

Hazeldell Ltd

# Hazeldell Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hazeldell Residential Home is a care home registered to provide accommodation and personal care to a maximum of 42 older people. At the time of the inspection there were 32 people living in the service.

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

At this inspection, we found the new manager had implemented an action plan to address the four breaches identified at the last inspection and the inadequate rating of the key question of safe. The service had invited the local authority to provide training to develop the knowledge and skills of the staff.

At this inspection, we found the service was following a policy and procedure for managing people's medicines safely and people were now receiving their medicines as prescribed for them. We found that risks to people's wellbeing had been assessed and actions staff were taking to reduce those risks were recorded. The support people needed to reach and maintain a healthy weight was now being documented and appropriate actions by staff to support people were in place, this included referrals to dieticians and other healthcare professionals. Care plans were more personalised and had been reviewed and information added including people's preferences and life histories. The service now had a comprehensive quality assurance system in place which assessed all areas of service provision and appropriate action was taken to address any shortfalls identified.

Improvements had been made to assessments regarding people's capacity to make decisions under the Mental Capacity Act 2005 and formal best interests' decisions were followed where appropriate. 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.

There were enough staff to meet people's needs and there were robust recruitment procedures in place. Staff received supervision, training and there were opportunities for staff to further develop their skills and knowledge.

People told us staff were kind and caring towards them. This confirmed our observations of the interactions between the people living at the service and staff. There was a complaints policy which was available to all people using the service. There was an activities programme to help prevent people from becoming isolated. The service worked closely with other professionals and acted upon the advice provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 1 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the

provider was no longer in breach of regulations. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Hazeldell Residential 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Hazeldell is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care.

The manager was not present at the last inspection and since coming into post had applied to be registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 contacted the Local Authority and Healthwatch for information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of the information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three relatives about their experiences of the care provided. We spoke with six members of staff including the manager, two team leaders, a member of the catering staff, a senior care staff and one care assistant. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at a range of records and documents including four care plans, medicine administration records, recruitment files, complaints files and service policies and procedures.

#### 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 spoke with one relative and two healthcare professionals by telephone.

# 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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood the support required to reduce the risk of avoidable harm.
- Peoples care plans contained detailed risk assessments for staff to follow which were designed to keep people safe.
- People and their relatives told us that they considered the service was safe because the staff were knowledgeable and spoke with them regularly. One person told us, "The staff know me well and what they need to do to help me."

### Using medicines safely

At our last inspection there were significant shortfalls with the way peoples prescribed medicines were managed and administered. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff who administered medicines were training and knowledgeable about peoples prescribed medicines.
- Any medicines errors identified were investigated and appropriate action taken
- Medicines were received, stored, administered and disposed of safely.
- People received their medicines at the times they were prescribed. One person told us, "The staff always bring my medicines."

### Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns. One member of staff told us, "I have had safeguarding training to learn about the different types of abuse."

- Members of staff informed us they knew how to report any concerns to the relevant external agencies.
- People we spoke with told us they felt safe. One person said, "I know and like the staff, so yes I do feel safe here." A relative told us, "I have no concerns about [my relative's] safety at Hazeldell."

#### Staffing and recruitment

- The service had developed robust recruitment practices. New staff were appointed only after checks were completed regarding their suitability to work with people who had care and support needs.
- From reviewing rotas and speaking with people and staff, there were consistently enough staff to meet people's assessed needs. The manager was using a dependency tool to plan the number of staff required to be on duty at anyone time.
- The people we spoke with and their relatives all informed us that they thought there enough staff on duty at all times. One person told us, "You never have to wait long when you as a member of staff to help you."

#### Preventing and controlling infection

- The communal areas and corridors were clean throughout and had benefitted from some refurbishment since our last inspection.
- The service had systems in place to make sure that staff practices controlled and prevented the spread of infection as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection. A member of staff told us, "We have enough gloves aprons and cleaning fluids."

