeling at that time. One person in particular valued this.. One person told us, “They do it my way and I like it.” Staff told us how they listened to people and acted in accordance with their wishes. They told us that they offered flexible support. This meant that they could offer support in line with how people were feeling on any particular day.

We saw how religious and cultural values and beliefs were recorded in care plans when applicable and we saw one person being supported in a way that reflected their cultural preferences.

We saw how staff promoted people’s independence as far as possible and valued people’s individuality. People told us that they chose the clothes they wore and liked to have their hair done. People told us that they were clean and comfortable. Some people preferred to spend time in their rooms and some people enjoyed being in communal areas. They were able to do this upon request.

People who were able to share their views told us that staff respected their privacy. We saw that when staff entered people’s bedrooms they knocked and waited to be invited in. Relatives told us that they saw staff take people to private areas to offer personal support.

However, staff did not always respect people’s dignity. We observed a staff member carry out a nursing task in the lounge without ensuring the person was suitably covered. We also saw staff move people from one chair to another without ensuring they were suitably covered to protect their dignity. There were visitors and other people who used the service in the communal areas at the time we witnessed this.

Information was not always stored confidentially and some personal information was displayed on the wall in an open office. Care plans were not secured and a lot of information was kept in folders that also contained information about other people who used the service. On the day of our visit we saw visitors use this room meaning that they could see information that they did not need to. This compromised people’s privacy and did not reflect good practice.

Requires improvement

Is the service responsive?

Our findings

We saw people were assessed prior to admission to check that their needs could be met with the staffing and facilities at the home. Staff told us how people's needs had changed since their admission and they had been able to meet these changing needs because they had got to know them and thus recognise when they needed more support.

People, who shared their views with us, told us that they received the care and support that they needed. We spoke with staff who told us that they knew people well and could respond to individual needs. However, staff told us they were not always using the written information available and relied on each other to pass information on. This meant they might not be using information that was up to date or accurate.

Care plans were not personalised and some records did not reflect individual needs and preferences. We found that care plans were in place, but lacked information to demonstrate that people received appropriate care. They also contained contradictory information with similar documents containing different information. For example, one person's records showed one plan referring to them requiring a normal diet, but another document stating they should be served 'mashable' food. Information was not always dated to ensure staff were referring to the current version. When we asked staff to help us find information they were not always able to locate what we had requested. Staff told us that the care plans were disorganised, not person centred and difficult to locate information in. One staff member told us "It's very difficult to find anything in the care plans." Some care staff told us that they didn't even look at care plans. These inconsistencies in care plans meant that a person might not receive the support that they were assessed for and met their preferences. Staff may not provide responsive care and support if they did not know about individual needs and preferences. The registered manager told us that care files were being reviewed.

Most people told us that they enjoyed a range of activities. One person told us, "Activities are fabulous." Another person told us, "Activities are really good". We saw an activities folder that provided detailed information about people's likes, preferences, aims and goals. We saw that individual activities were available, such as hand massages and group activities included regular outside entertainers. People told us that they especially liked this. Staff said that one person enjoyed hanging out washing and they always made sure that there was some for them to do.

Two people told us that they did not think that there were enough activities to keep them occupied and we shared this feedback with the registered manager. We saw limited activities taking place on day one of our inspection but more activities on day two. Newsletters told people about activities that had taken place. There were pictures displayed of recent events including garden parties and dancing events. One person told us that they had enjoyed the garden party telling us that activities gave people happy memories to share and reflect upon thus enhancing their quality of life.

The registered manager told us staff took pictures of people enjoying activities, laminated them and put them in a memory box. They told us that people took pleasure looking through the boxes and talking about the pictures. We saw one person looking through their box and getting enjoyment from this.

We saw that the provider had an accessible complaints procedure. We looked at the home's record of complaints and saw that they had been managed efficiently and to people's satisfaction. Two people who used the service said that they were aware of the complaints procedure but stressed that they had not needed to use it. People who used the service and relatives told us that if they had a worry or concern that they would speak with staff. They told us that they would be confident to do this and this was how most issues were resolved.

Requires improvement

Is the service well-led?

Our findings

The service had a registered manager who had been in post for two years. During this time they told us that they had made a number of changes to improve the quality of the service provided. One person who used the service told us, "The manager is good. I am very fond of them." We saw positive interactions between people who used the service and the registered manager suggesting that they regularly saw them and found them approachable. The registered manager told us, "The quality of care and support for people with dementia has improved greatly." Two staff confirmed this. Staff who had worked at the home for a number of years reflected positively on the impact that the registered manager had made. Two staff told us, "Things are improving."

Not all staff felt that the registered manager listened to them and we saw records reflecting that some issues had been raised and discussed but not actioned. The registered manager told us that they had had to prioritise improvements and this might explain staffs feelings. The lack of effective communication between staff and managers working at all levels had impacted on the quality of the leadership.

Staff knew about the whistle blowing policy and said they would use it if necessary. The whistle blowing policy enabled staff to feel that they could share concerns without fear of reprisal. We saw how information was shared electronically with staff to keep them informed of changes.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events and incidents as required. The registered manager was aware of their responsibility to share information with outside agencies.

We saw a range of audits that had been completed relating to assessing the quality of care provided. All of the audits that we saw were supported by an action plan that detailed how the registered manager was going to make improvements and giving timescales for completion. We spoke with senior managers who were responsible for supporting and supervising the registered manager. They told us how they reviewed audits and action plans and followed up on outstanding actions. Senior managers told us how a review of falls records had directly impacted on a decision to increase staffing levels within the home However, we found that some plans had been audited and it had been identified that key information was missing. It was not clear from the audits what action had been taken. There were shortfalls in the care plans that we looked at that demonstrated that the auditing system was not fully effective

The service had quality assurance systems in place that monitored the quality of the service provided. We saw how the provider had sent out quality assurance questionnaires to people. Responses had been collated and outcomes summarised. We saw the results of the Autumn 2015 surveys. Results were very positive and where improvements were identified we saw actions detailed as how this could be done. We also saw a survey relating to care and compassion. Again outcomes had been very positive suggesting the people were satisfied with the quality of the service they received.

We saw how outcomes from surveys and consultations were shared with people who used the service and relatives in a newsletter. Newsletters were also available to share outcomes with staff and relatives. Relatives told us that resident's and relative's meetings took place. One relative told us that these meetings were not well attended but they had found them useful. They went on to say that they had used these meetings to raise issues and that as a result action had been taken to make improvements. The registered manager demonstrated how they consulted with people before implementing changes within the home. For example, staff do not wear uniforms. This decision had been made after people who use the service, staff and visitors had been asked for their preferences. We saw records to show these discussions.

Checks were made to the environment and maintenance staff carried out repairs promptly to ensure the smooth running of the service. We also saw how equipment was checked and remained in good working order. Records demonstrated that these were carried out regularly. The registered manager told us how they had financial resources available to them to make improvements and refurbishments to the home to make it better for the people who used the service. They told us how they were in the process of introducing a small cinema lounge, a bigger hair salon and a more user friendly alarm/call system.These improvements would improve the quality of life for people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Providers must provide care and treatment in a safe way. Delivery of care should be based on risk assessments.** **Regulation 12 (1) (a) (b). 12 (2)**