S & S Health Care

Hazeldene EMI Nursing Home

Inspection report

84, Poole Road
Darnall
Sheffield
S9 4JQ
Tel: 0114 2425757
Website: www. hazeldenenursing.co.uk

Date of inspection visit: 16 July 2014
Date of publication: 19/02/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
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 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced and was undertaken on 16 July 2014.

Hazeldene EMI Nursing Home provides care for up to 60 older people who are living with dementia. 53 people were living at Hazeldene EMI Nursing Home on the day of our inspection. Accommodation is provided over two floors, accessed by a lift. All bedrooms are single and have ensuite toilets. Each floor has a separate dining area. There are lounges throughout the home.

A registered manager was not in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting

Summary of findings

the requirements of the law; as does S & S Healthcare, the provider. On 25 February 2014 we served a fixed penalty notice to S & S HealthCare for failing to have a registered manager in place at Hazeldene EMI Nursing Home. A fine of £4000 was paid. A manager was later received and approved.

Hazeldene EMI Nursing Home was last inspected in February 2014. During this inspection we found that the home was not meeting the requirements of the regulations pertaining to records and care and welfare of people who use services. Following our previous inspection, the provider sent us an action plan to inform us of the changes they were going to make. During this inspection we noted that improvements had been made with regard to the areas we previously had concerns about. Records about people's weight and nutrition were up to date and the care plans for people who had behaviours which may challenge now included clear plans and risk assessments to support staff to identify and appropriately respond to these behaviours.

We found that there were systems in place to make sure people were protected from the risk of harm. Staff knew about safeguarding adults and we saw that any concerns had been reported and appropriately dealt with.

People were not appropriately supported to make decisions in accordance with the Mental Capacity Act, 2005 (MCA). Whilst the manager had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS); care staff could not consistently demonstrate an understanding of these pieces of legislation and how they applied in practice.

We identified some unsafe medication practices which meant people were not being protected from the risks associated with unsafe medicines management. The practice we observed in relation to 'homely remedies' did not match the homely remedy policy document. A homely remedy is a medication which is used to treat minor ailments and which can be purchased without a prescription. We identified some recording errors within Medication Administration Records (MARs) and found that protocols were not in place to identify when people may need as and when required (prn) medicines.

There were sufficient care staff to meet people's needs. Care staff spent time sitting and talking with people and there were sufficient staff to support people at meal times. Staff were aware of people's nutritional needs and food preferences. Our observations of mealtimes and our review of nutritional records evidenced that people received a choice of suitable healthy food and drink.

Some areas of the home were in need of re-decoration. The provider was aware of the need to make the environment more 'dementia friendly' and had begun to make some changes to support this.

Staff undertook an induction programme which included shadowing an experienced member of staff. Mandatory and further training was available to support staff to meet the specific needs of people living at the home. Staff received supervision and appraisals to support them to meet people's needs.

We saw that staff knew people well, were respectful and made sure people's privacy and dignity were maintained.

Health professionals we spoke with prior to our inspection said that the manager and staff sought their advice and involvement when needed. People's care plans were centred on people's individual needs and contained information about their preferences and backgrounds.

Complaints were managed appropriately and people, relatives and staff told us that the manager was approachable. People and their relatives told us that they felt able to raise any concerns with care staff and/or the manager.

There were systems in place to assess and monitor the quality of care provided and to gain the views of people and their relatives.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not safe.

People were not appropriately supported to make decisions in accordance with the Mental Capacity Act, 2005 (MCA). We saw evidence of where the act had not been followed in relation to specific decisions.

We found some medication arrangements meant people were not protected from the risks associated with unsafe medicines management. The practice observed about 'homely remedies' on the day of our inspection did not correspond with the provider's policy document and medicines were not always recorded safely.

Most people told us they felt safe. Staff we spoke with knew how to recognise and respond to abuse correctly. Guidance and documents were in place to support staff to identify and safely respond to behaviours which challenged. There were risk assessments in place for people detailing how staff should manage identified risks.

Is the service effective?

Requires Improvement

The service was effective.

People were cared for by staff who were well trained and supported. Care staff clearly knew people and were knowledgeable about the care people received. The service had begun to make changes in order to provide a dementia friendly environment.

People enjoyed the food and drinks provided and were appropriately supported to maintain a balanced diet. Care records identified if people were at risk of malnutrition and the measures in place to reduce this risk.

