

Hazelford Care Home Ltd

Hazelford Care 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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Hazelford Care Home is a residential care home providing personal care to 17 people aged 65 and over at the time of the inspection. The home can support up to 36 people across two floors.

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

People were kept safe by processes in place to protect them from harm, injury or abuse. Risks associated with health conditions were managed and mitigated well. People were supported with their medicines safely. There was high use of agency staff, however they were regular staff who had got to know the people living in the home. The home was clean and risks associated with infection were managed.

People's individual diverse needs were assessed, and staff were guided to support people with these. Staff received training appropriate to their roles. People were happy with the food and had been involved in setting up menus. People were supported to keep hydrated and nourished. Staff supported people with their health and wellbeing, ensuring they were seen by the appropriate medical professionals when required.

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.

The home had a new manager in post who people and staff spoke about positively. There had been significant improvements made by the management team to ensure a high quality of care was delivered.

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

This provider registered with us on 24 March 2022 and this is the first inspection of this service under the new provider. The last rating for the service under the previous provider was good, published on 21 April 2021.

Why we inspected

The inspection was prompted in part due to concerns received about the standards of care delivery and medicines management. A decision was made for us to inspect and examine those risks.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hazelford Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an 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.

Service and service type

Hazelford Care Home name is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hazelford Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 3 months and was in the process of submitting an application to register.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people about their experience of living at the home. We also spoke with 2 relatives and 1 visitor. We observed interactions between staff and people. We spoke with 9 members of staff including the manager, care staff and auxiliary staff. We sought feedback from 2 healthcare professionals who worked closely with the home. We reviewed 3 care plans and associated records. We looked at 2 staff files in relation to recruitment. We checked how the home managed medicines. We looked at documentation in relation to the running of the home, including policies and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from the risk of abuse by the systems and processes in place.
- The provider had a system in place to ensure any safeguarding concerns were logged, investigated internally and the relevant external agencies, such as the local authority, were informed.
- Incidents were investigated internally, and any lessons learnt were shared with staff. The manager held morning meetings daily with heads of department where lessons were shared.

Assessing risk, safety monitoring and management

- Risks were being managed well, they had been assessed and mitigated appropriately.
- Risk assessments were detailed and clearly guided staff on how to support people. For example, where a person experienced anxiety or agitation triggers were documented, and staff were advised on what personalised techniques to use.
- Personal emergency evacuation plans were in place. However, we found these not to contain enough personalised detail. We fed this back to the manager at the inspection, who rectified this and sent us evidence of more detailed plans.
- The manager analysed incidents, accidents, and specific risks, such as falls, to identify if there were any trends to guide them on whether any further mitigation was required.
- Maintenance checks were carried out regularly, such as water temperature checks, to ensure the safety of the environment people were living in.

Staffing and recruitment

- Despite the provider's best efforts to recruit more permanent staff, due to the location of the home they had faced difficulties. However, they had put measures in place to ensure people were supported safely and by regular agency staff.
- The manager used a staffing dependency tool based on people's individual needs to establish how many staff were required on each shift. They reviewed this tool monthly, or if situations changed, to ensure people continued to be supported safely.
- People fed back to us positively about the staff. For example, a person told us, "Staff are very nice, very helpful, very careful."
- Staff were recruited in safe way. The manager ensured appropriate pre-employment checks were carried out, such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to take their medicines in a safe way.
- Protocols for when people had prescribed medicine as and when required (PRN), such as pain relief, were in place. However, they lacked detail to guide staff on when an individual may require the medicine. For example, how pain or agitation displayed for a particular person. We fed this back to the manager who rectified this and sent us evidence of more detailed protocols.
- People fed back to us they were happy with the support they received with their medicines. For example, a person told us, "Medications are always on time, I have no qualms at all."
- Medicines were administered, managed, stored and disposed of in a safe way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- People were supported to have visitors in line with current guidance. We saw people's relatives visiting on the day of inspection and people told us there were no restrictions around visiting.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to admission where possible. In the case of emergency admissions these assessments were carried out on the day of admission.
- Staff were supported to ensure care was being delivered in line with national guidance. We saw in the medicines room that NHS information and guides were available for staff.
- People's individual protected characteristics and diverse needs were sensitively documented without judgement in care plans. This mitigated against any possible discrimination and ensure people were treated equally.

