

Bupa Care Homes (GL) Limited

Hazelmere House Care Home

Inspection report

Pinewood Road
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Cheshire
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Tel: 01625536400

Date of inspection visit:
29 April 2019
30 April 2019

Date of publication:
30 May 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Hazelmere House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during the inspection. Hazelmere House has the capacity to support up to 60 people; at the time of the inspection 36 people were living at the care home.

People's experience of using this service:

The quality of safe care and treatment people received had improved since the last inspection. We saw that people's level of risk was determined from the outset and measures were in place to keep people safe.

Effective quality assurance measures were in place. Processes and systems to assess and monitor the provision of care had improved since the last inspection. Audits and checks were routinely completed; these helped to maintain a good level of high-quality, person-centred care.

People told us they felt safe. The registered provider had measures in place to ensure people were protected from harm and abuse. Safeguarding procedures were clearly in place and staff were familiar with the processes that needed to be followed.

Staffing levels were analysed and reviewed in relation to the dependency needs of people who were living at Hazelmere House. Staffing levels were appropriately managed and staff were effectively deployed across the home.

People received care and support from staff who had been appropriately vetted and had undergone the necessary pre-employment recruitment checks.

Medicine management procedures were safely in place. Staff were appropriately trained, had their competency levels checked and were familiar with best practice guidance and the up to date medication administration policy.

Robust health and safety checks were in place and regulatory compliance was maintained. Up to date certificates were in place for gas, electricity, legionella and fire safety.

The registered provider was complying with the principles of the Mental Capacity Act 2005. People were appropriately assessed from the outset and measures were in place to ensure people were not unlawfully restricted.

Staff were supported with training, learning and development opportunities. Training was up to date, staff were regularly supervised and told us they felt supported on a day to day basis.

People's nutrition and hydration support needs were assessed from the outset. People had access to external healthcare professionals and guidance was incorporated within people's care records.

We observed kind, compassionate and caring interactions between staff and people receiving support. We received positive feedback about the dignified and respectful approach of staff and it was clear that staff were familiar with people's preferences and wishes.

People were encouraged and supported to participate in a range of different activities. There was a dedicated activities co-ordinator in post; they arranged a variety of activities based around people's enjoyments and interests.

The registered provider had formal complaints process in place. Complaints were regularly reviewed, discussed and responded to in line with company policy.

Rating at last inspection: At the last inspection the service was rated 'Requires Improvement' (Report published May 2018). Following the last inspection, the registered provider submitted an improvement plan which we checked during the inspection. We found that improvements had been made.

Why we inspected: This was a scheduled inspection based on previous ratings.

Follow up: We will continue to monitor the quality and safety of care being provided and return to inspect the service as per inspection schedule.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our 'Safe' findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our 'Effective' findings below

Good ●

Is the service caring?

The service was caring.

Details are in our 'Caring' findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our 'Responsive' findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our 'Well-led' findings below.

Good ●

Hazelmere House 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 as part of our regulatory functions. This inspection checked whether the registered 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.

Inspection team:

The inspection was carried out by one Adult Social Care Inspector, two 'Experts by Experience' and a 'Specialist Advisor'. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service and a 'specialist advisor' is a person who has professional experience and knowledge of the care which is being provided.

Service and service type:

Hazelmere House is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a manager registered with CQC. The registered manager and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

A manager had recently been recruited, they had submitted the relevant application forms to CQC and was awaiting a date for their registered manager interview.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. The registered provider had also completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the manager, one 'resident experience' manager, one finance administrator, three members of staff, one kitchen chef, one activity co-ordinator, 17 people who were living at Hazelmere House and 11 relatives who were visiting at the time of the inspection.