People had access to health care professionals. Where needed, referrals were made and advice was sought and implemented from a range of healthcare professions such as district nurses, physiotherapists and speech and language therapists.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and caring. We saw that staff showed patience, gave encouragement and were respectful of people's privacy and dignity.

The staff we spoke with had a good understanding of people's individual needs and preferences and we saw that they encouraged people to be independent.

Summary of findings

Is the service responsive?

Good

The service was responsive.

Staff were committed to gathering information about people's preferences and backgrounds in order to provide person centred support. Care plans were amended in response to any change in needs.

Activities were provided to meet the differing needs of people living at the home.

A complaints process was in place and people and relatives told us that they felt able to raise any issues or concerns.

Is the service well-led?

Good

The service did not have a registered manager in place. The manager in place had submitted an application to become the registered manager which was being assessed at the time of our inspection.

There were systems in place to monitor the quality of the service provided. The manager monitored incidents and risks to identify trends and ensure the care provided was safe and effective.

People and their relatives had opportunities to provide feedback and influence the service.

Hazeldene EMI Nursing Home

Detailed findings

Background to this inspection

The inspection team consisted of two adult social care inspectors and an expert by experience, who had experience of the needs of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. Before our inspection, we reviewed the information included in the PIR, together with information we held about the home. We also contacted the commissioners of the service, a Community Psychiatric Nurse (CPN) and a district nurse team leader in order to obtain their views about the care provided at Hazeldene EMI Nursing Home.

During our inspection we used different methods to help us understand the experiences of people living at Hazeldene EMI Nursing Home. These methods included both formal and informal observation throughout our inspection. The formal observation we used is called Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations enabled us to see how staff interacted with people and see how care was provided.

We spoke directly with seven people who lived at the home and with nine visitors. Six of these visitors were relatives visiting family members, and three were friends of people who lived at Hazeldene EMI Nursing Home. We also spoke with the manager, two nurses, three care workers, two senior carer workers, an activities coordinator, the cook and a member of the housekeeping staff. We reviewed the care plans of six people and a range of other documents, including staff training records and records relating to the management of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded after October 2014.They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

During our previous inspection in February 2014 we identified some issues relating to the care records at Hazeldene. We found that key information about people's needs was absent from some of the care plans and risk assessments reviewed. We were concerned that the gaps in recording meant that people may not be protected against the risks of unsafe or inappropriate care or treatment. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection, the provider submitted a plan detailing the actions they were going to take to address the issues identified during our inspection.

During this inspection we noted that improvements had been made to people's records. In care records we reviewed, we saw that risk assessments were in place to manage identified risks to people. For example, we found that, where risks to people's nutrition had been identified, people were weighed each month and documents monitoring their nutrition had been reviewed and updated.

The Mental Capacity Act (MCA) 2005 is an act which applies to people who are unable to make all or some decisions for themselves. It promotes and safeguards decision–making within a legal framework. The MCA states that every adult must be assumed to have capacity to make decisions unless proved otherwise. It also states that an assessment of capacity should be undertaken prior to any decisions being made about care or treatment. Any decisions taken, or any decision made on behalf of a person who lacks capacity must be in their best interests.

We found evidence that the MCA Code of Practice had not been followed within each of the six care plans reviewed during our inspection. For example, four of the care plans reviewed stated that the person lacked capacity; however, none of the records within these files made reference to the specific decision to be made. This meant that people had not been appropriately supported to make decisions in accordance with the MCA.

Two of the care plans reviewed during our inspection documented the need for people to receive their medication covertly. There were no capacity assessments or best interest meetings to document that these decisions had been made in people's best interests and therefore in accordance with the MCA Code of Practice. These findings evidenced a breach of Regulation18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and report on what we find. The safeguards are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom. Our conversations with the manager demonstrated that they understood the DoLS. A DoLS was in place for one person. We reviewed this and found that the home had followed the correct procedure in order to ensure that this person's rights had been protected. The manager told us they had begun to prioritise DoLS applications for other people living at the home following a recent Supreme Court ruling.

We observed a nurse undertaking the morning medication round on the upper floor of the home. The nurse had a patient and caring approach, for example, they took 15 minutes to encourage and support one person to take their morning medication. The medication round was centred around people's needs and took several hours to complete.

