

Park Homes (UK) Limited

Hazel Bank Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hazel Bank Care Home is a residential care home providing personal and nursing care to up to 39 people. The service provides support to older people and people living with dementia. On the first day of the inspection there were 31 people using the service. On the second day of the inspection there were 29 people using the service.

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

Risks to people's health, safety and well-being had not been effectively assessed and reviewed. This included risks relating to moving and handling, skin integrity and people's mental health. Specific issues we had raised at the last inspection had not been addressed. The provider was unable to demonstrate robust governance arrangements and evidence of lessons being learned. Systems and processes were in place but they had failed to identify shortfalls and drive improvements.

Safe recruitment practises were not followed, as the required background checks had not been undertaken before staff started work at the home. Medicines were handled safely but records relating to topical medicines and prescribed fluid thickeners required some improvement.

People's dignity was not always maintained. Staff did not consistently treat people with compassion and respect. Staff were task orientated which meant people did not always receive the support and reassurance they needed.

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.

At our last inspection we recommended cleaning schedules were reviewed. At this inspection we found the provider had increased oversight of this and there was a dedicated housekeeper in post. Effective infection prevention and control measures were in place.

Most people and relatives told us they felt safe and there were enough staff to meet people's needs. Staff and people spoke positively about how the home was managed and said the manager was visible and approachable.

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 4 August 2021) 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 regulations. The

service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced focused inspection of this service on 23 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led.

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

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, staff recruitment, dignity and respect and 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 caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hazel Bank Care Home

Detailed findings

Background to this inspection

The inspection

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

Service and service type

Hazel Bank 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 Bank 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 not a registered manager in post. A new manager was in post and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced on both days.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (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 looked around the building and observed people being supported in communal areas. We spoke with 5 people and 3 relatives about their experiences of the care provided. We spoke with a director, the manager, a nurse, the activity coordinator, a team leader and 3 care staff. We reviewed a range of records including 10 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and a variety of other records relating to the management of the home, including policies and audits.



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. At this inspection 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.

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

At our last inspection the provider had failed to effectively manage risks associated with people's care. This was a breach of regulation 12(1) 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 12

- People were at risk of harm because risks had not been adequately assessed and monitored.
- Issues we had raised at the last inspection had not been addressed. For example, where people were assessed to require specialist mattresses to support their skin integrity systems were not in place to ensure they were set correctly. We found multiple examples where the settings were not correct. This exposed people to an increased risk of harm.
- People who required support with moving and handling did not have up to date assessments and records contained contradictory information. Observations on both days of the inspection also meant we were not assured people were being moved and handled safely. For example, we saw one person being supported by staff to use equipment which they were not assessed for.
- Where people experienced periods of distress and anxiety assessments did not always provide clear and up to date information. Incidents were not always recorded by staff and when they were, they were not used to inform care plans and develop a consistent approach.
- Accidents and incidents were recorded, but the information was not always fully completed or used to inform care plans and mitigate the risk of events happening again.
- Safety and environmental checks were undertaken. However, they were not always detailed and maintenance issues were not always followed up promptly. The provider told us maintenance staff were currently shared over two sites and they were actively recruiting to the position.
- Fire evacuation drills were not robust. Fire drills were carried out monthly but there was limited information on the scope and who had participated. There was no evidence of night-time checks or actions and learning identified from the drills.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment

- Safe recruitment practises were not followed. The required employment checks to ensure individuals were suitable to work with people had not been completed. The provider was not following their own recruitment policy.

We found no evidence people had been harmed. However, systems were not in place to ensure staff were recruited safely. This was a breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing

- Safe staffing levels were in place, but staff were not always effectively deployed. There was not always a presence in communal areas which meant people sometimes had to wait for support.
- Staffing levels were calculated using a recognised dependency tool. The provider reviewed this regularly to assess the number of staff required. We were not assured this was being used effectively as there had been no recorded changes in people's needs in the previous six months. This was not reflective of other records we looked at in relation to people's needs. Staffing levels also reduced after 2pm and we were concerned about the potential impact of this. We discussed this with the provider and they confirmed they would carry out an immediate review of the staffing levels.
- Staff told us there were enough staff on duty.
- Most people and relatives said there were enough staff. One person said, "Staff get on with their jobs and their work mates are happy. I don't wait long for things."

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe use of medicines. This was a breach of regulation 12(1) 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 in relation to medicines management.