Staff support: induction, training, skills and experience

- Staff felt supported in their role and were provided with training resources to enable them to have the skills to meet people's needs effectively.
- Where the manager had identified any gaps in training to meet the needs of people in the home, for example catheter care, they had sourced this to ensure staff knew how to safely support people.
- Staff told us they had received a very good induction and that they felt supported. A staff member told us, "I get all the support I need from my manager and other colleagues."

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

- People were supported with their eating and drinking needs.
- People had their preferences documented in the care plans. We saw nutrition care plans which had been developed with people's input detailing their favourite meals.
- People had access to food and drinks throughout the day. To ensure people stayed hydrated the manager monitored their fluid intake daily.
- Where people required assistance with eating, we observed staff supporting them with kindness and patience.
- The manager was working with people to develop new menus. We saw an example of these which had been printed off in photo format to help people choose what they would like each day.

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

- The home had a calm and relaxed atmosphere. People were able to personalise their rooms as they wished.
- People had access to multiple communal areas, including a large garden and a conservatory.

- The provider had invested in the property and made changes to adapt the home to be more suitable for people, including increasing the dining space. The manager had plans for further improvements to the home.

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

- People were supported with their health and wellbeing needs.
- We saw evidence of appropriate referrals being made to healthcare professionals, such as speech and language therapists (SALT). There was a weekly ward round with a nurse practitioner and, when required, a GP attended.
- For people who had specific health needs or conditions, care plans had been developed to guide staff on how to best support them. For example, a person who had a specific mental health condition, their plan guided staff on where they preferred to sit in the lounge.
- A relative we spoke with described how living at the home had really helped improve their relative's health after a hospital stay. They said how they had been supported to get back to a healthy weight.
- Healthcare professionals we spoke with were very positive about the staff and the home. One said, "Everyone is really helpful, residents look happy and well cared for." Another said, "If I ask for something to be done for a resident, I can guarantee it will be done. I think the staff are generally responsive to the health and well being of the residents and make referrals in a timely manner."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people were deprived of their liberty, we saw the appropriate authorisations were sought and if any conditions were on the authorisation, these were met.
- Where staff acted in the best interests of a person, the appropriate assessments and decision specific documentation was in place.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The provider recognised there had been instability in the management since taking over the home, however they had taken action to address the issues. There was now consistent management and oversight in place.
- The home had a manager in post who understood their duties and was supported on a regular basis by the provider's area manager and compliance manager to ensure the quality of care delivered.
- A healthcare professional who worked closely with the home told us, "I feel that the new manager has a very firm handle on the running of the home and from my interactions with her, I have found her to be calm, competent, caring."
- Regular audits were carried out, with clearly identified actions. We saw identified issues from previous months had been addressed by the next.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team was focussing on creating a more positive culture in the home for the people living there.
- People were more included in the running of the home and involved in decisions, such as the menus. People spoke positively about the home and its atmosphere.
- The manager had sent out questionnaires to people, relatives and staff. They were in the process of analysing the answers and told us they would be creating a "you said, we did" to feedback to people.
- Staff had regular meetings and spoke highly of the manager. For example, a staff member explained to us, "Since our new manager has taken charge it has had a positive impact on staff and therefore the residents. It is a lovely place to work and a very friendly place where the staff feel like part of a great team and are valued by our 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 manager and provider understood their duties and legal responsibilities, particularly when incidents occurred.
- The relevant people and agencies were informed when required. For example, relatives, the local authority and CQC.

- We saw that a recent concern raised by a relative had been responded to and addressed appropriately.

Continuous learning and improving care

- The home had a service improvement plan to ensure they kept on track with the improvements they wanted to make.
- The manager and area manager were receptive of our feedback from the inspection and implemented changes promptly in response to this.
- The manager had an ethos of continuous learning and improvement, shared any lessons they had learnt and regularly encouraged their staff team to engage with learning that was available to them
- A healthcare professional made reference to the manager ethos stating, "I have found them to be determined to improve the quality of care offered to residents living in Hazelford."

Working in partnership with others

- The provider and manager worked with other agencies and healthcare professionals to ensure the safety of people and to improve the quality of their lives.