

Hazelcare Limited

# Hazelcare Head Office

## Inspection report

317 Two Mile Hill Road  
Bristol  
BS15 1AP

Tel: 01179080085  
Website: [www.hazelcare.co.uk](http://www.hazelcare.co.uk)

Date of inspection visit:  
09 June 2021

Date of publication:  
08 July 2021

### 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

Hazelcare Limited is a domiciliary care agency. It provides personal care and support to people who live in their own homes. At the time of the inspection, the service was providing support to 24 people with a range of physical and mental health care needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and their relatives felt safe with the staff who supported them. Systems and processes were in place to safeguard people from the risk of abuse. Where risks had been identified, assessments were in place and regularly reviewed to ensure they could be managed. The provider had managed risks effectively during the recent coronavirus pandemic.

Staff were safely recruited, and enough staff were in place to support people. New packages of care were not taken on if the provider did not feel able to provide safe, high quality support. Staff received induction, training and support, and were competent in carrying out their role.

People's needs and preferences were assessed before they started to receive support from Hazelcare Limited. They only received care with their consent. Assessments were recorded and regularly reviewed. This supported staff to deliver care in line with standards and guidance to meet people's needs.

People were well supported by staff, and people and their relatives were positive about the support they received. Staff were enthusiastic about providing personalised care which met people's needs. Staff knew people well and understood and respected their routines, needs, likes and dislikes. Care plans provided information about people's preferences and wishes. Staff could access care plans at any time to ensure they were able to provide person centred support.

People were positive about the care and support they received from Hazelcare Limited. Staff were positive and proud to work for the organisation; they made efforts to empower people and achieve good outcomes for them. The values of the organisation were reflected in the feedback we received from staff, people who used the service and their relatives.

The service was organised and well run. People, their relatives and staff were positive overall about the registered manager and senior staff team. This team provided support, monitoring and guidance to maintain high standards.

The registered manager and staff team were open and transparent and keen to continue to improve and develop the service. They felt they had a good working relationship with other professionals and agencies to make sure people received the care and support they needed

Robust systems were in place to monitor the quality of the service provided and actions were taken when shortfalls were identified. This helped to ensure people were always supported in a way which reflected current best practice and guidance.

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](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 30 April 2019 and this was the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

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?

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 findings below.

# Hazelcare Head Office

## **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

The inspection was carried out by one inspector.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service a short period of notice of the inspection. This was because we needed to be sure that the registered manager or provider would be in the office to support the inspection.

Inspection activity started on 9 June 2021 and ended on 15 June 2021. We visited the office location on 9 June 2021.

### What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

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 or their relatives about their experience of the care provided. We received feedback from two professionals who had contact with the service. We spoke with six members of staff, including the registered manager. Their comments have been incorporated into this report.

We reviewed a range of records relating to the management of the service. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff support. We reviewed records relating to the management of the service, including policies and procedures and audits.

We considered all this information to help us to make a judgement about the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff who supported them. Comments included, "Yes, I feel safe when they're here" and "They make sure everything's ok".
- The registered manager told us there was a good relationship with the local safeguarding service and referrals were made when appropriate. This was confirmed by professionals we spoke with.
- Concerns relating to safeguarding issues were logged and investigations and actions taken where necessary. Managers tracked concerns and allegations to ensure people were safe.
- Staff received training and were confident about what they would do if they had concerns about safeguarding issues. Comments from staff included, "I would have no hesitation if I had concerns. I would always report things" and, "I've raised things before. I would always speak up if I felt worried about someone, I wouldn't want anyone to come to harm".
- Systems and processes were in place to protect people from the risk of harm or abuse. Policies provided information and guidance for staff, and staff were able to access these documents.

Assessing risk, safety monitoring and management

- Risks to people and staff were managed because risk assessments were in place and regularly reviewed. These provided staff with guidance about how they should support people safely, whilst maintaining their independence.
- Assessments of the environment and equipment ensured people and staff were protected from unnecessary harm. Information was provided about how to safely access people's homes, and how to use equipment to support moving and handling.
- Often staff worked alone in people's homes, and a lone working policy was in place to provide guidance about staying safe.

