

Hazelroyd Limited

Hazelroyd Nursing Home

Inspection report

31-33 Savile Road
Halifax
West Yorkshire
HX1 2EN

Tel: 01422362325

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hazelroyd Nursing Home is a nursing home providing personal and nursing care to 23 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

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

Since the last inspection a new registered manager had been appointed and had established robust effective systems for improving quality and safety within the service.

Actions taken by the registered manager and the provider meant people lived in a safe, clean environment. A programme of refurbishment and redecoration was being followed. Priority had been given to building work needed to make sure people were safe.

The registered manager recognised that further work was needed to make sure assessments of people's needs and care planning was effective and completed with a person centred approach.

The provider and registered manager understood these improvements need to be sustained to ensure consistency in how well the service is managed and led, and to ensure continuous improvements in care for people using the service.

Staff knew what to do if they thought somebody was at risk and people told us they felt safe. Risks to people's health and safety were assessed and plans put in place to mitigate risks. Medicines were managed safely.

The registered manager analysed accidents, incidents and issues that happened in the home and put plans in place to mitigate the risk of reoccurrence.

Staff were recruited safely and followed a programme of induction, training and training updates. Staff said the training was appropriate to their needs and had improved since the appointment of the new manager.

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 registered manager planned to increase staffing to improve the opportunities people had to engage in activities.

People enjoyed the food and their nutritional needs were met.

People were supported by staff who respected their individuality and privacy and dignity needs. Staff worked with health and social care professionals to make sure people's needs were met.

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 (report published 30 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. 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 August 2019. 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 was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Hazelroyd Nursing 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 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

Hazelroyd Nursing Home 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 local safeguarding team.

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.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care

provided. We spoke with five members of staff including the registered manager, nursing and care staff, the activities organiser and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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.

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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home was environmentally safe, and work was continuing to refurbish and redecorate. The registered manager had worked with the provider to develop and effectively and safely manage a robust refurbishment and repair plan. Priority had been given to areas presenting the highest risk to people such as fire safety and the fitting of a new passenger lift.
- Risks associated with people's care and support needs were assessed, and care plans contained information to show how risks could be minimised. The registered manager told us at the start of the inspection that they needed to do more work on care plans but had prioritised the safety of people's home in their action plan.
- Care plans contained information about how to support people in the event of an emergency or evacuation. There was information which would help locate someone if they went missing from the home.
- Some people experienced behaviours which challenged them or others. The registered manager had introduced support plans to show what may cause these, and how staff could act to reduce occurrences or limit the impact of these. Records of any incidents were kept to help identify what interventions had been effective for the person.

Preventing and controlling infection

At our last inspection the provider had failed to ensure safe systems to prevent the spread of infections. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home was clean and tidy. Areas where refurbishments were ongoing were managed well to make sure dust and dirt were kept to a minimum.

- Staff followed effective procedures and were provided with the equipment they needed to minimise the risk of cross infection.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of staff were deployed to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives reported improvements in staffing. Comments included, "You never struggle to find staff here there is always someone around", "I get the help I need, the staff come straight away", "The staff here are very attentive and plenty of them" and "They are always checking on (relative). As (person) becomes less independent they are checking on (them) more often."
- Staff said they felt there were enough of them, and staffing was arranged in a way which enabled them to meet people's needs safely.
- Recruitment systems were safe with criminal record checks and references obtained prior to the person starting work.

Systems and processes to safeguard people from the risk of abuse

- Staff knew what to do if they thought someone was at risk.
- The registered manager liaised with the local authority safeguarding team to report concerns or to get advice.
- People and their relatives said they were safe. Comments included, "I do feel safe with the staff, they keep me safe", "(Relative) is definitely safe without a shadow of a doubt" and "Relative is as safe as can be here. I absolutely love it, can't fault it."

Using medicines safely

- Medicines were stored and managed safely.
- Protocols were in place for management and administration of medicines prescribed on an 'as required' (PRN) basis. We discussed with the nurse the benefits of recording the effects of PRN medicines.

Learning lessons when things go wrong

- The registered manager gave examples of how they learned from experiences. For example, they produced a full report of lessons learned after urgent maintenance work had been completed in the home.
- The registered manager had used staff feedback from a survey in which staff felt the service was not always safe. They explored this with staff and made February 2020 a learning month using the elements of safe as used in the inspection methodology.