During our inspection we identified that the 'homely remedy' policy was not being followed. A homely remedy is medication which is used to treat minor ailments and which can be purchased without a prescription. One person agreed to paracetamol for pain relief. The nurse informed us that the person was not prescribed paracetamol and said that they would administer this 'household remedy' and "get the doctor to see them." Paracetamol tablets were taken from the 'household remedies box' and added to the person's Medication Administration Record (MAR) together with the reason for administration.

Our review of the homely remedy policy identified that the practice observed did not correspond with this policy. The policy stated 'Homely remedies can only be administered to a service user if the GP has signed an authorisation form specifically for that service user and identified which homely remedies can be administered.'

We discussed our findings with the manager. They were unaware of the 'household remedy box' and confirmed that the homely remedy policy should be being followed. The manager investigated this issue further during our

Requires Improvement

Is the service safe?

inspection. They later told us that they had removed the homely remedies box and would be reiterating the need for nursing staff to follow the policy in place to ensure the safe use of these medicines.

In order to ensure that the medication in stock corresponded to that recorded within the MAR charts we reviewed the medicines of three people. We found at least one inconsistency within each record reviewed. For example, the MAR chart for one person documented that they had received a medication as prescribed and that 60 tablets remained in stock. Our check of the medication in stock identified that 88 tablets remained. We noted that a number of MAR charts did not accurately record new medicine stocks and medicines 'carried forward.' Some MAR charts also lacked a signature to document whether the medicine had been given or refused. These shortfalls, together with difficulty reading the handwriting on the MAR charts meant we were unable to establish the safe administration of these medicines.

Some people were prescribed controlled drugs. These are medications which are subject to regulation and separate recording. We found that these medications were recorded correctly and that the medication in stock corresponded with that recorded in the controlled drugs book. The nurse informed us that a weekly audit of controlled drugs took place. They told us that a weekly audit for other medicines did not take place due to there not being enough qualified staff to undertake this. We saw that a monthly medicines audit was undertaken by the manager of the home. We noted that the manager had noted actions required within this and had also reported any medication errors to the local authority safeguarding team.

The nurse administering medicines had worked at Hazeldene EMI Nursing Home for a number of years and was able to recognise the signs which may indicate that people may need, as and when required (prn) medicines. We found that protocols were not in place to support other staff to identify when people may need prn medication. The need for these guidelines was further highlighted by the fact that agency nurses were being used to fill vacant posts. We also found that different codes were used to record prn medicines and that the reason for administering these medicines was not always recorded on the back of the MAR chart. The above factors meant that prn medicines may not be being used in the best way. This was a breach of Regulations 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Most people told us that they felt safe living at Hazeldene EMI Home and were confident in the way in which staff dealt with any issues. One person told us, "Everybody gets on with everybody, just one or two get a bit boisterous but you ignore them." When asked if this made them feel unsafe, this person stated, "No, they [the staff] don't allow it to go too far." Another person told us that they felt unsafe due to another person living at the home trying to access their room. We discussed this with the manager. They were aware of this but thought that the issue had been addressed. They agreed to revisit ways of ensuring this person's sense of safety.

Relatives of people living at Hazeldene EMI Nursing Home felt that their family members were safe. One relative stated, "I'm quite happy, I haven't had a sleepless night about [my family member] since they came in."

We spoke with four members of staff about how they safeguarded people. Each member of staff was able to tell us about different types of abuse and were clear about the actions they would take if they suspected that any form of abuse had taken place. Information reviewed prior to, and during, our inspection visit showed us that the home had appropriately reported concerns and followed local procedures in order to safeguard people. Local authority commissioners contacted prior to our inspection informed us that there were no current safeguarding concerns at the Home.

On the day of our inspection we observed that there were sufficient staff to meet people's needs and keep them safe. Throughout our inspection the staff carried out their duties in a relaxed, unhurried manner. We saw staff spent time sitting and talking with people and noted that there were sufficient staff to support people at meal times.

Requires Improvement

Is the service effective?

Our findings

On entering the home there was a strong malodour in the area immediately in front of the main doors into the home. We noted that this had also been documented in a quality report undertaken by an external advisor in January 2014. We fed this back to the manager and the two consultants supporting the home at the time of our inspection. They told us there had been an issue with odour in this area but thought it had been resolved by replacing the flooring and purchasing a specialist floor cleaner. They agreed to re-look at this. We noted that this odour lessened throughout the day and that no strong odours were present in any other areas of the home.