Staffing and recruitment

- There were enough staff employed to meet people's needs. This was regularly reviewed, and new packages of care were not taken on if the provider did not have enough staff or the skills necessary to provide safe, high quality support.
- People told us they often had support from regular staff but noted there were times when unfamiliar staff supported them. They were tolerant and understanding about this. People said, "It's a shame when you get used to some and then they change" and, "They try to give me regular staff. They try to accommodate me." Another person noted, "It seemed like there was a different carer every time at first, but that's settled down now".
- The provider had systems in place to ensure recruitment practices were safe. This included checks being

carried out to confirm staff were suitable to work with people.

#### Using medicines safely

- Systems were in place to support people to take prescribed medicines. Each person's needs were assessed, and the support provided reflected their abilities and encouraged independence.
- Care records gave staff information about people's preferences and needs relating to medicines. For example, one person preferred staff to hand them their medicines and took tablets with a drink of water.
- Staff were trained in medicines management and administration. All staff had their competency checked regularly to make sure their practices were safe and senior staff monitored medicines administration.
- When medicines errors occurred, these were reported, reviewed and action taken to improve practice where necessary. Improvements were shared with staff during team meetings, additional training provided, and electronic alerts could be sent to staff if needed.
- An up to date medicines policy was in place which included best practice guidance.

#### Preventing and controlling infection

- The provider had managed risks effectively during the recent coronavirus pandemic. We were assured that people were protected by the prevention and control of infection.
- Staff had received training and were kept updated about government guidance to manage the risks of infection relating to the pandemic.
- Staff had access to personal protective equipment and used this effectively and safely.
- The provider had up to date infection control and coronavirus policies.

#### Learning lessons when things go wrong

- The registered manager and staff team were open and transparent when things went wrong. Systems were in place to record and analyse accidents and incidents. These were reviewed promptly in order to act where necessary.
- Complaints were taken seriously, and prompt action was taken where possible. This included liaison with other agencies and changes to practice. The provider was open and transparent about concerns which had been brought to their attention. Two relatives told us they had some 'teething troubles' when they first had contact with the service but added that these were addressed quickly and actions such as retraining or staff changes were put in place.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 and preferences were assessed and documented before they started to receive support from Hazelcare Limited.
- Care plans set out people's expectations about the support they wanted and needed. These included personal information to ensure staff were able to provide individualised care. Staff told us, "The care plans tell us what we need to know. If I need more detail, I just have to phone the office for information" and, "We know people well, but everything's on [the electronic record system]".
- People felt their choices were respected. One person said, "I'm the captain of the ship. They know how I like things".
- The registered manager and senior staff regularly reviewed people's support needs and records. This ensured the service provided met people's current needs and achieved effective outcomes.

Staff support: induction, training, skills and experience

- People were supported by a staff team who had the skills and knowledge to deliver effective care and support. A relative told us, "The staff seem to be skilled enough to do the job and they're learning all the time".
- New employees completed an induction when they joined the service, then shadowed more experienced staff and had a period of probation to ensure they met the roles and responsibilities of the job. One member of staff told us, "I was with a senior at the start, and they talked me through and showed me everything".
- Staff received training and regular updates to ensure their skills were up to date and support was in line with current best practice guidelines. Specialist training could be provided to ensure staff could meet people's specific needs, for example supporting people with mental health needs and those living with dementia.
- The registered manager carried out spot checks when staff were supporting people in their home. This was an opportunity to check staff's competency and identify any areas for development. These checks were recorded, and actions were documented and followed up.
- Staff felt well supported by the provider and by the training they received. One staff member said, "They were very professional and good at showing me what to do".

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

- Some people were supported to eat and drink and maintain a balanced diet, whilst others were independent in this area.
- People's needs were assessed, and preferences documented. For example, information was recorded

about allergies, meal timings and what people preferred for different meals. For example, it was clear in one person's care record that they preferred toast with butter and marmalade and liked strong tea without sugar.