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

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received the training they needed to support them to deliver care safely. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff followed an effective and appropriate programme of training. The registered manager had introduced more face to face training.
- New staff followed a comprehensive induction programme produced by the Royal College of Nursing (RCN) for care staff which led on to staff studying for diplomas in care.
- Staff said the training was much better since the registered manager came to the service. They said they were really enjoying the face to face training and found it useful and effective.
- One person said, "Staff know what they are doing, I'm training them too to do things my way in how I like things to be arranged on my bed table and to leave me with my bed control so I can do it myself". Another person said, "Oh they are definitely well trained. They all seem very good and know what to do with us all."

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

At our last inspection the provider had failed to provide safe and suitable equipment to meet people's needs. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- A programme of redecoration and refurbishment was in place and was being followed. Priority had been given to work needed to make sure people were safe and to fit a new passenger lift.
- People's choices about décor and some aspects of refurbishment had been sought.

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

- The registered manager told us at the start of the inspection that people's care plans needed more work. They said they had worked to make information easier to find but planned more work to make the plans more effective.
- Care plans were based on an assessment of people's needs and preferences before they began to use the service.
- Following the inspection, the registered manager sent the CQC a copy of the template they had developed to assess and plan the care people needed based on their abilities and preferences. We need to see this improvement embedded and sustained at the next inspection.

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

- People were supported to eat a diet suitable to their needs and preferences. Drinks were made available as people needed and requested.
- Most people were complimentary of the food. One person said it was "getting better". The chef told us about the new menus the had developed, based on people's preferences and nutritional needs.
- Care plans contained information about how to manage people's dietary health. Where advice had been received from health professionals such as dieticians or speech and language therapists (SALT) this was included in the care plan. Guidance from recognised bodies such as the NHS relating to, for example, choking risks, was also included.
- When people needed additional calories to help them maintain a healthy weight this information was included in care plans. Guidance in care plans alerted staff to foods which may increase risks such as choking, and any adaptation needed to make meals safer for the person to eat or drink.

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

- People were supported to access healthcare services. Care plans contained details of appointments and consultations with a range of health professionals and advice they had given relating to the person's on-going care.
- There was information in care plans to show the support people needed to maintain good oral health. When people had experienced oral pain, dentists were contacted and visited people.
- People were supported to attend appointments in response to national programmes, such as for preventative bowel screening.

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.

- People's ability to make specific decisions was assessed. Where people lacked capacity to do so, best interests decisions were made on their behalf.
- When people lacked capacity to consent to living at the home or other aspect of their care, the provider applied for DoLS, and care plans referred to these where relevant.
- Some DoLS were authorised with conditions which the provider had to meet. We did not identify any significant concerns with the provider's approach to these.

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 requires improvement. At this inspection this key question has now improved to good. 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 and their relatives were complimentary about the care they received. Comments included, "All the staff here are so pleasant and polite and will do anything they can for you", "The staff are so attentive and caring. My (relative) is getting the care (they) need, (person) is happy and that's what matters to me" and "The staff are very good. They do well for (person) they really do. They always look after me too."
- Some people had care plans which covered how the person wished to be supported with their faith needs.
- People were supported to express and celebrate their sexuality. One person was working with staff to arrange a 'Pride' event at the service.

Supporting people to express their views and be involved in making decisions about their care

- Care plans lacked information to show how people, their relatives or their advocates had contributed to care plans and reviews. The registered manager had audited care plans and told us this showed there was more work to do to embed improvements in this area.
- People and their relatives said they had not been involved directly with planning of care but were kept informed of any changes. The registered manager had identified this as an area for improvement and work was planned to address this.
- When people were unable to make decisions, people who knew them well were asked to help the provider understand what the person's wishes may have been.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. People gave us examples of how staff did this. They said, "I have a wash in bed. They do a good job of covering me up and give me a flannel to wash my face" and "They knock on the door before they come in."
- One person said staff had asked how they wanted to be addressed.
- 'Do Not Disturb' signs were placed on people's room doors when personal care was being carried out and while people were resting.
- Most people appeared to have been well supported with their personal hygiene. However, one person said, "I try not to say anything, but I need (help with an aspect of personal hygiene), look at me. I'd like the staff to perform better than they do sometimes."

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had failed to provide care and support to meet people's individual needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The registered manager told us there was more work needed to improve the personalisation of care plans.
- Care plans contained a summary of each person's needs and preferences for care delivery and other aspects of their support such as food and drink they enjoyed.
- Summary care plans had been added which presented information in a person-centred way. Information about care and support needs was written from people's point of view.
- Care plans and risk assessments were kept under review, although the evidence of how staff had approached this was limited. Most reviews consisted of repetitive statements to the effect that the information remained valid or there had been no change.

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.