The manager of the home told us of their plans to, "Improve the look of the home by replacing some carpets and furniture; it's looking dated." A member of care staff was knowledgeable about good dementia care and told us that the home 'was not dementia friendly' when they began to work there approximately two years ago. They commented that, "we're working on this now."

Our observations confirmed those of the manager and the member of care staff. For example, we noted that the small upstairs lounge was in particular need of re-decoration. The walls were mostly bare, the furnishings were dated and areas of paintwork were scuffed. We noted that there were some pictures of Sheffield and different forms of transport to stimulate the memories of people with dementia throughout the home. Additionally, people's names were on their bedroom doors and most doors had a photograph or memorable image to support people to identify their rooms.

People living with dementia can be disorientated by time and place and we noted that other dementia friendly signage to support the orientation of people, such as different coloured doors and large print signs to identify bathrooms and toilets, were not in place. During our inspection visit we noticed that boards providing information to inform and orientate people were not always up to date and could potentially exacerbate any disorientation. For example, a board in the downstairs lounge area had not been updated with the correct date and day.

The manager told us all staff received induction training and then 'shadowed' a senior staff member for two days in order to enable them to familiarise themselves with the home. Conversations with members of staff confirmed that they had received an induction and ongoing mandatory training courses. Our review of the provider's training matrix further evidenced this.

Safeguarding training was included as a two yearly mandatory training course. We spoke with four members of staff about the MCA and DoLS, two areas which are closely linked with safeguarding and found that their knowledge varied. For example, two of the four members of staff told us that they had heard of these areas but were unable to explain how these were applied in practice. We discussed our findings with the manager of the home. They thought the mandatory safeguarding training had covered these areas. They were aware of a further training course covering both areas and informed us of their intention to look into this for members of staff.

Some members of staff told us about the further training courses they had undertaken. For example, the activities coordinator told us that she had undertaken further dementia training and also obtained a level three NVQ in health and social care. They were also positive about the city wide activity meetings they attended and the way in which these meetings provided ideas and supported them in their role.

The manager told us they and other senior members of staff were in the process of organising staff supervision and appraisal sessions. Supervisions ensure that staff receive regular support and guidance and appraisals enable staff to discuss any personal and professional development needs. Members of care staff confirmed that the frequency of their supervision and appraisal sessions varied but were not concerned by this. They told us that senior members of staff were supportive and said they could approach them should they need any support or guidance. One staff member commented, "You can go to the manager everyday if you need to."

We spoke with people and visiting relatives about the food at Hazeldene EMI Nursing Home. We visited the home on a warm sunny day. On being given a fresh fruit smoothie during the morning of our inspection one person smiled and said it was, "Nice, cooling and refreshing." A second person described the food as, "Really alright." Relatives were similarly positive and we saw that one relative was offered a meal when visiting their family member at lunchtime.

Requires Improvement

Is the service effective?

We undertook informal observations of breakfast and lunchtime on both floors of the home and saw there were enough staff to support people. The atmosphere within each dining room was calm and relaxed and we saw people were offered a range of food and drink choices. Our observations and conversations with staff on duty demonstrated that they had an awareness of people's nutritional needs and food and drink preferences.

Food and drinks were left within people's reach and that different levels of support were given when needed. For example, staff supported some people by discreetly cutting up their meal's, whilst other staff members sat beside people giving them one-to-one physical assistance and verbal encouragement to eat and drink. We noted that people wore aprons to protect their clothing if needed and that appropriate cups, plate guards and large handled cutlery were available to support people to maintain their independence.

People's care plans included information about their favourite foods and any risks associated with their nutrition. The cook and a senior care worker told us that they had recently attended a dysphagia training course. Dysphagia is when people have swallowing difficulties. They said this had helped them to identify when referrals to speech and language therapists were needed and also gave them ideas about how to ensure that food remained attractive and appetising for people with swallowing difficulties.

People and relatives spoken with on the day of our inspection felt that Hazeldene EMI Nursing Home sought support from healthcare professionals when needed For example, one person told us, "The chiropodist came on Monday to do my feet. I don't need the doctor, I'm not poorly but if I did they'd get them out for me. I get support bandages through the district nurse." Relatives told us they were kept informed of any changes to the health needs of their family members. One relative told us that, on visiting they noticed that their family member looked unwell and reported this to the staff. The relative said the staff had already noted this and had called the doctor who later visited and diagnosed pneumonia.