We also looked at care records of five people receiving support, four staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People's level of risk was established from the outset. Risk assessments contained up to date and consistent information in relation to areas of risk management and support measures which needed to be in place.
- We saw individual risk assessments in place for falls, vulnerable skin, eating and drinking, choking, bed rails, evacuations and continence. People's level of risk was routinely monitored and reviewed as a measure of keeping people safe.
- We received positive comments from people and relatives about safe provision of care that was provided. Comments included, "I feel safe because I know there are people here to look after me if I need them", "I feel safe here because I know there is someone to help day or night" and "I feel happier since [person] came here. I am not as worried as I was before."
- The manager ensured that all health and safety compliance checks and certificates were in place.

Systems and processes to safeguard people from risk of abuse

- Safeguarding and whistleblowing policies were in place and staff were familiar with the procedures that needed to be complied with. One member of staff told us, "There's a 'speak up' process, I would talk to the manager or go higher if need be."
- The manager maintained a good level of oversight in relation to safeguarding incidents; incidents were appropriately reported to CQC and Local Authority accordingly.
- People told us, "I have no concerns being here I feel very safe and comfortable knowing that I am being looked after" and "I feel safe here because I know there is someone to help day or night."

Using medicines safely

- Medication processes were safely in place; staff received the appropriate medication training and regularly had their competency levels assessed.
- There was an up to date medication policy in place; this contained relevant guidance and best practice to be followed.
- Medicines were appropriately stored, and temperatures checks were being completed.
- Medication administration records (MARs) were appropriately completed by trained staff; people were administered their medicines according to administration instructions.
- Routine audits/checks were carried out to ensure safe medication administration practices were being followed.

Staffing and recruitment

- Safe recruitment practices were in place; all staff were subject to the appropriate pre-employment checks and Disclosure and Barring System (DBS) checks were routinely completed.

- Staffing levels were routinely checked and analysed. A 'dependency tool' was used to monitor staffing levels in conjunction with the number of people living at Hazelmere House and their individual support needs.
- Staff were appropriately deployed across the two units and the use of agency staff had decreased.
- Call bell response times were analysed by the manager. Response time analysis enabled the manager to review how quickly people received support. Analysis indicated that people were receiving support in a timely manner.
- Feedback we received included, "Response to the bell is okay I might have to wait a few minutes", "I don't think they are short of staff" and "I use the buzzer....I have not had to wait long for them to come and help."

Preventing and controlling infection

- Hazelmere House was very clean, hygienic and free from odour.
- Infection prevention control processes were safely in place; there was an up to date infection prevention control policy.
- Quarterly health and safety meetings took place. This meeting discussed infection prevention support measures that were in place and improvements that were needed.
- Infection prevention control audits regularly took place; we also saw evidence of routine domestic duties that were carried out.

Learning lessons when things go wrong

- The manager maintained a good level of oversight in relation to all accidents and incidents that occurred.
- A 'falls analysis' tool kit was in place; this helped to establish any trends that were emerging and identify how risk could be further reduced.
- Accidents and incidents were discussed and reviewed during managers and staff meetings.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- Staff had the necessary skills, qualities and experience to provide the level of support people needed.
- Staff were supported with different training, learning and development opportunities.
- Staff received regular supervisions, were supported with an annual appraisal and also completed a mid-year review.
- Staff who did not have the relevant qualifications were supported to complete 'The Care Certificate'. This is an agreed set of standards that staff within the health and social care sector are expected to complete.
- All new staff received an induction and supported by a 'buddy'; staff were offered 'shadowing' opportunities and completed a range of different training courses to help support their learning and development.
- People told us, "I think they [staff] are always doing some training and they know how to look after me anyway", "The staff know what they are doing. One relative said, "I think it is good here. [Person] is well looked after."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Each care record contained a 'pre-admission assessment' and a 'review assessment' upon admission.
- Robust assessments helped to establish the level of support people required and how this would be provided.
- Where possible, people were involved in the assessment processes and helped to develop the care plans and risk assessment that needed to be implemented.
- Systems and processes helped to assess and establish people's needs and choices in line with legislation and best practice.
- People received support from external healthcare professionals. For instance, one person's care record demonstrated the support they were receiving from a local GP, dietician and the speech and language therapist team.
- People's overall health and well-being was supported, and a holistic level of care was provided.

