

Hazelgrove Healthcare Limited

Hazelgrove Nursing 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hazelgrove Nursing Home is a 'care home'. It is registered to provide care and accommodation, including nursing care, for up to 38 people and there were 35 people living at the home when we inspected. The service was providing support for a wide range of care needs for older people, many who were living with dementia.

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

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring people were cared for in a person-centred way and the provider learned from any mistakes. Our own observations and the feedback we received supported this.

The environment of the service enabled people to mobilise and orientate themselves around the service. Staff had received appropriate training and people received good care that met their needs and improved their wellbeing. The staff team were dedicated and enthusiastic.

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were enough staff to care for them. Our own observations supported this, and we saw friendly relationships had developed between people and staff. People enjoyed the food and the provider acted on their feedback in relation to how the service was run.

People received medicines safely. The service was clean, hygienic and a pleasant environment to spend time in. People's care plans were up to date and accurately reflected their needs. People were able to receive visits from their relatives and there was a programme of activities to support their well-being.

Staff worked collaboratively with outside agencies such as the local authority and healthcare professionals. People were protected from harm and abuse, as staff knew how to safeguard people and what procedures they should follow. Complaints were responded to appropriately and people's wishes at the end of their life were respected. People were able to express their views and had their dignity, independence and privacy promoted.

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.

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

Rating at last inspection

The last rating for this service was Good (published 23 August 2017).

Why we inspected

This inspection was prompted by a review of the information we held about the service and the age of the last rating.

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.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led section below.

Hazelgrove 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 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

The inspection was completed by 1 inspector and 1 senior specialist.

Service and service type

Hazlegrove Nursing Home 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. Hazelgrove Nursing Home is a care home with 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 a registered manager in post.

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 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with people, relatives and staff and gathered information relating to the management of the service. We reviewed a range of records. This included 4 care plans. We spoke with 2 people living at the service and 2 visiting relatives. We also spoke with 9 members of staff, including two directors, the registered manager, a registered nurse, the chef, care staff and ancillary staff.

Is the service safe?

Our findings

Safe – this means 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.

Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had Personal Emergency Evacuation Plans (PEEPs), which informed staff how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs. For example, some people were at risk of falls or choking. Their care plans contained comprehensive and specific details for staff on how to manage these risks on an individual basis.

Using medicines safely

- Registered nurses were trained in the administration of medicines. A member of staff described how they completed the medicine administration records (MAR). We saw these were accurate. They also showed us how they ensured that stock levels of medicines were accurate. People told us they had no concerns about their medicines. A relative told us, "The nurse is very competent, and the manager was in touch before [my relative] arrived to make sure the medication was correct."
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of medicine storage areas. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed in a timely way.
- Medicines were stored appropriately and securely, in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

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

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Specific details and any follow up measures to prevent a re-occurrence were recorded. Any subsequent action was shared and analysed to look for any trends or patterns.
- People said they felt safe, and they had no concerns around safety. A relative told us, "It's so much better than [my relative's] last home, I was so worried about him there. It's early days here, but he seems so much safer and happier."
- Staff had a good awareness of safeguarding, could identify the different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps

should be followed if anyone witnessed or suspected abuse was displayed around the service.

Staffing and recruitment

- The deployment of staff met people's needs and kept them safe. Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.
- People and staff told us the service had enough staff to keep people safe. A relative told us, "I like the staff, they are always around. You never have to look far to find them." A member of staff said, "We have enough staff, there are busy days when people call in sick, but there is always cover."
- The provider followed safe and effective recruitment practices. This included requesting references from previous employers about their conduct in previous jobs, health checks and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

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 able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely. PPE, including masks, and hand sanitiser was available to all visitors to use.

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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's ability to eat safely and maintain a healthy weight were assessed. Where needed, advice was sought from healthcare professionals on how people's diets should be adapted to suit them. Information was available in the kitchen to ensure people received appropriate drinks, meals and snacks.
- Where people were at risk of malnutrition, food and fluid charts were completed to monitor people's intake. This allowed staff to provide support and encouragement to people who were struggling to eat and drink.
- People were offered a choice of food from the menu. In addition, people were confident staff knew about any food allergies and would provide alternative meals if needed. One person told us, "I'm enjoying this, very tasty."
- We observed staff supporting and encouraging people to eat and drink regularly. Snacks and drinks were always available and the mealtime experience was sociable and relaxed.
- People's needs were assessed before they moved into the service. This allowed staff to assess risks to people and if staff were able to support people in a safe manner or identify if they required further training in specific areas.
- The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies and systems were in place to monitor that they kept up to date with changes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People told us they received effective care and their needs were met. A relative told us, "My [relative] had a terrible time in their last home. This feels completely different, the manager and staff understand his condition and how to keep him calm and relaxed."
- Staff liaised effectively with other organisations and teams. People received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff and documentation supported this. Staff recognised when people were poorly and had contacted the relevant professionals. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.
- People's individual needs around their mobility were met by the adaptation of the premises. Handrails were fitted throughout. People in wheelchairs had access to all parts of the service, and there were adapted bathrooms and toilets. Clear dementia friendly signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.