- Medicines were stored safely in a clean and tidy environment.
- Medicine administration records were generally completed accurately and contained good person-centred information on how people liked to take their medication.
- Prescribed fluid thickeners to help people with swallowing difficulties were not always being recorded accurately so we could not be sure they were being used safely. We discussed this with the provider and when we returned on the second day, they had put a system in place to address this.
- There was a system in place for recording the application of topical medicines. This was not always completed. Therefore, we could not be assured creams were being applied as prescribed.
- Staff received training to administer medicines and their competency was regularly assessed.

Preventing and controlling infection

At our last inspection we recommended the provider reviewed how cleaning schedules were monitored and maintained. The provider had made improvements and clear records were maintained and reviewed by a dedicated housekeeper.

- 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 using PPE effectively and safely.
- 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

The service was following government guidance in relation to visiting. Systems were in place to support people to maintain important relationships with families and friends. The appropriate safeguards were in place to protect people.

Systems and processes to safeguard people from the risk of abuse

- Most people and relatives told us they felt safe living at the home. One person said, "I definitely feel safe because the staff are so nice."
- Staff had received up to date training in how to recognise and report signs of abuse and poor care. One care worker said, "It is our job to protect people. We are their eyes and ears."

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.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence.

- People were not consistently treated with kindness and compassion. We saw multiple occasions where staff missed opportunities to provide comfort and reassurance to people. We saw one person who was distressed and vocalising loudly in the lounge. A number of staff came in and out of the lounge without talking with the person or offering any support or empathy.
- Staff were task orientated which meant they were not always responsive to people's needs. We saw staff carrying out housekeeping tasks whilst they were supporting a person. They walked around the unit holding their wrist and not communicating with them. Another person picked a parcel up from underneath the Christmas tree and a staff member took it from them without giving any explanation or reassurance.
- Interactions between staff and people were not always respectful and we heard examples where staff talked about people using negative language whilst supporting people in communal areas.
- We saw two open storage containers cluttered with items including people's underwear and incontinence products. Some relatives told us their relatives were not always well groomed or wearing their own clothes. We were not assured people's possessions were looked after respectfully.

People were not always treated with kindness, respect and dignity. This was a breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We did see some caring interactions between staff and people. Staff we spoke with demonstrated caring values and gave examples of how they promoted people's independence.
- Feedback from people and relatives was generally positive. One person said, "The staff are all lovely, it's all kindly. They are all like that."
- On the second day of the inspection the provider told us plans were in place to complete regular dignity audits to observe and monitor staff interactions.

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

- Staff did not always provide people with clear explanations. Where people were being supported with moving and handling staff did not always talk and reassure them whilst helping them.
- People and relatives had not always been involved in recent reviews of their care.
- The provider had recently conducted a survey with people and some relatives. They were in the process of collating the feedback. The feedback was generally positive.

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. 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; 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; Continuous learning and improving care

At our last inspection systems to assess, monitor and improve the quality of the service were not sufficiently robust. This was a breach of regulation 17(1) 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

- Shortfalls were identified at the last inspection. We found continued breaches of regulations relating to the management of risk and good governance. We also found new regulatory breaches relating to safe recruitment and staff not always treating people with respect and dignity.
- There continued to be a lack of robust systems for managing risks to people's health and safety. This meant people were at a heightened risk of injury or their health and well-being deteriorating. Records relating to people's care were not always accurate and up to date.
- There had not been a registered manager at the home since October 2021. The manager had completed their application to register with the Commission.
- The provider could not demonstrate continuous learning and improvement. Shortfalls from the last inspection had not been addressed.

Systems had not been established to assess, monitor and improve the quality of the service. This placed people at risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had complied with the requirement to notify CQC of various incidents, so we could monitor events happening within the service.
- The provider told us they were in the process of transferring systems to electronic care records. They confirmed they thought this would lead to improvements in record keeping.
- We received mixed feedback about how the home was managed. One relative said, "Communication is

not great." Another relative said, "I think it's well managed because of the staff."

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

- People's care records were not always up to date or person centred. There was no evidence how people and their relatives were involved in care planning.
- The provider had conducted a survey with people, relatives and staff.
- Meetings were held with staff, people and relatives to seek their views.
- Most staff said they found the manager approachable and spoke positively about teamwork. One care worker said, "It is a good place to work. Teamwork is really good."

Working in partnership with others

- Records showed staff engaged with a range of health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The provider failed to ensure people were always treated with respect and dignity
	Reg 10 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Systems were not effective in ensuring staff were recruited safely.
	Reg 19 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to monitor and review the risks to people's health and safety effectively. Reg 12 (1) (a) (b)

The enforcement action we took:

We issued a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure there were effective governance systems in place to monitor and improve the quality and safety of the service. Reg 17 (1)(2) (a)(b)(c)

The enforcement action we took:

We issued a warning notice