

A.N.I. Health Care Services Limited

Hazelford Residential Home

Inspection report

The Hazelford Care Home
Boat Lane, Bleasby
Nottingham
Nottinghamshire
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Tel: 01636830207

Date of inspection visit:
16 March 2021
23 March 2021

Date of publication:
21 April 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hazelford Residential Home is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 36 people across two floors.

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

Since the last inspection lots of improvements had been made to ensure the safety of people living in the home. Infection control processes had improved. Medicines were being managed safely. Measures in place to ensure safe recruitment practices were carried out and staff had been fully trained. Staff were provided with clear guidance on how to support people safely.

Management, leadership and governance of the home had improved. The home had a dedicated and passionate registered manager who had worked hard to make the necessary improvements. There was systems and processes in place to monitor the quality of care delivered and the safety of people.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 15 December 2020) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 15 December 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hazelford Residential Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-Led findings below.

Hazelford Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 two inspectors.

Service and service type

Hazelford Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

Whilst on site we spoke with one person who used the service about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, care manager, cook and housekeeper.

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

We sought feedback from 12 relatives and eight members of staff. We spoke with a healthcare professional about their experience of working with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate infection prevention and control was safely managed. This resulted in a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for people using the service and staff. We did, however, have concerns regarding the process in place for staff using lateral flow testing, as it was not in line with current guidance. We raised this with the registered manager who immediately implemented a new system to ensure they were meeting the current guidelines.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure systems were in place to demonstrate risks were effectively managed. This resulted in a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people's care and safety were assessed, monitored and reviewed regularly.
- Where people had been identified to be at high risk for something specific, staff were provided with guidance on how to support them safely. For example, where someone was at high risk of falls, a falls prevention plan was in place.
- At our last inspection we found concerns with catheter care. This had improved and plans now contained information for staff on how to support people safely.

- We did feedback to the registered manager some inconsistencies in care plans that may have placed people at risk, however the registered manager promptly updated the plans.
- Since the last inspection improvements had been made to manage and monitor environmental risks.

Using medicines safely

At our last inspection the provider had failed to ensure systems were robust enough to demonstrate medicines were safely managed. This resulted in a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were being managed and administered safely.
- People were prescribed "as and when" medicines, such as painkillers. Protocols were in place to guide staff on how to administer them safely and effectively.
- Medicines were stored and disposed of safely.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from abuse and improper treatment. This resulted in a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff had all completed safeguarding training. New members of staff completed essential training prior to commencing their role.
- Staff knew how to report any concerns and had confidence that management would act in the appropriate manner to ensure the safety of people.
- Relatives had confidence in staff and management, they trusted they were keeping their loved ones safe. A relative said, "I am absolutely confident [named person] is well cared for and their needs are met by really caring, dedicated, professional and friendly staff."

Staffing and recruitment

At our last inspection the provider had failed to ensure new staff were recruited safely. This resulted in a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider also failed to ensure they had a systematic approach to staffing. This resulted in a breach of regulation 18 (Staffing)

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19 or 18.

- The provider had ensured there were safe staffing levels by calculating the amount of staff required based on people's needs and reviewed this regularly.
- Recruitment practices had been done in line with regulatory requirements. We did pick up on some concerns, however the provider was already aware of these and had addressed them. For example, where a reference was not available a risk assessment was in place.
- Staff received relevant training and felt supported by management.

Learning lessons when things go wrong

- The provider had implemented a system to analyse accidents and incidents on a monthly basis.
- Where actions were required the registered manager ensured these were carried out and any lessons were shared with staff.

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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found quality assurance and audit processes had not always been effective in identifying and addressing areas for improvement at the service. This resulted in a breach of regulation 17 of the Health and Social care act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager understood of their duties and responsibilities. The registered manager had been mentored to increase their understanding of the role and they plan to continue increasing their knowledge.
- The provider had a detailed contingency plan in place for in the case of an emergency.
- The provider had developed a comprehensive action plan following finding at last inspection and have actioned the majority of points. They had also commissioned an independent consultant who had reviewed the service; the provider had recently developed action points from their feedback to ensure they met regulatory requirements.
- Staff recognised changes in the way the home was run. Staff said, "We have had numerous new systems put in place, this has made our work more effective with more time to focus on residents, the management of the home seems to be improving."
- At the last inspection there were concerns around the lack of effective quality monitoring. The provider had recently updated their audits and processes to ensure the quality of care delivered and the safety of people. Whilst still only recently implemented, these were now being carried out regularly and any issues identified had been promptly addressed.
- We will assess the impact of these new processes at our next inspection.

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

- The registered manager had a real focus on providing personalised care and this vision was reflected amongst the staff team. All of whom felt it was a privilege to be working in the home of the people living there. Staff said, "I feel so happy to have been given the chance to work in their home and share their daily lives and their pasts."
- Relatives spoke highly of the registered manager. A relative said, "I am very impressed with the new management over recent months, there is renewed sense of professionalism that has been passed down to all at Hazelford. Another said, "There is a loving and family atmosphere amongst residents, staff and family

members which if anything has increased over the past few months even during these difficult times."

- Staff felt empowered, valued and supported. One said, "I feel very supported in my role and know that if I have any problems or suggestions, I can take them to [registered manager]."

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

- The provider understood their legal duty to be open if incidents occurred.
- Relatives felt there was a "culture of openness".

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

- The registered manager had arranged regular resident and relative meetings to take place over video conferencing to allow people to really be involved in the service. Relatives felt communication had improved significantly since the new registered manager had been in post.
- Staff felt engaged and were given opportunity to feedback at supervisions and team meetings. One said, "The supervision meetings are a great thing as you feel like you've got that extra support and gives you chance to talk about things."

Working in partnership with others

- The provider worked with others to ensure the safety of people and to improve outcomes.
- We saw evidence of transparency in communication with safeguarding teams.
- A healthcare professional spoke very positively about management and the whole staff team.