

Hazelroyd Limited

# Hazelroyd Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We visited Hazelroyd on 27th August 2015. The inspection was unannounced.

Hazelroyd is a two storey building with provision to accommodate up to thirty older people. It is a care home without nursing which provides care for people living with dementia and physical disabilities over 65 years. On the day of inspection there were 28 people living there 'including one person attending for respite.'

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Safeguarding information and contact details were easy to access. Posters encouraged reporting of potential abuse and the details of who could be contacted were present on notice boards. The service had a safeguarding policy in place. Staff told us they had reported any

# Summary of findings

concerns. Staff felt their concerns would be listened to and actioned. Staff received training on safeguarding and were able to tell us different types of abuse and the warning signs they looked for.

People's care records and risk assessments were kept up to date and reflected people's current needs. Identified risks were supported by measures to reduce or remove the risks. Staff told us about people's care records and associated risks.

Rotas showed us a sufficient number of suitably trained staff were deployed to meet people's needs and safeguard them from risks. People told us staff supported them and met their needs.

People's medicines were administered in a safe way. People received their medicines in line with their prescription. People had their medicines administered by a member of staff. We found medication administration records were signed correctly. Medicines were stored appropriately in a cupboard. People had 'as and when required' (PRN) medicine. These medicines had a protocol sheet advising staff when these could be administered.

Some care plans contained detailed information which showed people's needs had been thoroughly assessed to allow staff to deliver appropriate care. However this was not consistently applied and we found other care plans were missing key assessments and had not been updated following people's changing needs.

We saw people were supported to maintain good health and had access to healthcare professionals. People had regular contact with doctors, opticians, dentists and district nurses. Another person received advice from a dietician.

We spent time observing care and support being given. Staff were seen to treat people with respect and dignity. Staff had developed relationships with people so they

appeared comfortable, at ease and shared discussion and laughter with staff. We saw staff asked people what they wanted to do before they did it. If people refused their decision was respected.

We looked at the complaints procedure for the service. Complaints were recorded, analysed, responded to and learnt from. We saw one complaint had been followed through in line with the policy. Complaints, accident and incidents were monitored to look for trends. The service sent out an annual questionnaire to people and their relatives. Responses were looked at to improve the service and quality care.

We spoke with a staff member who told us they had confidence in the registered manager and believed any concerns would be listened to, recorded and actioned. People that used the service told us they liked the registered manager and felt issues would be looked into. The registered manager ensured a robust programme of quality assurance was in place. We saw quality audits were completed regularly. These audits fed information into a biweekly report sent to the provider's office. This report identified trends and areas of improvement for the service.

The Care Quality Commission (CQC) monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes.

Care records showed people's capacity was not assessed under the Mental Capacity Act 2005 (MCA) which meant there was a risk their rights were not protected.

The service was not meeting the requirements of the Deprivation of Liberty Safeguards. (DoLS). We saw that no referrals had been made for people that had been deprived of their liberty.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of this report.

# Summary of findings

## 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.

Staff knew what safeguarding was, warning signs for abuse and what action they would take if they suspected abuse.

People received medicines according to their prescriptions. Staff administered medicines for one person at a time and explained what they did.

The provider had safe recruitment procedures in place. We saw staff had received criminal background checks to keep people safe.

Good



### Is the service effective?

The service was not consistently effective.

People's capacity was not assessed in line with the requirements of the Mental Capacity Act 2005 (MCA) which meant there was a risk their rights were not protected. The service was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) as appropriate steps had not been taken to review people's capacity and any restrictions placed on them to determine if there were any unlawful restrictions.

Staff received mandatory and specialist training on a regular basis.

Staff told us they were supported by the management team. We saw people had regular supervisions and team meetings.

Requires improvement



### Is the service caring?

The service was caring.

We observed staff supported people in line with their care records. People told us staff knew them and respected their privacy and dignity.

People were involved in the planning of their care. Records were signed by people and their families.

Family members told us there were no restrictions on visiting the service.

Good



### Is the service responsive?

The service was responsive.

We looked at people's care records. Care records were created from an assessment of people's needs completed before they came to the service.

