Derbyshire County Council

Hazelwood Care Home

Inspection report

Skeavingtons Lane
Cotmanhay
Ilkeston
Derbyshire
DE7 8SW

Tel: 01629531942
Website: www.derbyshire.gov.uk

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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?	Requires Improvement

Summary of findings

Overall summary

About the service:
Hazelwood is a care home that provides personal care for up to 30 people. The accommodation is on one level divided into four separate areas. Each unit contains bedrooms, bathing facilities, a communal lounge, with a dining area and kitchenette. At the time of the inspection there were 26 people using the service.

People's experience of using this service:

Audits were not always in place to identify when areas required improvements or changes. The provider had several locations and the learning had not been shared across the services following inspections or areas identified which impacted on the other locations.

People enjoyed living at the home and there was a relaxed, friendly atmosphere. There was an opportunity for people to share their views and these were listened to and implemented.
There were sufficient staff to support people's needs and the levels enabled there to be flexibility in the support available. Medicine was managed safely and risk assessments in place to reduce any risk when moving or in day to day tasks. People were safe from the risk of harm and staff had received training in this area and others for their role.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Individual's health care was monitored, and ongoing support was available to maintain people's wellbeing.

There was a sociable atmosphere during meal times and this time was enhanced and embraced by new ideas. Areas of the home were suitable for people's needs and they were able to personalise their own space. The was an accessible garden which people enjoyed.

The care plans were detailed and included aspects of people's life and care needs. Activities and area of interest were promoted. People had established positive relationships with staff and this ensured peoples dignity was respected and maintained.

There was a complaints policy and any concerns had been addressed. The rating from the last inspection had been displayed and any notifications had been sent to as required by the provider.

Relationships had been established with partners. These included health and social care professionals and community services.

Rating at last inspection: Requires Improvement (published September 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection which was

Requires Improvement. At this inspection we found the service had made some improvements and rated the service overall as Good, with the well led area requiring further improvements.

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

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

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 safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in effective findings below.	**Good**
Is the service caring? The service was caring Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our well-led findings below.	**Requires Improvement**

Hazelwood 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector, an assistant inspector and 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:
Hazelwood is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. However, in the absence of their registration, 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:
We reviewed information we had received about the service since the last inspection, to support the planning of this inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We also used the completed Provider Information Return (PIR). We assessed the information we require providers to send us at least once annually to provide some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. During the inspection we

spoke with five people and two relatives to ask about their experience of the care provided. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We spoke with four members of care staff, two senior staff, two members of the domestic team, the cook, the deputy manager and the registered manager. During the inspection we spoke with one visiting health care professional.

We reviewed a range of records. This included four people's care and medicine records. We also reviewed the process used for staff recruitment, various records in relation to training and supervision, records relating to the management of the home, and a number of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely; Preventing and controlling infection

At our last inspection, we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured medicines had been managed safely and that people were protected from the risk of infection. At this inspection, we found the required improvements had been made.

•After our last inspection the staff received further training in medicine and had their competency checked to ensure the required skills had been obtained.
•We saw that medicines were managed safely. Staff ensured people received their medicine when required. For example, some people required medicine to be given prior to eating and the staff schedule had these requirements factored in.
•Some people had medicine on an as required basis and there were protocols in place to ensure these were given for the correct reasons and recorded.
•Some people had received medicine reviews, and this ensured they received the correct medicine and any changes had been clearly documented.
•Medicine administration records had been completed and there was a system in place to review these by a senior member of staff daily.
•Communication had improved with the local pharmacy and GP and the registered manager had introduced a 'medicine chase up book' which enabled staff to jot down any changes during the medicine round. We saw these were followed up directly.
•Improvements had been made in relation to the management of infection control. We saw that regular meetings had taken place with the domestic staff. Detailed cleaning schedules had been introduced.
•Domestic staff were also shared across the building, this meant that staff were familiar with all areas of the home and could support each other when additional tasks were required. For example, the deep cleaning of a room or support following an accident.
•People told us the home was kept clean and odour free. One person said, "Yes, it's kept very clean. Yesterday the domestics cleaned the carpet in the lounge. And they clean the fish tank regularly too."
•During the inspection we observed domestic staff cleaning the home. They took the opportunity to clean the lounge whilst people were at lunch. The pet cat became unwell, and this was responded to swiftly to ensure no odour or stain remained.
•Protective equipment like gloves and aprons were readily available and we saw staff used them when providing personal care or when serving meals
•The kitchen and food preparation area was well maintained There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to the safe handling of food.

Staffing and recruitment

At the last inspection we asked the provider to take action to make improvements in the staffing numbers and deployment to support people during different periods of the day. At this inspection, improvements had been made in this area.