Supporting people to eat and drink enough with choice in a balanced diet

- People's nutrition and hydration support needs were established from the outset.
- Care records contained eating and drinking care plans and risk assessments; these contained important information about the level of care and support people needed and specific guidance that needed to be followed.
- People were supported with 'choice' and encouraged to make decisions around food and fluid intake.

- A variety of food and drink options were served during meal times; alternative options were also provided upon request. One person told us, "I would say the food is very good and plenty of choice. If I don't like something there are alternatives."

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 with appropriate legal authority. In care homes, 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered provider was complying with the principles of the Mental Capacity Act, 2005.
- People had their levels of capacity assessed from the outset.
- People were encouraged to make decisions about their own care and treatment and support they required.
- People who had been assessed as lacking capacity did not have their liberty unlawfully restricted; 'best interest' decisions were appropriately made; the appropriate applications were submitted to the Local Authority and care records contained all the relevant information.
- Staff had a good understanding of the MCA and understood the importance of the MCA principles that needed to be followed.

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

- The service had been adapted and designed to meet the needs of the people who were living at Hazelmere House; it was pleasantly decorated and provided a homely feel throughout.
- Aspects of the home had been refurbished; some areas were still in the process of being renovated and designed around the preferences of the people living there.
- All bedrooms were individually designed and had en-suite facilities.
- We found adequate lighting throughout the home and there was contrasting colours in corridors, on bedroom doors and handrails. Such provisions help people safely navigate themselves around the home as independently as possible.

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

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 were observed providing dignified and respectful care.
- We received positive feedback about the kind and caring approach of staff. People told us, "The staff are very good with me and though I try to do a lot for myself, they [staff] are there and very caring and understanding" and "All the staff are very pleasant, kind and courteous."
- Relatives also told us, "[Person] is being well looked after", "[Person] loves them all [staff] and they will do anything for [person] and "Staff are very friendly. It's a lovely place."
- Staff told us they were able to develop positive relationships with the people they supported and became familiar with their likes, dislikes, preferences and interests. One relative said, "Staff are all very friendly and seem to know what they are doing. I am certainly happy with the care."
- People were treated as individuals and were involved in as many decisions around their care as possible. One person told us, "Staff understand me. They know what I like and don't like. I have a say in my care. I have a choice."
- People's equality and diversity support needs were established from the outset; support measures were put in place to ensure the correct level of care was being provided.

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

- Care records indicated that people were involved in the care planning process and were actively encouraged to make decisions about their care. One care record stated, '[Person] likes to be involved in daily care plan', '[Person] can makes own decisions' and '[Person] can decide how [they] would like to spend their day.'
- We observed care and support being provided that was specifically tailored around people's wishes and preferences.
- 'Resident and Relative' meetings were routinely taking place; people (and their relatives) were supported to share their views, opinions and suggestions about the quality and safety of care being delivered.
- Quality questionnaires were circulated on an annual basis, we saw 'you said, we did' posters around the service and people (and visitors) had access to a suggestion box should they wish to anonymously share their feedback.

Respecting and promoting people's privacy, dignity and independence

- People's sensitive and confidential information was safely protected in line with General Data Protection Regulations (GDPR).
- People received respectful care and their privacy and dignity was maintained and promoted.
- People told us, "They [staff] help me dress and sometimes assist me in the shower, they make sure the door is closed and I am very comfortable in the way they help me", "They always knock on the door before

they enter my room" and "They [staff] are very kind and caring and encourage me to try and do things for myself."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received high-quality, person-centred care. One person told us, "Overall I would say this place is excellent. It's clean, tidy, the food is good and the staff look after you. I am very happy here."
- Care records contained person-centred information; staff were then able to provide care and support that was tailored around people's needs, wants and wishes.
- Staff told us they were familiar with the support needs of the people they supported and were able to develop positive relationships.
- People's needs were appropriately assessed and planned for. Protected characteristics were determined from the outset (such as age, gender, disability and religious support needs).
- Staff were observed providing personalised care that was tailored around their needs. For instance, staff were observed supporting people to eat their lunch time meals. Care was provided in a respectful and dignified manner.
- We received positive feedback about the variety of different activities that were arranged by the dedicated activities co-ordinator. People told us they were regularly encouraged to participate in different activities that were scheduled. One person said, "We have an entertainment manager. That is nice. I join in everything."
- Notice boards contained 'what's on this week' and 'what's up and coming' information; notice boards kept people up to date with different events and activities they could participate in.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. At the time of the inspection nobody required any specific support in this area of care. However, such accessible information could be provided on request.