Health professionals spoken with prior to our inspection said the home sought their involvement and advice when needed. A Community Psychiatric Nurse (CPN) was positive about the way in which staff engaged with the different approaches and plans they recommended to support people with behaviours which may challenge others and stated, "They [Hazeldene] have a good set of staff who try things out and try hard."

Our review of care plans also demonstrated that people were supported by a range of healthcare professionals Staff were positive about the relationships and support they received from these professionals. For example, one member of staff told us how the involvement of a CPN had enabled them to understand the behaviours of one person and had resulted in strategies to enable them and other care staff to meet this person's needs.

Good

Is the service caring?

Our findings

Our observations and comments from people and visiting friends and relatives demonstrated that that staff members were kind, respectful and compassionate towards people living at the home. One person told us, "I like the home, I'm happy enough here. The staff are alright. They're nice enough, never swear, but I'm nice to them too." A second person told us, "It's a nice place this; they're kind to me."

Relatives and visiting friends were similarly positive about the care people received. One relative commented, "It's very nice, it's my outing. I'm very lucky to get [my family member] in here." Relatives were also complementary about members of care staff. One relative stated, "Very caring staff." A second relative commented, "They [members of care staff] are good with my mother. She always smiles at them, and she doesn't always at me!"

Our SOFI observation and informal observations throughout the day of our inspection confirmed the comments we received from people and their friends and relatives. Throughout our inspection the atmosphere on both floors of the home was calm and relaxed. We saw that people were provided with support when they needed or requested it from a range of staff members. For example, on noting that one person was upset, we saw a member of the housekeeping staff stop what she was doing and reassure the person by crouching down beside them and holding their hand. Once settled, they then went and sought a member of care staff to support this person.

We asked relatives about their involvement in the care of their family member. They told us that the home were good at contacting and informing them of any changes to their family member's health needs and that they were involved in their family members care. For example, one relative told us, "I was involved, discussed all [my family members] needs and feelings." Some relatives had seen their family member's care plans. One relative commented, "I have a look at the log. I want to know, it's [my family member], and it is accurate." Other relatives had not seen their family members care plan but were not concerned by this. For example, when asked about their family member's care plan, one relative commented. "It's nothing I know about but I think that's perhaps because everyone is so approachable. I don't feel it's something I'm missing."

Another relative was aware of their family member's care plan and commented, "They let me know what is going on with [my family member]. I don't look at the plan – I probably wouldn't understand it."

Our conversations, review of records and observations demonstrated that Hazeldene EMI Nursing Home had a clear knowledge of the importance of dignity, respect and diversity and were able to put this into practice when supporting people.

We observed care staff respecting people's privacy and dignity. For example, as a matter of routine, we saw staff knocking on people's bedroom doors before entering and also knocking on bathroom and toilet doors, even if they showed as vacant. Care and other members of staff spoke kindly with people and warmly greeted people. For example, housekeeping and care staff said 'hello' as they passed people and also greeted people when they walked into communal areas of the home. We also noted that care staff adjusted people's clothing in a discreet way in order to preserve their dignity.

The activities coordinator was dementia champion and we were also informed that one member of staff was a dignity champion. These are key roles which focus upon improving day-to-day dementia practice and supporting other workers to understand and provide person-centred, dignified care for people living with dementia. The activities coordinator was knowledgeable about dementia and told us that they were working towards providing a more dementia friendly environment by adding pictures to stimulate the memories of people living at the home.

The manager told us that care staff had not received equality and diversity training but felt that they were aware of people's different religious and cultural needs as a result of supporting people from different cultural backgrounds. We saw evidence of how the home respected and recognised the differing cultural needs of people living at the home during our inspection. For example, we observed care staff greet one person in their first language. The cook told us that halal foods were provided and the activities coordinator told us that they had arranged an Eid party together with family members and friends of people living at the home.

Our conversations with relatives and our observations also showed us that Hazeldene EMI Nursing Home promoted people's independence whenever possible. On the day of

Good

Is the service caring?

our inspection we frequently heard care staff encouraging people to do things for themselves. For example, one care staff frequently encouraged a person who had a weak arm following a stroke to use the hand and arm not affected by the stroke. They did not rush this person and praised them when they achieved things. A relative told us that care staff encouraged their family member to do as much as they were able and commented, “It is nice to see how they have got [my family member] to feed [themselves] and hold drinks.”