•There were sufficient staff to support people's needs. One person said, "The staff are all nice and when you want anyone you only have to buzz." Another person said, "They come each morning to do my gels on time."
•We observed throughout the inspection the lounge was always supervised and that call bells were responded to swiftly.
•Staff we spoke with said, "The manager is good at recognising changes, when [name] was distressed they put on an additional member of staff." Another staff member told us, "It's relaxed here I never feel I rush people."
•The registered manager used a dependency tool to reflect people's needs. We saw that the staffing levels had been set above the identified number. They told us, "I have established a 'floater' worker so that we can respond to anyone who is unwell or requires that extra support, like when [name] becomes anxious."
•Agency staff had been used to support the staffing numbers, however there was a long-standing arrangement with the agency and the staff being employed were regulars to the home. We spoke with an agency staff member who were able to tell us about people and the running of the home in detail, this showed they were familiar with the home.
•The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Systems and processes to safeguard people from the risk of abuse
•People were safe from the risk of harm. One person told us, "I have a sense of security and the staff are so good."
•There was a policy which clearly described how to keep people safe from the risk of harm. Staff were aware of the policy and were provided with regular training to ensure they could recognise the signs of abuse and report concerns confidently. One staff member told us, "It's important you recognise any concerns and pass them on."

Assessing risk, safety monitoring and management
•Risk assessments were in place which covered individual needs and the home environment. A relative said, "The staff are always around and when [name] gets up they come and make sure they are safe."
•All the risk assessment we reviewed were specific to the individual. For example, some people were at risk of choking and they had a clear plan of how to manage their meals to reduce these risks. Other people required equipment to move and there was a detailed plan to support their needs. We observed people being moved, staff talked to the person to give reassurance. We also saw how people were encouraged to retain their independence, for example, when they walked to the dinning or the bathroom. Staff would take the time to walk alongside the person and provided reassurance.
•When people were at risk due to their behaviour which could cause harm to themselves or others. There were detailed plans of how to support them and staff we spoke with were knowledgeable about these plans and the action they could to reduce any anxiety or distress.
•When people had fallen measures had been put in place to reduce the risk of these reoccurring. The registered manager had ordered additional sensor mats so that they were in stock and could be deployed quickly if this need was identified.
•People were protected from environmental risks. The home had a detailed maintenance plan and any

concerns were identified and addressed with the correct department. Each person had an evacuation plan in case of any emergency. One person told us, "We have the fire alarms and drills. Plus, we have the emergency cord in our bedroom if we need to raise the alarm."

Learning lessons when things go wrong
•The registered manager was proactive in responding to change. For example, when they had concerns about a person anxiety or behaviour they ensured staff recorded these in detail. This enabled them to discuss with professionals with more information and access the correct support more swiftly.

Good

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

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 the last inspection we asked the provider to take action to make improvements in the meal experience for people and this action has been completed.
•People enjoyed the meals and the environment they were presented in. One person told us, "The food is good. Hot meal every day and a pudding. In the evening we get sandwiches or beans on toast, or sandwiches with a cold sweet. You get two choices of meals" Another person told us, "My favourite is Sunday roast, they change the meat each time."
•There were kitchenettes on each unit and people could use these if they wished to prepare themselves a drink or light snack. One person told us, "I like tomato or beans on toast. I make it in the dining room kitchen. It's practice for when I go back home."
•Staff respected and understood people's needs. One person told us, "I don't always want breakfast, just a cup of tea. So, the staff bring me a couple of biscuits with it."
•People's weights and appetite were monitored and if required a referral was made to external health professionals for advice.
•The cook had all the details of people's dietary needs in a nutritional folder which they referred to when making meals or any alterations to the menu. They told us, "I know everyone's favourite food and how they like their tea, its important."
•The registered manager told us in their PIR they planned to introduce hydration stations. We saw small tables or trolleys were in place around the home with drinks and snacks which people could access at their leisure.
•We observed the midday meal; the tables were laid with condiments and napkins. People were offered the meal choices and if they required a small or large plate depending on their appetite. In the PIR the registered manager told us they had introduced an' afternoon tea' style teatime. Each table was presented with a three tier stand which displayed the choice of sandwiches and crisps. People and staff told us initially they were not sure on the idea, however now all those we spoke to said how much they enjoyed the experience. One staff member said, "It's nice because people can help themselves and if they want an extra sandwich they can help themselves without having to ask."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•People's needs were comprehensively assessed when they moved into the home, the registered provider used a pre-assessment document to ensure that detailed information about the persons support needs was recorded.
•Each person we spoke with knew about their care plans and had been involved in them.