#### Learning lessons when things go wrong

- The manager had arranged meetings with staff to discuss the last inspection report and plan how to improve the service for the people living at Hazeldell.
- Lessons were learned when things went wrong. The manager had introduced a daily meeting for the senior staff to discuss and implemented actions as necessary to improve the service and to keep people safe.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the support people required with eating and drinking was not always clearly documented in their care records. Where people were assessed as at risk of malnutrition, information was not always available to guide staff on how to protect people from this risk. This was a breach of regulation 14 'Meeting Nutritional and Hydration Needs' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People were now consulted about their choice of meals. Information was clearly recorded as necessary including peoples' monthly weights or more frequently if needed.
- Dieticians views were sought as required to support people with their nutritional and diet needs.
- The catering staff were kept informed of people's needs such as allergies through written communication with the manager and attending daily managers meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A senior member of staff assessed people's care needs and choices before any care or support was provided. From this assessment a care plan was written and reviewed as necessary. This meant staff had accurate, up to date information about each person.
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person centred care and support plans. Staff confirmed these were clear, detailed and easy to follow.
- Assessments included gathering information about people's cultural, religious and lifestyle choices. One person told us about their assessment. They said, "The staff asked a lot of questions and I felt they knew all about me at the end."

Staff support: induction, training, skills and experience

- Staff received supervision, so they could discuss how they supported the people living at Hazeldell. One member of staff told us, "Supervision is arranged well in advance, so you can prepare and I feel very well supported by the manager and senior team."
- Staff were knowledgeable about their roles and how to provide the correct support to meet people's

needs. One member of staff told us, "We have had a lot of training especially from the local authority team and that has been interesting and helps us to help people."

- Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they could do so. An ongoing programme for updates and refresher training was in place.

Staff working with other agencies to provide consistent, effective, timely care

- Collaborative working with other agencies, such as hospitals, GPs and district nurses, had been increased under the new manager to help to maintain people's quality of life. A health professional told us, "The service responds promptly to emergencies where care is required at very short notice."
- Staff spoke knowledgeably about individual people's health needs and records showed they had been proactive in seeking guidance and support from health professionals.

Adapting service, design, decoration to meet people's needs

- The service had signage and memory aids such as calendars, notice boards and clocks to aid people's memory of the time and place.
- Maintenance of the service was underway during our inspection and we saw people assisting the maintenance staff and also some the painting they had carried out of radiator covers.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed this. This included support from GP's, community nurses, opticians and chiropodists.
- People told us this was done in a timely way and records confirmed this.
- Records showed that instructions from healthcare professionals were carried out. A health care professional told us, "We visit at a set time each week but will come more frequently when the need arises."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible. One person told us, "The staff always ask for my permission to do things for me."
- We saw that best interest meetings had been arranged and the information recorded.
- Training records confirmed that staff had undertaken training in relation to the MCA and had put this training into practice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider had failed to treat people with care, dignity and respect, widespread shortfalls in the quality of the care people received meant that people were not always consistently well treated. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff continued to treat people with care, dignity and respect and the shortfalls identified at the last inspection had now been addressed. One person told us, "The staff are very caring and look after me well."
- People were now treated with and supported appropriately and in response to their needs. ● Arrangements were made so people saw healthcare professionals regularly and as needed.
- The new service governance arrangements required that action taken to address issues identified were taken and followed up by staff delegated to do so.

Staffing was consistent and people informed us they were treated with respect and kindness. Care plans contained information for staff to follow so that they understood people's individual needs.

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

- People informed us and we observed that they were offered choices about how they spent their day and staff listened to them to support with fulfilling those choices.
- Staff knew people well and knew their likes, dislikes and how they wanted to be supported.
- We heard staff offering people choices of drinks and asking if they wanted to be involved with activities that were being arranged.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out privately.
- People were treated with compassion, by knowledgeable staff who respected people by addressing them by their preferred name. Two of the people's care plans we read we noted that they liked to be called by a name which was not their Christian name and this had been recorded and we heard staff refer to them by

their chosen name.