Staff support: induction, training, skills and experience

- Staff had received relevant training in looking after people. They were knowledgeable of relevant best practice and regulations. We observed that staff supported people with confidence and professionalism. A relative told us, "The staff don't waste time, they are very efficient and go about their work with confidence." A member of staff said, "The training is very good, it's a mixture of online and face to face, and we can always ask the manager if we're unsure of anything."
- Systems of staff development including one to one supervision meetings and annual appraisals were in place. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.

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.

- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one. The provider used a DoLS tracker to ensure staff knew who was under DoLS, whether they had any conditions to their DoLS and when a new application should be made.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff provided people with choice in the way their care was delivered. Throughout the inspection, people were given a variety of choices of what they would like to do and where they would like to spend time. We observed staff listening to people's requests and supporting them to do as they wished. A member of staff told us, "We're a big family, this is their home, so we help them to do as much as they can, when they want to. I'd happily have one of my relatives live here."
- People were supported to make their own decisions. People told us they were free to do what they wanted throughout the day. A relative told us, "[My relative's] choices are a bit limited, but they still make her look nice and give her as much scope to decide on things as she can."
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Ensuring people are well treated and supported; respecting equality and diversity

- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. People were supported with kindness and compassion.
- We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care. Staff spoke with people on their level, maintained good eye contact and took time to listen and understand. One person told us, "Lovely, everything is lovely."
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service and could stay as long as they wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. For example, people were encouraged to shower and dress independently. We also observed staff encouraging people to do things for themselves, such as putting their cardigan on and eating and drinking independently.
- Care staff informed us that they always prompted people to remain active and carry out any personal care tasks for themselves, such as brushing their teeth and hair and mobilising around the service. A member of staff told us, "We encourage people to do all they can. Some want us to do everything for them and that's fine too, but we always give people the choice."
- People we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I like them [staff] very much."
- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and

talking with people in a respectful manner.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included people's choices around what they enjoyed doing during the day and their preferences around clothes and personal care.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. A relative told us, "[Registered manager] was in touch with me before [my relative] moved in, everything was really thorough around getting to know how to care for him."
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide person centred care. For example, we observed staff acting appropriately to de-escalate a situation when a person became agitated. It was clear staff knew this person well and what to do when they became upset.

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 told us that the service responded well to their care and recreational needs. There was a range of activities on offer which included, music, arts and crafts, exercise, trips around the local area and visits from external entertainers. For people who chose to stay in their room, staff scheduled one to one activity time with them. A relative told us, "The activities and entertainers are excellent." The registered manager added, "We tailor the activities to what people want and what they can do."
- People were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. If requested, church representatives visited the service, so that people could observe their faith.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. People received information on how to make a complaint when they moved into the service and information was also on display for people to access.
- People living at the service and their relatives told us that they were happy to raise concerns.

End of life care and support

- People's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the service instead of being admitted to hospital. Staff were knowledgeable about supporting people at the end of their lives and the healthcare professionals who would be able to support and work alongside the service.

Is the service well-led?

Our findings

Well-Led – this means 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 registered manager undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medicines, infection control, care planning and health and safety. The results were analysed to determine trends and introduce preventative measures.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented they all worked together and approached concerns as a team. A member of staff told us, "We have a very understanding manager, she has made a good culture of supporting us and being able to ask questions."
- Up to date information was made available for staff including details of specific topics, such as infection prevention and control and the MCA, to ensure they understood and had knowledge of how to assist people.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "[Registered manager] has a soft power about her. She's very friendly, but responds to everything." Another relative added, "I can't fault the place so far, the manager has been very good."
- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this. The registered manager said, "I have an open-door policy, I listen to staff, residents and relatives and hear their ideas. We've retained good staff for many years and give good care day and night."
- Staff had a good understanding of equality, diversity and human rights and explained how they would

make sure nobody at the service suffered from any kind of discrimination. This was reinforced through training.

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

- People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and Integrated Care Board (ICB), to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns. The service also engaged with the local community.