

Premier Nursing Homes Limited

Hazelgrove Court Care Home

Inspection report

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Date of inspection visit:
21 March 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Hazelgrove Court Care Home provides nursing and residential care for up to 48 people. The service provides support to older people living with dementia. At the time of our inspection 45 people were using the service.

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

People were living in a service where the cleanliness needed improving. Areas of the home remained cluttered and untidy. Staff told us there weren't enough domestic staff. People told us they felt the untidiness of the home impacted on their wellbeing.

Governance and management systems were not fully effective in identifying and addressing some of the concerns identified. This included issues around cleanliness, staff training and accuracy of daily records. Improvements had been made from the last inspection however, there were still actions that had not been fully addressed.

People were protected from risk of harm. Accidents and incidents were recorded, and actions were taken to mitigate risk of reoccurrence. Staff were recruited safely, and appropriate checks were completed prior to employment. Agency staff were being used; a recent recruitment drive had taken place which had slightly reduced the ongoing use of agency staff. People told us they felt safe. One person told us, "I feel very safe here, it's like home from home. Once you come in, you don't want to go."

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. Risks to people were managed and systems were in place

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 March 2022) and there were 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 the provider remained in breach of regulation 17 (Good governance). The service remains rated as requires improvement.

Why we inspected

We carried out an unannounced focused inspection of the service on 7 February 2022.

We undertook this focused inspection of the safe and well-led key questions to check the service had followed their action plan from the last inspection and to confirm legal requirements were now met.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has remained rated requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified a breach in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hazelgrove Court Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hazelgrove Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Hazelgrove Court Care Home is a care home with 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.

Inspection activity started on 21 March 2023 and ended on 30 March 2023. We visited the service on 21 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return (PIR). 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 7 people who used the service and 2 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, 1 nursing assistant, 2 senior care assistants, 3 care assistants, 1 domestic cleaner and 1 healthcare professional.

We reviewed a range of records. This included 4 people's care and medication records. We looked at 4 staff files in relation to recruitment and a variety of records relating to the management of the service.

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 requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection; Learning lessons when things go wrong

- The cleanliness of the home was of a poor standard. Cleaning schedules were in place and were being completed. However, the cleanliness of the home at the time of our visit did not reflect this. Areas of the home were dirty and untidy. For example, dried food stains were visible in the kitchenette and communal corridors were dirty and required hoovering. The registered manager told us that the service did not have enough domestic staff, and this was impacting on the ability to keep the service clean.
- Staff told us there weren't enough domestic staff and felt the cleanliness of the home could be better. One staff member told us, "The cleanliness isn't the best, we are short staffed in the domestic team, we are asked to clean due to this, but we just don't have time". The registered manager informed us a recent recruitment drive for domestic staff had taken place.
- At the last inspection it was identified that some areas of the home required tidying and refurbishing. At this inspection we saw that the same areas were still untidy and cluttered. This meant lessons had not been learnt to improve the service since our last inspection.
- People spoke to us about how crowded areas impacted on their wellbeing. One person said, "I can have a shower whenever I want, the shower room isn't very comfortable though, it makes you resistant to have a shower, because it's not very nice, it's a little crowded." Another person said, "I like to have shower, but the shower room isn't very nice."
- An updated infection control policy was in place and staff received infection control training however observations during the inspection indicated this was not being adhered to.
- Poor cleanliness increased the risk of infection.

The provider had failed to have effective oversight of the management of infection control. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse, Assessing risk, safety monitoring and management.

At our last inspection the provider had failed to put systems in place to demonstrate people's safety was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate action had been taken to address this and the provider was no longer in breach of Regulation 12.

- Improvements had been made with people's care plans. Care plans were up to date and reflected

people's needs. However, we identified contemporaneous records were not in place for all residents' daily records for personal hygiene. This meant the registered manager didn't have effective oversight of people's personal care.

- People were protected from risk of abuse. There were systems in place to reduce the risks of abuse, including a policy and procedure and staff training.
 - Staff confidently explained how to deal with and report any issues relating to people's safety. Staff were confident the management team would act on any concerns reported to ensure people's safety.
 - People told us they felt safe. One person told us, "I feel very safe here, it's like home from home. Once you come in, you don't want to go."
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- Risks to people's health and well-being had been identified and assessed. Records contained detailed information on how staff should reduce risks in areas such as; skin integrity, diabetes, moving and handling and nutrition.
 - Health and safety certificates were up to date including water checks, electrical, gas and fire safety procedures.
 - Accident and incidents were managed safely. Records showed these had been recorded and were audited by the registered manager. This meant any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced.