Care records included people's personal preferences and their likes and dislikes.

The service was responsive to complaints. Complaints had been investigated and acted on in a way that proved an understanding of the complaints policy.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The home had a registered manager in place.

The provider sent out questionnaires to people that asked for their views on the service. These views were understood and changes made to improve and maintain high quality care.

We observed the registered manager had a presence in the home and had a good understanding of what happened and what people's roles were.

Good



# Hazelroyd Nursing Home

## Detailed findings

### Background to this 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 was planned to check whether the 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.

This inspection took place on 27th August 2015 and was unannounced.

The inspection team consisted of two inspectors. Before our inspection we reviewed the information we held about the home. This included a review of the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people who used the service, two relatives, two care workers, one senior care worker, the chef and the registered manager. We spent time observing care and support being delivered. We looked at five people's care records and other records which related to the management of the service such as training records and policies and procedures.

We contacted the local authority commissioning and safeguarding team and the local Healthwatch organisation to ask them for their views on the service and if they had any concerns. As part of the inspection we also spoke with two health care professionals who regularly visited the service.

We undertook general observations, looked round the home, including some people's bedrooms (with their permission), bathrooms, kitchens and lounges

We looked at the notifications the Care Quality Commission had received about the service.

# Is the service safe?

## Our findings

There was a relaxed friendly atmosphere and people appeared comfortable and at ease with the staff.

People we spoke with told us they felt safe when staff supported them in the home. One person said, 'Yes I feel safe here, don't worry about that'. We asked one member of staff if they thought service users were safe in the home and their reply was, 'Yes, I like to think people are safe'.

Another two people told us they felt safe living in the service.

The staff we spoke with told us they had received safeguarding adults training and were aware of what constituted abuse and how to report an alleged incident. One staff member talked us through the process if they had to raise a concern. Contact details for the Local Authority, Adult protection unit, police and emergency duty team were readily available for staff to refer to. We saw on a notice board a whistleblowing poster with contact information for the Care Quality Commission (CQC).

Staff demonstrated a comprehensive understanding and awareness of the different types of abuse and what action they would take if they identified abuse. Staff said they were able to speak with the registered manager if they had a concern.

Arrangements were in place for reporting and reviewing safeguarding concerns and incidents that affected people's wellbeing and safety. These were analysed by the registered manager to identify any trends or patterns to reduce or remove the risk of re-occurrence. We looked at one reported safeguarding concern. The concern had been reported, investigated and the relevant people had been informed. This showed us the service knew how to respond to concerns and how they followed procedure.

We looked at how the home was staffed. Staff told us the staffing numbers were sufficient and extra staff were brought in if people required protected time for further support or taking part in community based events. For example one staff member told us, "We always have at least three staff working, if someone calls in sick either the registered manager will help out or another staff will come in." People who lived in the service told us there was sufficient numbers of staff to support them. During the inspection we observed care and found there was

adequate staff to meet people's needs, for example being present in communal areas and attending to people when they needed assistance. The registered manager showed us how they managed the rota system to ensure that experienced staff were always on each shift. This helped to ensure the staff team had an appropriate level of skill and knowledge at all times. We looked at the rota's that covered the previous eight weeks and saw that people had their needs met in line with their care records. The registered manager told us staff have an emergency number to ring out of hours to speak with a senior manager for advice. This showed us appropriate procedures were in place to keep people safe.

We saw care files showed staff had completed risk assessments that assessed and monitored risks to people's health and safety. Reviews of risk assessments were not stored within people's care records but were stored separately. This made it difficult to access relevant review information. The provider contacted us following the inspection to confirm this had been remedied.

We looked at how staff were recruited. We looked at six staff files. Staff files included copies of applications forms, at least two references and identification of prospective employees. New employees had a formal interview, followed by an interview in the service to meet the people they would be working for. Disclosure and Barring Service (DBS) checks had also been carried out prior to new staff working at the service. DBS checks are a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assisted Hazelroyd to make safer decisions about the recruitment of staff. We found the appropriate checks were in place to ensure prospective staff were suitable to work with vulnerable people.