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

- Staff liaised with other professionals and agencies to make sure people received the care and support they needed. The management team had good working relationships with a number of health and social care professionals. Information was available in people's care records and this could be shared with health professionals if necessary.
- Staff supported some people to access and book routine and specialist healthcare services. For example, GP and district nurse appointments, as well as outpatient and mental health support.
- Staff told us they knew people well and would be able to quickly identify if a person's presentation changed. This helped to ensure assistance would be requested promptly when needed. A relative noted, "They were observant regarding any issues they noticed, advising me and, if necessary, would report to district nurses".

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's legal rights were protected because the manager had a good understanding of the MCA and its practical applications. At the time of the inspection, no-one was subject to any Deprivation of Liberty Safeguards or Court of Protection orders.
- People only received care with their consent. People had given consent to their care package at the time of assessment, and this was regularly reviewed. One person told us, "They always ask me what I want and how to do things". Another person who used the service added, "They always give me the ability to choose, and they are adaptable".
- An up to date policy was in place and staff received training about the Mental Capacity Act.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 were treated with kindness, respect and compassion. One relative told us, "The staff all make an effort to chat to [Name], engage them and bring them out a bit. That's what they need". A person who used the service said, "I don't know where I'd be without them. Nothing's too much trouble for them. They make all the difference to me".
- Staff we spoke with were enthusiastic about providing personalised care which met people's needs. One staff member said, "I always get to know people. I adapt to them, that's so important". Another added, "I always know what they like and need. It makes a difference to that person".
- Staff often 'popped in' when they were passing people's homes to check in case they needed anything, or for a social call. During the pandemic, people said staff had often gone above and beyond what was required of them to make sure people were safe and had enough support.
- Staff knew people well and understood their routines, needs, likes and dislikes. For example, one person liked to have a shower and get dressed before they had breakfast. It was clear in the care record that the order of this routine was important to them.
- Staff understood the need to be respectful and compassionate towards their colleagues and those they worked with.
- The provider respected people's needs under the Equalities Act 2010. For example, assessments and care plans included information about issues such as cultural, religious and gender needs.

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

- Staff encouraged people to be involved in their day to day care choices and routines. This included making choices about food, clothing, household tasks and activities. People told us they felt in control of the support they received from Hazelcare Limited. One person said, "They know how I like things. They get used to me. I'm happy with what they do".
- Staff told us they had enough time to spend with people to make sure they provided personalised support which was not rushed. A staff member said, "In the pandemic, sometimes people have been sad about not seeing their families. We make sure we give them emotional support, give them reassurance and keep it positive". A relative noted, "All the carers made sure they would spend some quality time talking to my relative after care had been administered which is very important".
- Regular reviews took place to ensure the support provided continued to meet people's wishes and needs. Staff told us they were kept informed about changes after these reviews.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were aware of the importance of respecting and promoting people's privacy, dignity and independence. Policies and care records gave staff guidance. For example, one person's care record requested that staff stand outside the room when the person was showering, and another person's record made it clear that they did not like to be asked a lot of questions.
- People and their relatives were positive about the support they received. One relative noted, "All the carers were excellent in the way they delivered the appropriate care and it was obvious dignity was very important in the care delivered". A person who used the service said, "They got to know me and my problems; they really help me in the way I want".

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received personalised care which met their individual needs and preferences.
- People and their relatives were encouraged to contribute to planning the support they received. One relative said, "I can see what's been happening and I speak with [registered manager] a lot". Another relative said they would like to have more input into the planning and support their family member received.
- People were often supported by the same small teams of staff. This provided consistency and allowed positive relationships to develop. This enabled people staff to know people well and effectively meet people's needs and preferences.

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.

- The provider identified and recorded the communication needs of people and made sure staff were aware of these. For example, not talking about specific subjects which may be upsetting to a person and making sure staff spoke slowly and clearly to another individual. This helped to ensure people received information in a way which was accessible to them.
- The provider understood and highlighted people's communication needs to others as required and with consent.

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 were supported to use community facilities and follow their interests, although this had been limited by the restrictions of the coronavirus pandemic.
- One relative was pleased that staff always spent additional time talking to their relative after tasks had been completed. They felt this was important to their family member.
- Where possible, staff supported people to develop and maintain relationships with friends and families and to avoid social isolation.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to and used to improve the quality of care.