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)

- 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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There was mixed feedback from people on whether there was enough staff. One person told us, "I think there are enough staff, I always see plenty of staff." Another person said, "At times there aren't enough staff, it tends to be usually around the same time where there are fewer on duty."
- Staff were recruited safely. A range of pre-employment checks were carried out to ensure only suitable staff were employed. These included DBS checks (Disclosure and Barring Services), obtaining references and checking employment histories.
- The provider continued to use agency staff to ensure there was enough staff on duty to support people safely. The registered manager informed us that the same agency staff were requested to allow more consistent care to people. Staff confirmed the same agency staff were used.
- Nurses were registered with the Nursing and Midwifery Council.

Using medicines safely

- Medicines were managed safely. Medicines administration records were up to date and accurate. Stocks were monitored to ensure people had their medicines available when needed.

- Medicines were stored safely and in line with the appropriate guidance. Checks of room temperatures and fridges were completed. Controlled drugs were stored correctly and securely, records in relation to Controlled Drugs were completed in line with requirements.
- People told us they got their medicines when they needed it. One person said, "I always get my medication when I need it." Another person said, "I get my medication given to me by one of the nurses on duty, it is always on time."

Visiting in care homes

- Visiting was in line with government guidance and health professionals' advice. Visitors were not restricted in any way and safety was promoted while on site.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have oversight of the governance and quality assurances systems. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- An effective quality monitoring system was not fully in place. The registered manager carried out monthly audits to identify any shortfalls within the service. These audits had not identified a number of issues we found during the inspection in relation to infection prevention and control.
- The registered manager undertook monthly audits and had identified issues with the cleanliness of the home. However, these did not lead to effective action being taken to address them. For example, audits had identified areas of the home were dusty and unkept, but these had not been cleaned when we inspected.
- At the last inspection we found that care plans lacked accurate information. At this inspection we saw daily records for personal hygiene care were not completed accurately. For example, people who received support did not have this recorded. This meant people's care and support could not be effectively monitored.
- The registered manager had not ensured staff training was accurately recorded. For example, there was no evidence staff had received recent training in catheter or wound care despite staff saying they had completed this. This meant the registered manager and provider could not effectively monitor staff performance.

Further improvements were needed to oversee quality assurance at the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The culture was person-centred. Systems were in place to obtain and respond to the feedback from people, relatives, and staff. One staff member told us, "I would always give my feedback, it's important to raise issues or concerns, I always think people should be treated how you want your family members treated

so if something is not right, I will say."

- The registered manager created an environment which was open and inclusive. Staff felt well supported and said they could always talk with the registered manager if they had any worries or concerns. One staff member told us, "[Registered manager] is brilliant, really supportive and really lovely."
- People and their relatives spoke positively about the home. One person said, "Management are very good; the everyday routines are good and if we want, we go out, there are always activities going on too." One relative said, "The care here is marvellous. [Person] is being well looked after, [person] is very happy here. We take [person] out most weekends and when [person] gets back, there's a queue of people waiting to give [person] a hug, you'd think [person] had been away for days".

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 understood their responsibility in relation to the duty of candour. There were systems in place should they need to report certain incidents.
- Relatives were kept informed of any events or incidents that occurred with their family member. One relative told us, "I couldn't knock this place, staff get on together, they work well together, support one another. I know the staff and registered manager very well and they know me and keep me well informed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- A system was in place to involve people, relatives, and staff in the service. Staff meetings were held monthly. Staff were given updates about people who used the service as well as reminders about training.
- Staff worked well with other health and social care professionals effectively. Information was shared and advice followed. Records showed evidence of good communication between professionals.
- External professionals spoke positively about the registered manager and the staff. They told us how they worked in partnership to achieve good outcomes for people. One professional said "[Registered manager] is very caring and always working in the best interest for people. Staff are lovely too, very friendly and helpful.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have effective oversight of the management of infection control</p> <p>The provider had failed to have oversight of the governance and quality assurances systems.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p> |