Improving care quality in response to complaints or concerns

- There was an up to date complaints policy in place.

People and relatives were familiar with the complaints procedure and who to raise their complaints with.

People told us, "Never had to complain but if I did I would speak to the staff first then go to the Manager" and "I have no complaints, but feel comfortable to tell staff if I have."

- The manager maintained a good level of oversight in relation to all complaints received; complaints were reviewed and discussed on a regular basis.
- Complaints were appropriately managed and had been responded to in line with company policy.
- At the time of the inspection, no complaints were being responded to.

End of life care and support

- At the time of the inspection nobody was receiving 'End of Life' care and support; however, staff had access to 'end of life' training.

- Staff understood the importance of providing such specialised care in a dignified and respectful way.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Manager's and staff are clear about their roles, understanding of quality performance, risks and regulatory requirements

- Systems and processes to monitor the quality and safety of care being provided were effectively in place.
- The quality and safety of care was routinely monitored, assessed and reviewed; measures were put in place to ensure people were receiving high quality, person-centred care.
- The manager ensured that they were visible around the home; they completed daily 'walk rounds', conducted daily staff meetings and ensured that there was an open-door policy in operation.
- The manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of submitting statutory notifications to CQC.
- The registered provider had a variety of up to date policies and procedures in place.
- We received positive feedback about the newly appointed manager. Comments we received included, "[Manager] is good for the home" and "[Manager] is very approachable and understanding."

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- People received care and support that was tailored around their support needs.
- Care records contained the relevant information required to provide a safe level of high-quality care.
- People (where possible) were supported to make decisions in relation to the care they needed; staff were familiar with people's preferences and how they wished for their care to be delivered.
- The manager was committed to providing high quality, person centred care and making the necessary improvements and developments to positively enhance the experiences of people living at Hazelmere House.
- We received positive feedback about the provision of care that was being delivered. Comments we received included, "I think the place is excellent" and "I would say overall the place is good and they properly monitor what is going on with [person]."

Continuous learning and improving care

- Quality assurance measures were effectively identifying areas of improvement that were required.
- Internal inspections were routinely completed by regional and managing directors as a measure of identifying areas of improvement that needed to be addressed by the manager.
- Internal action plans were devised, and areas of development were followed up on in a timely manner.
- The manager maintained a good level of oversight in relation to all accidents, incidents and events that occurred at the service. Trends were also reviewed to establish if any themes were emerging.
- A recent contract and compliance audit was conducted by the Local Authority; all identified actions and

recommendations had been addressed and completed.

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

- Equality characteristics were determined and supported from the outset.
- The manager ensured that people, the public and staff were involved in the quality and safety of care being provided.
- A 'Resident Experience' Manager (REM) had been appointed specifically to engage with people who lived at Hazelmere House. The REM developed positive relationships with people and relatives, encouraged people to share their views and opinions and helped people to have a 'voice'.
- 'Resident and relatives' meetings were regularly scheduled; people and relatives had the opportunity to share their thoughts and views about the quality and safety of care people received.
- Quality assurance questionnaires were circulated on an annual basis. Questionnaires enabled the manager to review people's opinions about their experiences of care they were receiving.
- A range of different staff meetings were taking place. Staff meetings helped staff to feel involved in the care being provided and made them feel part of a team.

Working in partnership with others

- The manager worked closely with other healthcare professionals, ensuring that people's overall health and well-being was effectively managed.
- Positive working relationships have been developed between the Local Authority and Commissioners.