

Halcyon Care Homes Limited

Hazel End Care Home

Inspection report

Kitchener Road
Bishop's Stortford
CM23 1EN

Tel: 01279925388

Website: hazelendcarehome.co.uk/

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hazel End Care Home is a residential care home providing the regulated activity of personal care for up to 66 people. The service provides support to older people, some of whom may live with dementia. At the time of our inspection there were 65 people using the service.

Hazel End Care Home is a purpose-built care home. Bedrooms are spread over three floors. One floor specialises in caring for people living with dementia.

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

People and relatives were satisfied with the care and support provided. Staff were kind and attentive to people's needs. People and their relatives said there were enough staff available to meet people's needs. Staff were trained and felt supported.

Where people were at risk of sustaining pressure sores or experiencing falls, the staff and management team worked closely with external professionals such as GPs and community nursing teams to help ensure people had the best care and support as possible.

People said they felt safe and staff were aware of how to promote people's safety. Regular checks were completed to help ensure staff worked in accordance with their training and health and safety guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Complaints were responded to appropriately and people felt confident to make a complaint if needed. Feedback was sought through a variety of means including face to face meetings and quality surveys.

Feedback received from people, relatives, staff and external professionals about the registered manager and staff team was positive. There was an open culture in the home and an expectation that people were supported in a person-centred way. Staff were clear about their roles and the management team engaged well with the staff team and external agencies.

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 08 April 2022).

Why we inspected

We had received concerns in relation to the management of pressure area care and minor injuries occurring

in the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

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

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hazel End Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by one inspector.

Service and service type

Hazel End Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hazel End Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people and two visitors about their experience of the care provided for people living at Hazel End Care Home. We spoke with six staff members including the provider's regional manager and the registered manager. We checked four people's care records and reviewed 10 further care plans in relation to skin integrity, mobility and safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, and quality assurance records. We received feedback from relatives of five people using the service and three external professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- A concern had been raised because specific equipment to maintain people's safety and wellbeing was not always available when needed. People had divan style beds which were not always appropriate or safe for their needs. The provider had purchased 39 hospital style beds so far, the registered manager said this would continue until all the divan beds had been replaced. A person at risk of falling from bed had not had access to crash mats when needed because no spare mats had been available. The registered manager said new mats had been immediately ordered and supplied in a short time. Spare crash mats were also available.
- An increased number of people were experiencing falls as their mobility declined and health needs changed. The registered manager described actions taken to help manage and mitigate the risks including falls training for the staff team. Actions also included creating increased opportunities for people to exercise in the home, frequent mobility assessments and referrals for physiotherapy support as needed. There was also a recruitment drive to secure a permanent staff team for continuity,
- Accidents and incidents were appropriately investigated, and actions taken as a result. For example, when exploring why a person had sustained a minor injury the registered manager identified training previously provided for the staff team in safe moving and handling had not been suitable and had not addressed the specific areas needed. To address this the registered manager had arranged alternative training for the team.
- Pressure care was managed with the support of the community nursing team. The staff team were trained in pressure sore prevention. The registered manager said, "My team are vigilant about this, we even had a wound care plan for a verruca!"
- Risk assessments identified individual risks and the actions for staff to take to mitigate the risks. These assessments covered areas including mobility, falls, the risk of malnutrition or developing pressure ulcers. Risks were regularly reviewed and where needed external health professional support was requested. For example, if people started to experience more frequent falls, or were at risk of malnutrition, their risk assessments or care plans reflected health professional's advice in how to mitigate the risks.
- We noted a person had a bruise and we asked them about this. They told us, "I have had a few falls" and went on to tell us a sensor mat had been installed as a result. This meant staff would be alerted when the person stood from their chair or bed and could attend to provide support and help prevent the risk of falls.

Staffing and recruitment

- The registered manager assessed people's individual needs to determine how many staff were needed to safely and effectively meet people's needs. Agency staff were block booked in advance to help ensure there was a regular team of temporary staff to support the home whilst a recruitment campaign took place. The campaign had been successful and an induction training course for newly recruited staff was underway at

this inspection. The regional manager said agency use had significantly decreased recently and they anticipated being fully staffed with permanent employees by the end of the month.