- Staff knocked on bedroom doors before entering. One person told us, "I quite like spending sometime here in my room in the morning or afternoon, but the staff knock on the door to see how I am and always offer me a drink."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs had been assessed and recorded and staff were working with people at their reviews to increase information about them to further develop the plans into being fully person-centred.
- Care plans we saw provided information about how staff were to respond to situations which may occur to the person such as challenging behaviour or their healthcare condition.
- The service provided consistent staff which helped to develop positive relationships between the people using the service and staff members.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information in a format they could understand, and signage helped people to locate their way around their home.
- Televisions could be programmed to use sub-titles when required.
- We saw staff using non-verbal communication of hand gestures to help explain situation to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had dedicated activity staff and they were planning events for everyone to enjoy such as entertainers coming to the service and on-going in-house activities. They were also arranging for individual's wishes to come true such as attending motorbike conventions.
- People told us they were content using the service, and they received care which met their needs. One person told us. "I like being here, the staff are nice and I never feel alone but can have some peace and quiet in my room when I wish."
- The service did have various equipment for people to use for entertainment and the manager had sourced feedback and was in the process of accessing a bus for specific outings.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which had been developed with the people in mind that were using the service to support them to make a complaint should the need arise.
- We saw that no complaints had been raised since the manager had been in post. They explained that they

had encouraged staff to respond to any concerns raised at the time.

- The toured the service whenever they were on duty to see people and check upon their well-being.
- People told us they felt able to raise concerns if they wished to and none of the people we spoke with said they had raised any formal complaints. One person told us, "The manager is very good and they would sort out any problems."
- Relatives told us they had confidence in the manager and senior staff from their interactions with them and had no complaints to make and were confident they would be resolved should there be any concerns.

#### End of life care and support

- Nobody was receiving end of life care at the time of the inspection. The manager told us the service could provide this support when required, with the support of trained palliative care nurses, supporting the Hazeldell staff who had also received training in end of life care.
- The manager was confident people would be supported to remain with the service, if they chose to, and would be supported by staff who knew them well.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider despite having a comprehensive action plan in place, the management team had failed to drive improvements in areas of significant priority. This included ensuring basic risk assessments were carried out and acted upon for the health safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The new manager had re-organised the service governance and acted to improve the service from the information this provided.
- The service action plan written as a result of the last inspection had been fully implemented.
- The manager had introduced a senior staff meeting each day to inform staff of events and act upon that information.
- The manager oversaw the service while delegating some duties to senior staff and checking with them frequently that they were carrying out those duties.

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

- The service had a positive, open culture that was shared amongst the management team and staff. Everyone we spoke with described how people were very much at the heart of the service. One person told us, "I am very happy here because the staff help me to do what I want to do." A member of staff told us, "I am here because I enjoy helping people."
- People living at the service, relatives and healthcare professionals all told us the service was now being managed well. A relative told us, "The manager has been a breath of fresh air and everyone now to my mind is pulling in the same direction."
- Staff benefited from leadership and oversight which empowered them to develop their skills. One member of staff told us, "I enjoy working with the senior team."

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 manager had worked with the new management team and their manager to implement the actions written in the action plan as a result of the last CQC inspection.

- The manager and senior staff were aware of their responsibilities and had systems in place to report appropriately to the CQC regarding notifiable incidents.
- Their most recent rating following the last inspection was clearly displayed at the office and on their website.

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

- People living at the service and their relatives were invited to care plan review meetings and meetings to talk about the service and plan future events.
- Relatives told us they were encouraged to provide feedback on the care delivered. A relative told us, "Whenever I visit a member of staff asks how I am and is everything alright with the care provided to [my relative]?"
- Staff spoke positively about the support they received from the management team. A member of staff told us, "The manager really does have an open-door approach and you can go to them at anytime and any of the senior staff."
- The service had responded to requests made by Healthwatch and would use the information to further develop the service.

Continuous learning and improving care

- The management team supported a culture of continuous learning and improvement. Staff informed us the manager was supportive of training requests to develop knowledge and learning.
- The management team positively encouraged feedback, reviewed the quality of the service and acted on any identified shortfalls to continuously improve the service. A healthcare professional told us the service had acted upon suggestions they had made.

Working in partnership with others

- The service worked collaboratively with other agencies such as the local authority and general practitioners.
- Healthcare professionals informed us that they had been invited into the service since the last inspection by the new manager and a positive rapport had been built with the senior staff.