We looked at how medicines were managed in the service. Medicines were kept secure in a locked cabinet. We checked a sample of medicines in stock against the medication administration records (MAR) and found these were correct. We observed a staff member administering medicines and they signed the MAR after the medicines had been taken. This helped reduce the risk of errors and our findings indicated that people had been administered their medicines as prescribed. We saw people's medicines were subject to regular review by their GP. People had a plan of care and a medicine pen picture which provided information about people's medicines and the level of

## Is the service safe?

support they required. A risk assessment recorded people's agreement and wishes around support with medicines. As and when required medicine (PRN) was monitored by staff and documents were in place that supported this practice. For example we saw a PRN protocol sheet for staff to follow. There was an appropriate system of procedure and recording for medicine disposal.

We completed a tour of the premises as part of our inspection. We took the temperature of water from taps in both bathrooms and people's bedrooms and found them to be comfortable. Inspection of the maintenance files showed that the hot water temperatures were regularly checked and thermostatic valves recalibrated as necessary. All radiators in the home were covered to protect vulnerable people from the risk of injury. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions.

We saw that upstairs windows all had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows.

All areas of the home appeared clean and had a pleasant odour. Staff showed a clear understanding of maintaining a high standard of cleanliness. Detailed records were kept regarding cleaning which demonstrated that all areas of the home are cleaned daily. The housekeeper told us, 'We give each room what we call a deep clean once a month

when we wash the carpets, wardrobe fronts.' The housekeeping staff also demonstrated safe practice as they had a colour coding system for using mops and wipes and were able to explain how they would safely clean up any bodily fluid such as urine. Files containing COSHH information about cleaning fluids were on the cleaning trolley and also in the basement where the cleaning trolley and other cleaning resources were stored.

The catering staff maintained their own cleaning record of the kitchen and washing up room; this record showed that all areas of the kitchen are cleaned daily. Fridges and freezers storing food had thermometers showing the temperature was in the required range; Records were kept that these temperatures are checked every 2 hours and they showed the temperatures are in the required range. The Food Standard Agency rating was displayed outside the kitchen and showed the home received a rating of 5 out of 5 in 2015.

We saw there were suitable policies and procedures for infection control in the home and staff had received appropriate training in this area. Staff told us they were provided with the equipment they needed such as disposable gloves. There were contractual arrangements for the disposal of clinical and sanitary waste. Security, fire safety and health and safety monitoring was in place.

Each person had an individualised evacuation plan which was readily available in case of emergency

# Is the service effective?

## Our findings

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider was not meeting the requirements of DoLS. We looked to see if the service was working within the legal framework of the Mental Capacity Act 2005 (MCA). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We were told by the manager that no people were subject to DoLS authorisations and no applications had been made. Staff with whom we spoke said they had received training in the Mental Capacity Act 2005 (MCA). Staff demonstrated a poor understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards which meant there was a risk the correct procedures would not be followed to protect people's rights under the Act.

We looked at the care records of four people who demonstrated a significant degree of cognitive impairment. We could find no evidence of a mental capacity assessment even though some care plans stated the person was lacking capacity. For example in one person's pre-admission care plan it stated that "to try and support (name of service user) the MCA 2005 will need to be applied, it maybe that carers make best interest decisions on a day to day basis in ensuring that (name of service user) needs are met" it also stated that "it is unlikely that (name of service user) will be able to consent to (their) placement into care. In view of this and the need for care to be supervised it is recommended that the home look at a DoLS for (name of service user)"

In another person's care records there was no mention of best interest decisions or any evidence relating to MCA and DoLS. This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager told us that capacity assessments had not been completed but said they would take immediate steps to assess people's capacity and submit DoLS applications where appropriate.

This was a breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's needs were assessed prior to moving into the home and people had a care record which was created with input from relevant health and social care professionals. This helped to ensure people received care and support in accordance with their individual needs and wishes.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. The care records we looked at showed people attended medical and social care appointments in accordance with their individual needs. For example we saw one person's care plan indicated they had visits from the opticians and other professionals when their needs required. We saw a number of care reviews had been undertaken by health and social care professionals to monitor people's support and treatment plans. People's daily notes indicated they were supported to access services they needed or wanted.