- The registered manager had changed the staff deployment in the home so that staff were based on specific units. This meant people benefitted from continuity of staff. The minutes from a resident meeting included this comment from a person, "Having the same staff based on our floor makes us feel safer."
- The provider's call bell system recorded how long people waited for call bells to be answered and how long staff took attending to the person's needs. This meant management had meaningful data to identify particularly busy spikes or where people's needs had increased, and staff levels were adjusted accordingly.
- People and relatives felt there were enough staff available to meet people's needs. One person said, "There are enough staff. Sometimes they seem short staffed but that is because everyone wants their care at the same time." A relative told us, "I feel the care workers do an excellent job. They not only provide physical care but take time to chat, if my [relative] is feeling down."
- Staff had been recruited safely with pre-employment checks completed including references as well as criminal record checks to help ensure they were suitable to work in in the home.

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

- People said they felt safe. A person told us, "I feel safe and comfy. Staff know how to look after us." Another person said, "Staff make me feel safe." A relative said, "I am confident that [person] is safe and well cared for."
- Staff received training about safeguarding processes and the provider had systems in place for staff to report their concerns internally and to external safeguarding authorities.
- Lessons were learned from incidents, accidents, complaints and external professional feedback. For example, a concern had been raised with the registered manager about some missing dentures and some broken equipment. An investigation was undertaken and as a result additional daily monitoring was introduced and monitored for effectiveness by the senior management team.
- Staff felt the management team kept them informed and they had enough information to carry out their roles well.

Using medicines safely

- Staff administered people's medicines following best practice guidelines. We observed staff patiently supporting people to take their medicines at their own pace.
- Staff received training in the safe administration of medicines and had their competency observed before they could administer people's medicines on their own.
- Regular medicine audits were carried out by senior staff and the registered manager to help ensure any errors were rectified in a timely manner.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- The registered manager had accessed the support of external professionals where necessary to support where people's capacity needs were complex.

Preventing and controlling infection

- We were somewhat assured the provider was using personal protective equipment (PPE) effectively and safely. During this inspection we saw some staff not wearing face masks properly. Current Government COVID-19 guidance states face masks should be worn by all care staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to have friends and family visit them freely. Controls, such as wearing a mask, were in place for visitors. This meant they were able to support people with meals and visit people in communal areas, or in their rooms.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were positive about the registered manager and the running of the home. Staff told us the management team were approachable and supportive.
- The registered manager was frequently around the home monitoring the quality of the care provided. We noted the registered manager and the regional manager knew people well, addressed them by name and spent time listening to them.
- Incidents and events were kept under review and outcomes were shared with the staff team to encourage ongoing learning.

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 registered manager had a clear understanding about the duty of candour and they encouraged staff to be open and honest in their feedback. The management team and staff understood their roles and respected the impact that their roles had for people.
- The management team continuously monitored the quality of care. There were audits across all key areas of the home including falls, care plans, infections, accidents, incidents, infections, medicines, the environment and equipment. Where shortfalls were identified action plans were developed. We found these effective in addressing areas identified for improvement.
- The registered manager and staff team and were proud of the home and were aware of the importance of their role and the need to have robust systems in place. Staff said the registered manager clearly communicated their expectations and had an open-door policy to support people, relatives and staff to discuss anything bothering them.
- Relative, resident and staff meeting notes showed issues were discussed and changes made. For example, menu choices, key worker systems and staff deployment.

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

- People told us they could speak with staff or management if they were unhappy about anything. People told us the registered manager was often around the home and took time to stop and speak with them.
- People and their relatives gave positive feedback about the service and how it operated. One relative said, "I would recommend Hazel End Care Home to others." Another relative said, "I have had no cause to

complain. But if I've needed to speak about any issue it's always been resolved."

- Staff feedback was sought via satisfaction surveys and face to face meetings with the management team. Staff were positive about working at Hazel End Care Home and said they had daily opportunities to speak with the registered manager.
- Regular feedback about the quality of the service provided was gathered from people and their relatives via satisfaction surveys and resident and relative meetings.

Working in partnership with others

- The registered manager often worked with other professionals to achieve good outcomes for people. For example, social work teams, community nurses, occupational therapists, wheelchair services, GPs and dentists.