

Park Homes (UK) Limited

Hazel Bank Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hazel Bank is a residential care home providing personal and nursing care for people aged 65 and over. The care home accommodates 39 people in one adapted building. At the time of the inspection there were 29 people living at the home.

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

People were not always safe. Risks to people were not always appropriately assessed and managed. Systems to monitor and check the service were in place but these needed to be more thorough to ensure the service consistently met the required standards.

Medicines were not always managed safely. The systems in place to ensure people were administered prescribed topical medicines were not effective. The home was generally well maintained but cleaning records were incomplete.

We have made a recommendation the provider reviews how cleaning schedules are managed and monitored.

Recruitment was managed safely. The staff team were consistent and experienced and had the skills to support people safely. There were links with health professionals and other agencies to ensure people's health needs were met and changes responded to promptly.

The home and garden were accessible and well maintained.

People who used the service, relatives and staff provided good feedback about their experience. People said they felt safe and staff were caring and kind. We observed a warm and welcoming atmosphere in the communal areas of the home. There had been a lack of consistent leadership in the home, but a new manager had recently been appointed. They were working closely with the provider, staff team and people living at the home to make improvements and were committed to enhancing the quality of the service.

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 22 December 2017).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding concerns and reduced staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report. You can see what action we have asked the provider to take at the end of this full report. The provider took immediate action to mitigate the risk to people.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hazel Bank on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk and medicines management and good governance.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hazel Bank Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.

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 carried out by one inspector, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hazel Bank is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there was no registered manager.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We observed care and support in communal areas. We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the company director, manager, nurses and care workers.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, surveys and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Topical Medication Administration records were not completed effectively. Care staff supported people with emollient creams. Care records did not include clear information about when and where creams should be applied, and staff did not sign to say when they had administered them. This meant we were not assured people were receiving their creams as prescribed.
- We were told emollient creams were stored in cupboards in people's rooms. Risk assessments had not been carried out and we observed multiple occasions where creams were left out in people's rooms.
- Protocols were in place for all medicines prescribed to be taken 'as required'. However, we found one protocol where the dose of the medication did not reflect the dose on the medication administration record. Other protocols did not provide any person-centred detail. For example, one person had recently been prescribed medication to support them with anxiety. There was no guidance in place for staff to say how and when this should be administered. This meant people were at risk of not receiving their medication when they should.

The provider did not ensure the proper and safe use of medicines. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action after the inspection. They reviewed the safe storage and administration of creams to ensure this was managed safely.

- The clinic room was spacious and clean. Systems were in place to ensure medicines were ordered, received and disposed of appropriately.
- Staff received training and their competency to administer medicines were regularly assessed.

Assessing risk, safety monitoring and management

- Risk to people's health and safety were not always managed properly. Care records did not always explain how to keep people safe.
- For example, we identified there were people at a high risk of developing pressures sores who were assessed to need pressure relieving mattresses. Care plans did not include details of the required settings and we found they were not set or checked consistently. This meant people were at an increased risk of harm. The manager took immediate action to address this.
- People's moving and handling plans were not detailed. They did not include details of the sling size or

individualised approach for people. Other risks to people's health and safety were assessed. A range of risk assessments were in place including information about eating and drinking, falls and mental health needs.

The provider failed to assess or manage risks associated with people's care. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Routine safety and environmental checks were in place. The provider had recently commissioned an external fire risk assessment.

Preventing and controlling infection

- We were not assured cleaning schedules were effectively maintained. Cleaning schedules did not evidence regular cleaning. Where deep cleans of communal areas had been specified, they had not always taken place and there were no records maintained of the cleaning of high touch points such as door handles and keypads.

We recommend the provider reviews how cleaning schedules are monitored and maintained.

- People and staff were following a regular testing and vaccination programme for COVID-19. We were assured the provider was using PPE effectively and safely.
- Relatives and friends were being supported to visit in line with the current government guidance.

Staffing and recruitment

- People and relatives told us there were enough staff on duty to keep them safe. One person said, "It's a nice place to be, staff are very nice, and they stop to have a chat. I have a bell in my room and they [staff] come quickly. I have no grumbles." A relative said, "The staff seem kind, they are not in a rush. They are kind to people."
- The home used a recognised dependency tool to assess how many staff were required. Staff told us there were enough staff and they were confident this was reviewed regularly dependant on people's needs. People were supported by a consistent and experienced team.
- Recruitment procedures were in place to ensure only staff suitable to work in a care setting were employed.

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

- Most people and relatives told us they felt safe. One relative said, "We feel [person] is safe. Staff are attentive to people they do not stand and chat in corners."
- Staff received safeguarding training and knew how to recognise abuse. Where incidents had occurred, we saw these had been logged and investigated and the service had liaised with the local authority safeguarding team where appropriate.
- Accidents and incidents were recorded and analysed to identify any themes and trends. Where things went wrong action was taken. We saw examples where group supervisions had taken place to discuss events and action taken to make improvements. One staff member commented on this approach. They said, "We reflect on our practise and this can change how we approach things in the future."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had not had a manager registered with the Care Quality Commission (CQC) since September 2019. The previous manager had started the process to register but had since left Hazel Bank. A new manager had recently started, and they had commenced the process to register with CQC.
- A range of audits and checks took place to identify concerns and improve service provision. We saw examples of where they had been effective and where issues had been identified follow up action had been taken. However, they had not identified the issues we identified at the inspection in relation to risk management, medicines administration and cleaning schedules.

We found no evidence that people had been harmed. However, systems to assess, monitor and improve the quality of the service were not sufficiently robust. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was in the process of reviewing the format of care records. They told us improvements would assist with the process of carrying out quality checks. This also included processes to ensure the nursing team had increased oversight of daily records.
- The manager had made a good impression on the staff team. Staff welcomed the opportunity for continuity and strong leadership. One staff member said, "[Manager] is compassionate, confident and has got good leadership qualities."
- Registered providers are legally obliged to inform CQC of certain incidents which have occurred within the home. These statutory notifications are to ensure CQC is aware of important events and play a key role in our monitoring of the service. The provider understood the duty of candour and kept people and relatives informed about key changes within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Most people who lived at the service and their relatives spoke positively about their experience of living at Hazel Bank. One relative had raised concerns recently, but they felt this had been responded to

appropriately. During the inspection we observed a warm and inclusive atmosphere in communal areas of the home.

- The manager had been proactive about getting in touch with relatives and other stakeholders. Relatives commented on the recent lack management consistency but their feedback about the new manager was good. One relative said, "[Manager] is on the ball."
- Staff spoke enthusiastically about the home and the provider. They felt supported in their role. One care worker said, "Teamwork is good here."
- The provider had carried out regular surveys to seek people's views.

Continuous learning and improving care; Working in partnership with others

- The provider engaged with local care association networks.
- Records showed staff engaged with a range of health and social care professionals.
- Throughout the inspection the provider and the manager were responsive to feedback. They demonstrated commitment to improving the service. The manager was planning enhanced training for staff on topics such as dementia awareness and falls prevention.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 HSCA Regulations 2014 Safe care and treatment The provider failed to assess or manage risk associated with people's care. The provider did not ensure the proper and safe use of medicines. Reg 12(1) (2)(a)(b)(e)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Robust systems were not always in place to assess, monitor and improve the safety of the service. Reg 17 1)((2)(a)(b)(c)