- A person living with sensory deprivation, who chose to stay in their room, did not have their call bell within reach. We had found the person in the same situation at our last inspection. The registered manager acted immediately to address this issue and check other people could access their call bells easily.
- Some information was given to people in formats they found easier to read. For example, people had received written responses when they had raised concerns, and the registered manager had provided these in larger print when needed.
- Surveys used pictorial prompts to help people share their feedback.
- Care plans contained very basic guidance for staff to follow to ensure people with a sensory impairment understood what was happening around them when personal care was being provided.

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

- People's access to organised activity was limited. Staff hours dedicated to activity provision had some flexibility but, were usually 9am to 2.30pm. This period of time was further limited by such as receipt of personal care and mealtimes. The registered manager said they would like to increase the hours dedicated to activity provision.
- People were encouraged to engage in activities and there was equipment such as games and books to encourage people. There were some records to show the activities people had been engaged in. Some of these related to interests listed in the care plan. However, most records were repetitive and did not evidence variety.
- The activities organiser supported people in the dining room at lunchtime and encouraged people to interact with each other. On the dining tables there were cards with questions such as 'What is your earliest memory?' or 'What is the one thing you are really good at?' displayed at each place setting to stimulate conversation.

Improving care quality in response to complaints or concerns

- Complaints were managed well. All complaints and concerns were recorded, investigated and the outcome communicated to the complainant. Where a complaint had been made about a member of staff the registered manager had completed a reflective accounts form with the staff member.
- When a person who used the service wrote a note to the registered manager detailing some thoughts about the service, the registered manager wrote a detailed response to the person.
- Information was available in the entrance hall about how to raise a complaint. A suggestion box was also in place.
- The service had received several compliments from various sources including an agency nurse, community matron, visiting optician. And staff from the local hospital about the "amazing" helpfulness of the member of care staff when they supported a person being admitted.

End of life care and support

- Staff had followed a robust training programme to support them in planning for and delivering end of life care. The training had been developed by the local authority in conjunction with professionals from hospices.
- There was some information to show how people's needs and wishes would be met at the end of their lives. This included details about where the person preferred to receive any palliative care, who they wished to be present and how any spiritual needs would be met.

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

At our last inspection the provider had failed to ensure systems were either in place or robust enough to demonstrate safety and quality of service were effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems were being followed to improve care and to analyse and learn from events that adversely affected service provision. The registered manager recognised these improvements need to be sustained to ensure consistency in how well the service is managed and led, and to ensure continuous improvements in care for people using the service.
- The registered manager was following a service improvement plan developed after the last inspection. They had prioritised and effectively managed environmental issues which had the potential to affect people's safety and quality of life.
- The registered manager had completed audits, involving people who used the service and staff, in a number of areas. Audits included mealtime experience, infection prevention, environment, laundry and staff wellbeing. Outcomes of all audits had been analysed and action plans developed to address them. Where possible and appropriate, the registered manager had followed up individual concerns and comments.
- The registered manager completed robust audits of accidents and incidents. All incidents had been thoroughly explored to look for themes, trends and any behaviours that might have led to the incident. Where a theme had been identified, this has been explored.
- Where incidents had happened which potentially affected the safety of the building such as water leaks, full incident reports had been completed.
- The registered manager had identified the need for improvements in other areas, for example, care planning and person centred care.

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

- People who used the service, their relatives and staff were involved in audits of the service.

- Resident and relatives meetings had been held, although people we spoke with said they hadn't attended as they were happy with everything.
 - The results of January 2020 satisfaction questionnaires were displayed in the entrance hall.
 - Staff said the registered manager had met with them individually when they commenced their role. They said they were approachable and making very positive changes within the service.
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. 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 registered manager demonstrated a full understanding of their role, their responsibilities to people who used the service and staff. Examples of this were evident in their governance systems such as audits and reviews of service.
 - The provider had taken a more active roll in governance systems and the registered manager said they were understanding and supportive of the improvements needed.
 - People were complimentary of the registered manager. Their comments included; "I know the manager; she's the third one and the best one. She's very good", "This place is definitely on the up since the new manager came, she's made a big difference to this place", "The manager has been fabulous; I think it is very well managed" and "The new manager is very welcoming and approachable". One person said "I haven't a clue that the manager is. If they came in, I wouldn't know but what I do know is they are doing a good job. It's improving here all the time".

Working in partnership with others

- The registered manager and provider had maintained contact with the CQC, the local authority and Clinical Commissioning Group (CCG) about the issues the service had faced and had provided regular updates about the actions they had taken to address them.
- Compliments had been received from health care professionals about the service.