People told us staff always asked them what they wanted before they assisted them. Throughout our inspection we observed staff obtaining people's consent before providing care and support. For example staff knocked on doors and called when entering someone's room to announce their presence. We saw staff asking one person if they required support when walking to the day room. This person said yes. This showed us staff waited for consent to care and treatment before acting.

We asked people if they thought the staff had the right skills to support them and they told us they did. We spoke with staff about their training. Staff told us they completed mandatory subjects such as, moving and handling, infection control, food hygiene, health and safety, medicines, safeguarding and emergency first aid. We looked at the training matrix for six staff who worked at the service. We saw that all mandatory training had been completed by all the staff within the recommended time frames for each training course.

We saw future training courses had been booked and course certificates applied for. We saw new staff had completed or were in progress with their induction supported by experienced staff. We saw staff attended regular supervision meetings and had an annual appraisal. In these meetings staff discussed their induction, training



## Is the service effective?

needs and on-going learning with the registered manager. This showed us the service had an effective training system in place that identified when people required training and if any training had been missed.

Staff told us they received a good level of support with their day to day work and also their professional development. Some staff had a NVQ (National Vocational Qualification)/Diploma in Care as part of their formal learning in care.

People said that the food was good and they looked forward to it. One person told us “I can request anything I want and they will give it to me.” We saw evidence of this during lunchtime when a person requested an item which was not on the menu. During lunchtime we saw that food

was served hot and people appeared to be enjoying their meals. The menus showed a variety of options for each meal, and people were asked about their menu choices on an on-going basis. Alternative items were prepared if requested.

The chef was knowledgeable about people’s nutritional needs and there was a chart in the kitchen which highlighted people who required special diets due to religious, cultural or health reasons.

Staff confirmed that food and drinks were readily available for people day and night. During the inspection we saw that people were provided with drinks and snacks throughout the day and were regularly asked if they would like a hot or cold drink.

# Is the service caring?

## Our findings

People told us staff were kind and caring and respected their dignity. People's comments included, "I like the staff here", "They are nice to me" and "The staff are good." Interactions we saw between people and the staff were positive and friendly.

The service had a friendly atmosphere and staff shared laughter and jokes with people. Staff were polite, patient, attentive and caring in their approach; they took time to listen and to respond in a way which the person they engaged with understood. For example one staff member told us, "If bathing someone, I make sure no one has access to the bathroom." Staff were seen to sit next to people and look at people at eye level when talking to them.

People at the home communicated their needs and wishes in different ways and our observations showed us staff understood and responded accordingly. People told us they chose what they wanted to do each day and staff were respectful of this. We asked one person if the staff knew them well and they told us, they did know them well and knew how they liked being supported.

We observed support being offered. We saw staff followed information from people's care records. For example two people required specific support when working together, the staff member supported these two people in line with their care records.

One person told us, "I get on with all the staff; they know what they are doing." A relative told us, "They let me come whenever I want to."

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available.

During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. One staff member told us, "You should treat people how you would want you or your parents to be treated." We heard staff saying words of encouragement to people.

The care plans were person centred and included a personal profile and social profile which documented information such as life history and next of kin. There was an involvement agreement in the care plan that stated, 'I have read and agree with planned care for myself/service user'. This is then signed by the person or their advocate/next of kin. There was also a relative's communication record in the care plan that documented the date and information given to relatives.

The care plans also recognised the diversity of people who lived at the home, for example if the service user had a religion that they follow. One of the staff told us that one person used to go Church regularly but had chosen not to go recently. The staff also said that a local vicar visited the home twice a month.

A staff member told us how they had regular one-to-one conversations with people around day to day decisions, so that people could express their wishes and views.

Information about advocacy services and supporting people with their rights was available. Family members were free to visit at any time and one family member told us they were always welcomed by the staff when visiting.

# Is the service responsive?

## Our findings

We asked people to tell us if they were asked about the support and care they needed. They told us they were and that staff listened to them and responded to their requests for support.