Complaints were reviewed and responses given promptly. Actions were taken to improve quality or practice where necessary.

- People told us they would feel able to use the complaints process or raise a concern although most had not needed to do this. Comments included, "I can easily phone the office and tell them if there's a problem. It's small enough to know everyone" and, "I haven't had to make a formal complaint. I would call them if I had to".
- A policy was in place which outlined how complaints were managed and dealt with.

End of life care and support

- The service did not provide end of life care at the time of the inspection.
- The registered manager explained they did not currently take on people who required end of life care but would seek specialist support on an individual basis if this was required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were positive about the care and support they received from Hazelcare Limited. Comments included, "They're absolutely fantastic. Just brilliant" and, "I'm very happy. They really help me".
- There was a positive culture within the service. Staff were positive and proud about working for the provider and made efforts to empower people and achieve good outcomes for them. A staff member said, "It feels like we're all involved in people's lives and we just want to do the best for them". This showed they were passionate about the service they provided and cared about the people they supported.
- The management team promoted person-centred care which met individual needs. They also supported staff to ensure they were happy and confident in their roles.
- On a home care review website, Hazelcare Limited received the second highest rating across all domiciliary care agencies in the Bristol area, scoring 9.8 out of a possible 10. People and their relatives described the service as person-centred, and one said their relative's quality of life had been "transformed" because of the support they received.
- The provider had values and a vision which focused on improving and maintaining people's quality of life in their home environment. These values were reflected by staff and in the feedback we received. Comments included, "We want to put clients first and help people" and, "It's so good to make a difference to people's lives".

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 was open and approachable and understood their responsibilities following an incident.
- Incident and accident records were kept and showed that the registered manager had been open with people using the service and their families, in line with the duty of candour. One relative told us about an incident which they were informed about. They felt it was dealt with swiftly and appropriate action taken.
- Other agencies, such as local authority safeguarding teams, had been informed when there had been concerns. Professionals told us the provider worked proactively with them and communicated effectively.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in post and they were clear about the responsibilities of this role. There was a

team of senior staff who provided support, monitoring and guidance. Each senior carer took responsibility for a small team and this helped staff to be clear about expectations and providing a quality service.

- People and their relatives were positive about the registered manager and senior staff. One person said, "The managers are open and approachable", although a relative added, "The office staff aren't always easy to get hold of. They always seem to be in meetings".
- Systems were in place to monitor the quality of the service provided. Spot checks and quality surveys were in place, and audits were completed by the registered manager and clearly recorded. There were regular checks including weekly performance reporting and quality meetings, as well as visit and care record monitoring. Where necessary, action plans were in place to drive improvements or ensure changes to practice were implemented. Changes were communicated to staff through supervision, training and meetings. This helped to ensure people were always supported in a way which reflected current best practice and guidance.
- The registered manager made notifications to CQC as legally required. Notifications are information about important events the service is legally obliged to send us within required timescales.

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

- A quality survey was carried out every six months. Surveys sent to people who used the service asked for views about the support they received, and ways in which it could be improved. The feedback given was positive and people were happy with the care they received. A survey was also regularly sent to staff, and feedback was positive.
- Staff told us they worked well as a team and were asked for feedback and ideas to develop the service. Regular staff meetings were in place to provide support and promote open two-way communication.

Continuous learning and improving care; Working in partnership with others

- The registered manager ensured necessary resources and support were available to develop the service and drive improvement. The provider had invested in electronic systems which saved staff time, provided up to date information, enabled monitoring and supported the delivery of high-quality care.
- The registered manager had established links with other providers. This enabled them to share ideas, seek support and discuss development and improvement.
- The service had received compliments from people and their families. A professional gave positive feedback to the provider about the way they had supported another domiciliary care agency when they were severely affected by staff shortages due to the coronavirus pandemic. They felt staff from Hazelcare Limited listened to people, ensured they understood people's health needs and preferences to ensure they provided an effective service.
- Staff shared appropriate information and assessments with other agencies for the benefit of people who used the service. People's records showed they were supported by a range of professionals including GPs, social workers, dietitians and mental health teams.