Good

Is the service responsive?

Our findings

We saw that care plans were updated in response to any changes in people's needs. Staff told us that they reported concerns or changes in needs to senior members of staff. We saw that care plans had been updated to reflect any changes in need and noted that referrals to other agencies were made when needed. For example, we saw that a referral had been made to the falls prevention team and that crash mats and regular checks had been implemented after one person had fallen a number of times during the previous month.

We found that members of care staff were committed to gathering information about people's preferences and backgrounds in order to provide person centred support to people. For example, we saw 'my life story' booklets within each care plan reviewed. These are good practice documents which provide key information to enable care staff to get to know people and the things which are important to them. Members of care staff were positive about the value of these books. One care worker commented, "We give the books to families to complete or update them as we get to know more about people. It's nice when families put photos in, it helps conversations, and you get to know more about people."

During the evening before our inspection, one person had received a visit from a neighbour they had not seen since entering the home. A member of care staff had been on duty at the time of this visit and enthusiastically told us how the person, "Had a smile from ear to ear," following it. They said they had learnt more about this person's past and their preferences as a result of the visit and were updating the person's life story booklet at the time of our inspection to ensure this key information was not lost.

Conversations with people and visiting friends and relatives again confirmed our observations. When asked if they felt that care staff knew them, one person replied, "Yes they do, "and clarified that this was, "Through talking, chatting and explaining." A visiting relative stated, "Staff know people." Another relative commented, "Staff definitely know my mother and her needs and moods, they are lovely."

When talking about their plans for the development of the home, the manager told us that they would like, "More regular activities on each floor." Two activities coordinators were employed at the home. The coordinators worked differing days in order to provide activities seven days a week across both floors of the home. We spoke with the activity coordinator on duty at the time of our inspection. They told us that a range of activities were provided to meet the differing needs of people living at the home. These included hand-massage, looking through magazines and reading daily papers, board games, art and craft sessions and trips the local pub and shops.

One of the rooms on the ground floor of the home had been turned into a 'pub' environment complete with pub type tables, chairs and a bar. The activities coordinator told us that the room was used for activities as well as an environment for people to meet and have a drink with their relatives. Visiting relatives were positive about this room and the fact that they could book it for family events. On the day of our inspection we saw posters advertising a forthcoming country and western event.

Throughout the day of our inspection we saw that care staff and the activities coordinator engaged in conversation with people. We saw that people living on the upper floor of the home chose a 'Hollywood' film from a number of options provided by the activities coordinator. The activities coordinator then engaged people in conversations and songs prompted by the film.

We received mixed opinions about the activities on offer from people and their relatives. One person told us that they liked craft activities and said the activities coordinators supplied them with the materials to do this. Another person told us that, in a previous home they had, "Made things and had a music library", and commented, "They don't do that here."

Our inspection took place on a sunny day. The home is built around a garden area. Whilst we observed some people being supported to sit out in the garden, two of the relatives spoken with during our inspection felt the garden could be better used. One relative commented that the home, "Ought to get people out more – too much sitting about inside." Another relative stated, "One thing they could do is encourage people to go outside more." A third relative was positive about the support provided by care staff to enable them to access the local community with their family member. They commented, "If I want to take [my family member] out staff will go with me. Staff are always amenable."

Good

Is the service responsive?

We looked at how the home gained the views of people and their friends and relatives. At the start of our inspection the manager told us that they hoped relatives would be attending the country and western event so, "We can ask them what they want. We're trying different times and ways to engage with them." The manager said they planned to have more events, such as coffee mornings in order to obtain the views of people and their relatives and friends. We noted that the home had organised a meeting in order to talk through and respond to concerns raised by relatives after some changes to the financial accounting systems at the home.

We found that the views of people and those important to them were obtained in by a number of different ways. For example, the activities coordinator told us that people and their relatives and friends were encouraged to contribute their views through the 'chit-chat' meetings they facilitated.

At the start of our inspection we saw that there was a suggestions and comments box in the entrance area of the home. The manager told us that people could complete these forms anonymously. We asked how people would know if their concerns or comments had been acknowledged and/or addressed. The manager said that they used to provide feedback through the home's newsletter but reported that this had lapsed over previous months.