Staff support: induction, training, skills and experience
•Staff had received training for their role. There was a detailed plan to ensure any training was monitored.
•Where staff did not have English as their first language, support was provided through a tool on the internet which translates learning material into different language. This meant staff were able to be provided with information relating to core elements of care.
•All the staff we spoke with felt the training was good and informative. Staff all showed skills within the care they provided and were able to discuss aspects of care with us in detail.

Adapting service, design, decoration to meet people's needs
•The home was decorated to ensure there was a homely feel and we saw personal items were placed near the seating areas people enjoyed.
•People's told us they enjoyed their bedrooms or the spaces they choose to sit in. One person told us, "I'm alright here, sitting, looking at the view of the garden."
•We saw there was a piano in one of the lounges. One person told us, "I like the piano. I've played it a few times." A staff member told us, the piano had been moved to the main lounge and [name] played it and others enjoyed singing.
•, The garden was accessible, and we saw people walking in the garden. One person said, "I like the garden. One of the gentlemen has grown beans in pots. I helped with the beans last year."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
•People's health care was monitored. One person told us, "The nurses help, they're good.
•A relative told us, "The staff are quick off the mark if they need a GP or anything." This was confirmed by a visiting health care professional who told us, "Staff always call us if needed and follow any guidance we leave." They gave us examples of when the staff had raised a concern and the action they took. This guidance was recorded in the care plans and we saw pressure relief advice was being followed. This ensured the risk of sore skin was reduced.
•Staff had a good knowledge of people's health conditions, and care plans contained clear personalised information to support this. They also detailed regular access to medical professionals such as GP's, district nurses & community psychiatric nurses.

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 with appropriate legal authority. 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 the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•Care plans had details of when a capacity assessment was required and had been completed. These were decision specific and reflected when people were able to make decision even if this was on a smaller daily level.
•Some people where subject to a DoLS and the required referral had been made to the local authority,

however to date none of these had been authorised. The provider had measures in place to support people whilst they await an assessment for their DoLS.
•Staff had received training and had good knowledge of how to support people and recognise their ability to make decisions. People were asked to provide their consent to receive care and support. We saw that staff encouraged people to make daily choices and obtained their consent before commencing any care support.

Good

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

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
•Staff had established friendly and positive relationships with people. One person told us, "All the staff are lovely. We have some fun with them and they are kind."
•We saw responsive and positive interaction between people throughout the day. These showed staff knew people as they were able to reflect on activities or family contacts.
•Staff we spoke with all told us how much they enjoyed working at the home. One staff member said, "I really enjoy getting to know the people. It's a great place to work and we all work as a team."

Supporting people to express their views and be involved in making decisions about their care
•People were encouraged to express their wishes. We saw people were asked before they received care and their daily preferences.
•Those people we spoke with told us how they choose when they went to bed or the time they wished to get up in the morning. One person said, "Staff are very accommodating, you can have a lie in if you want to."
•People's independence was encouraged. One person went into town in a taxi. The home and the person agreed a protocol to ensure the person retained their independence, along with their safety. For example, the person had a mobile phone, they would inform staff of their planned return time. If the person had not returned by this time, they were happy for staff to contact them.

Respecting and promoting people's privacy, dignity and independence
•People were treated with respect and staff knew how to maintain people's confidentiality.
•In the PIR the registered manager told us they had implemented a 'wishes tree'. We saw this was in place and we were able to review some of the wishes which has been granted. For example, a couple using the service, wished to share a romantic meal for an anniversary. This was arranged in a separate dining room with their favourite music.
•The home had recently achieved the local authority's dignity award. All the staff had been involved in this, which required examples of how they implemented dignity within the home.
•Relatives told us they were made welcome. We saw when relatives arrived staff knew them and made them welcome with a drink and seating near to their relative. One relative told us, "Staff keep me informed of any concerns and I can call anytime."
•People's records were stored in a secure place and only accessible by those who required access.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At the last inspection we asked the provider to take action to make improvements in the reviewing of care plan information and access to information. At this inspection we found the required improvements had been made.

•Care plans had been reviewed and now contained more comprehensive details about people's needs and wishes. All the staff we spoke with were able to tell us about people. This was not just in relation to their care needs, but also about their life and things of importance to them.
•We saw that reviews of people's care had been completed and any new information or changes in need had been made. This meant the care plans reflected the current needs of the people.
•There were symbols added to the bedroom doors, these identified the level of support people required. The registered manager told us these had been introduced to provide staff with a quick reference without impacting on people's dignity or confidentiality.
•Along with these symbols was a picture identifying some aspects of what the individual liked to do or something that was personal to them. These had been added to support staff in getting to know the person.