We looked at five people's care records. Care records were written in a person centred way and talked about peoples personal preferences. The care records showed care, treatment and support is set out to enable people to have personalised care. Assessment and care were based on the activities of daily living and this underpinned the documentation in the care plans. Staff were seen to access care plans and daily records such as fluid and food records.

People's support plans and their care records provided detailed information about people's health, social background, their preferences, choices, behaviours, communication and how they wanted their support to be given. Examples of the records held included; medical history, health professionals and medication. However some care plans had sections missing. For example one care plan had nothing recorded in their community activities. Another person's care plan contained very little detail and some care plans needed evaluating and updating.

Care records were signed by people (where able) to support their inclusion in the planning and delivery of their care. These were subjected to regular review to report on any changes to the support plan. Some care plans had been reviewed but not updated in terms of care given.

The activities coordinator described a variety of activities that take place in the home. The home also has links in the community; for example children from a local primary school visit once a week and had a planned visit the day following the inspection. The registered manager said, "The children are supervised all the time and help with playing bingo". A large board displaying the activities for the week was in one of the communal areas and there were also posters displaying activities around the home. A large board was also in one of the halls that showed a display containing photographs and pictures of activities held.

We looked at the provider's complaints procedure. This was detailed and included timescales for responding to complaints. A copy of the complaints procedure was on the wall for people to look at. People who lived at the home told us they would talk to a member of staff if they were worried about anything. One person said they would complain to the registered manager and they had confidence the complaint would be taken seriously.

Once a year the service sent a questionnaire out to people. This was to seek feedback about the service. The registered manager told us that data from the surveys was used to listen and learn from people's experiences. We looked at the last questionnaire which listed positive comments.

# Is the service well-led?

## Our findings

The home had a registered manager in post. We received positive feedback about the registered manager from staff and people who lived at the service. Staff told us the registered manager was 'supportive' and ensured quality remained high in the service. Staff said the support was good, and they did not feel uncomfortable approaching the registered manager. A person said, "I like the registered manager, they listen to me." The registered manager told us that she had, "An open door policy for all staff."

The service had a number of systems in place to monitor the quality of the service provided and improve practice. The registered manager told us a number of audits on how the service operated were completed. This included health and safety checks of the environment, financial, cleanliness, incident reporting, training and development, fire prevention and medicines.

People were asked to complete a questionnaire annually to give their opinions on the service they had received. These questionnaires were audited by the registered manager of the service and when necessary acted upon. We looked at the last questionnaire which listed positive comments.

The registered manager had an annual development plan for the service. This included the upgrading and decoration of rooms within the home. Two had been completed to a high standard and people who lived in these rooms were happy with the new decoration.

Our observations of how the registered manager of the home interacted verbally with people who used the service and staff showed us that leadership within the home was

good and people were encouraged to be person centred and open. People who lived at the home told us they talked with the registered manager and staff at any time and were able to make suggestions for things to do.

We looked at the minutes taken from the residents and family meetings held on 12th August 2015 and 6th May 2015. Where people had raised suggestions these were taken on board by the staff team. For example, a discussion about a garden party and the implementation of memory boxes for people who used the service. The registered manager confirmed that people who used the service and their families had asked for a café and this now happened every 3rd Thursday in the month.

People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "I have no complaints whatsoever, the staff are kind and look after us all." A relative stated "My (relative) has been so well looked after the manager and the staff are such wonderful, happy people." The provider took account of complaints and comments to improve the service. A complaints policy and procedure was in place. We saw there had not been any recent complaints made. We saw that there were compliments displayed on the wall.

The records we requested and saw were up to date and kept in good order. The service's policies and procedures were reviewed regularly to ensure the information was current and in accordance with 'best practice'. The registered manager notified CQC (Care Quality Commission) of events and incidents that occurred in the service in accordance with our statutory notifications.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person did not have suitable arrangements in place for obtaining and acting in accordance with the consent of service users in relation to the care and treatment provided for them.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person had not ensured the lawful authority for people who needed to be deprived of their liberty for the purpose of receiving care.