The manager told us that there were no current complaints at the service. They said that they had an 'open-door' policy and felt that this, together with being visible around the home resulted in relatives and friends approaching them to discuss concerns directly. People spoken with during our inspection told us they would complain to staff or the manager and seemed confident that their concerns would be listened to. One person told us, "I know the manager; I would tell [the manager] if I had any problems." Another person said, "I can go to staff and tell them." When asked if they felt that staff would listen they replied, "Yes they listen, they have a good ear for listening." A relative told us that they had made a complaint previously and were pleased with the home's response to this. They said that they had been given an explanation about their concern and commented, "I was satisfied with what they told me."

We noted that the home's complaints procedure contained an incorrect address for The Commission. The provider's failure to provide people and their relatives with the correct address could delay people's concerns being dealt with by The Commission in a timely way. We reviewed the complaints file and saw that complaints had been investigated and responded to in accordance with the complaints procedure.

Good

Is the service well-led?

Our findings

The manager had submitted an application to become the registered manager of Hazeldene EMI Nursing Home. This was being assessed at the time of our inspection.

We spoke with the manager about their plans for improving Hazeldene EMI Nursing Home. They had a clear vision for the service but stated that, "Until we have a full complement of qualified staff it is difficult for us to achieve what we want." The manager told us that they had interviewed a number of qualified nurses to fill current vacancies but none of the applicants had been suitable. At the time of our inspection, agency staff and the deputy manager were being used to cover these vacancies. This had resulted in the manager undertaking a number of the deputy manager's tasks and therefore being unable to concentrate on further developing the service. The manager told us that their plans for developing the service included replacing some carpets and furniture within the home, increasing activities and contact with people's friends and relatives and offering more training to staff.

Relatives and the care and housekeeping staff were positive about the manager and the way in which she led the service. A relative commented, "She does a good job and is very friendly. I like the fact that I can go to her with any problem, she's very understanding." A care worked commented, "I do like [the manager]. You do your job and she's fine. She's straight to the point, She's approachable – she says it as it is." A second care worker commented, "She's the best manager we've had here; she's on the ball and wants it all done right. She's approachable." A member of the housekeeping team told us there was, "A good atmosphere; the manager is approachable."

A Community Psychiatric Nurse (CPN) contacted prior to our inspection was similarly positive about the manager. They felt that she had high standards, was caring and said, "She knows what's happening on the ground with people." Our conversation with the manager together with our observations and review of records confirmed this. The manager stated, "I walk round every morning. I chat and observe practice." We reviewed the manager's daily report and noted that it covered a number of areas relating to the home. For example, it included updates about people, staffing, checks of records and people and relative's spoken with. During our inspection we saw that the manager was visible around the home. They questioned staff about any issues they had observed and were concerned about in order to make sure that people received a good standard of care.

In addition to the managers 'walk round' we found that other systems were in place to record, analyse and learn from incidents which had resulted in harm or had the potential to result in harm. Care staff and nurses were aware of the incident reporting process. Our review of accident and incident records showed that the process was effective in practice. The manager reviewed the accident and incident forms completed by staff and documented any trends or risks which may impact upon individuals and others living and working at the home. The forms also identified if additional referrals or pieces of equipment were needed to minimise risk.

We also saw that an audit had been undertaken by an external advisor in January 2014. They had identified some shortfalls and made recommendations to address these. We saw that some of these had been implemented, such as the weekly check of controlled drugs (CD's). The external advisor had recommended a document to support the manager and deputy manager with the auditing of care plans. The manager told us that they had not been able to implement this due to the staffing difficulties they were encountering at the home.

People and those important to them were invited to complete a twice yearly survey and we saw that a representative of the home owner undertook a regular audit which also incorporated the views and people and their relatives. We were provided with the results of a satisfaction survey completed by relatives in June 2014. The results of the survey had been analysed and areas for improvement and development were noted. The home administrator told us that they usually shared survey results in the homes newsletter but reported that they had not yet done this due to needing to prioritise other tasks within the home.

Our conversation with staff and our review of the minutes of these meetings confirmed that staff meetings took place. Staff told us that they were able to raise issues within these meetings and felt that that their views and contributions were listened to.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Suitable arrangements were not in place for obtaining, and acting in accordance with the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **Appropriate arrangements were not in place to protect against the risks associated with the unsafe use, management, recording and safe administration of medicines**