•People were able to continue to follow their faith. One person told us, "The Vicar came at Easter, and we had a service, then I put my cross on the outside of my bedroom door." Another person told us, "I am Church of England, we have Holy Communion and regular services, which I am able to attend."
•Information was provided in different formats to support people's understanding. For example, we saw there was a pictorial menu and it was also provided in large print. Other information was also available in different formats, for example the complaints policy. This showed us that the provider understood and met the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand
•To promote people's interests and to engage them in an activity a staff member was allocated to this role daily. However, we saw that staff were responsive in their approach in engaging with people when they had a spare five minutes.
•People told us about the activities. One person said, "Music is my biggest hobby. I like playing the piano and I can and have played the one here. I enjoy it when the singer comes in" another said, "I play bingo and there are various entertainers."
•There was a board which displayed the planned activities. A recent activity had been a taste test of old-fashioned sweets. One person said, "I enjoyed it as it was a trip down memory lane and generated lots of chatter." The registered manager had begun incorporating themed evenings within the home and planned to continue these as they had proved successful. These included experiencing other cultures and tasting events.

•A monthly trip outside the home had also been implemented. In addition to this there had been spontaneous trips, for example some people went to the local public house to watch a football match.

Improving care quality in response to complaints or concerns
•The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy. Providing the complainant with a letter of explanation with an outcome and any actions they had taken.
•All the people and relatives we spoke with were aware of how to raise a complaint or concern. One relative said, "The manager is very responsive, any items raised at the meetings or in general conversation are picked up and addressed."

End of life care and support
•The registered manager was aware of the need to complete information in relation to end of life care (EoL). However, there were no overarching care plan assessments tools from the provider. In the interim the registered manager had developed their own form to ensure information of importance had been recorded.
•The registered manager was also arranging a coffee morning for families to provide them with information and an opportunity to have an open discussion about the care to be provided at this difficult and sensitive time.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

At our last inspection we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured audits had been completed and used to drive improvements. At this inspection we found that some improvements had been made, however further improvements were required.

•The provider had audits to reflect all areas of the service. However, they were not always detailed or consistent to reflect action which needed to be taken to support ongoing safety and improvement. For example, the accident and incident information did not reflect any trends over a period of time. The medicine audit had not identified that the stock was not balanced for two medicines we reviewed. The registered manager had introduced medicines system checks in relation to checking the MAR and staff competence and these had improved the process.
•The provider had many locations in their portfolio. Following any inspections which identified areas of concerns, these had not always been shared to develop the learning or enable improvements to be made ahead of the next locations inspection. For example, the need for an end of life plan, which was part of the provider's overarching assessment and care planning tools. The provider had not developed audits to reflect a consistent approach to areas of quality within the home, to include accidents and incidents, medicines, mattress checks and other aspects of care to drive improvements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
•The registered manager had developed a staff team which reflected a clear vision and a strong set of values. All the people we spoke with enjoyed the home, one person said, "It's a nice place to live."
•Staff enjoyed working in the home and had embraced many changes, one staff member said, "It's more home than care home."
•It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.
•We checked our records which showed the registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send us by law, such as

serious injuries and allegations of abuse. This helps us monitor the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•The registered manager was passionate about ensuring people were at the heart of the service. There were regular meetings for people who used lived in the home. One person said, "At the meetings, they bring everything up, any complaints about the food, activities. Any suggestions are listened to."
•There was a 'You said, we did' notice board which detailed the changes which had been implemented. For example, new crockery had been purchased, at the last meeting people were asked if they liked them. People did so it was agreed there would be further purchases of crockery for use in all areas of the home. Other items reflected was the request for more themed nights, and more bingo sessions. All these had been recognised and actioned.
•Staff were given the opportunity to feedback on the service through staff meetings. We reviewed minutes which showed how staff had discussed changes to the routine of the home and been able to comment and influence change. For example, the introduction of the tea arrangements.
•The kitchen meeting showed the request for more fruit and diabetic puddings to support people's needs and the hydration stations.

Continuous learning and improving care
•The provider had been proactive in reducing the risk to people. For example, they reviewed when people had a fall and if they required a sensor mat a stock was maintained so this could be implemented swiftly.
•Some people were at risk of infection, so the registered manager had ensured that the staffing was flexible so that staff could respond to this situation if required.
•Other improvements were in the staff approach to people. The registered manager told us they held team talks about different subjects and gave staff time to share their skills and knowledge.
• The registered manager had implemented the use of a bag fastened around the waist for staff to carry items which they may require during their shift. For example, keys, a pen or a note pad.

Working in partnership with others
•Partnerships had been encouraged and developed. There was a positive response from health care professionals we spoke with. One health care professional said to us, "This home has a lovely atmosphere and people are well cared for."
•The home also worked with the local school. This involved developing joint craft and music projects.