Inspiricare Ltd

# Hazelmere Nursing Home

## Inspection report

9 Warwick Road
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East Sussex
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Hazelmere is registered to provide nursing, care, and accommodation for up to 28 people. There were 21 people living in the service when we visited. People cared for were mainly older people who were living with a range of care needs, including arthritis, diabetes and heart conditions. Some people were also living with dementia. Most people needed support with their personal care, eating, drinking or mobility. Accommodation was provided over two floors.

People's experience of using this service and what we found
The management team reviewed the service through a range of governance systems that looked at ways to provide positive outcomes for people. However, it was not fully effective as it had not identified that not all people had specific care plans and risk assessments in place to meet their individual health needs. Immediate action was taken, and we received an immediate action plan to ensure systems were more robust to prevent this shortfall occurring again.
People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "I feel safe here, absolutely, it's such a relief to have someone to make sure I'm safe." A visitor said, "They seem very competent, I have faith in the staff here." There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent. The home was clean, well-maintained, and comfortable. The provider ensured that when things went wrong, accidents were recorded, and lessons were learned.

Managers and senior staff created a transparent and honest culture for people and staff that was focused on ensuring everyone had the support they needed. The management were committed and enthusiastic about providing support and training for staff to enable them to provide people with the best support possible. People, their relatives and staff were given regular opportunities to be involved in how the service was run by being provided with frequent opportunities to feedback on aspects of the service.

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

Rating at last inspection
The last rating for this service was good (published 02 September 2019)

Why we inspected
This inspection was prompted by a review of the information we held about this service and age of the last rating.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

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.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

# Hazelmere Nursing 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 team consisted of one inspector.

Service and service type
Hazelmere Nursing Home is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hazelmere Nursing 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we held about the service and the service provider. We looked at notifications

and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. 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 service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 8 people in detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, and provider. We also spoke with 6 members of staff. We were able to speak with 2 visitors during the inspection.
We reviewed the care records of 6 people and a range of other documents. For example, medicine records, 4 staff recruitment files; staff training records and records relating to the management of the service.

Following the site visits, we continued to seek clarification from the provider to validate evidence found during the inspection process. We were sent training and supervision data and immediate actions taken by the management team following the site visit. We also spoke with 2 professionals who visit the service.

Good

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Hazelmere Nursing Home was a safe place to live and work. People were protected from the risks of abuse, discrimination and avoidable harm by staff who were trained to recognise the potential signs of abuse.
- People told us, "I am safe here," and "They are very kind and careful." A visitor told us, "I know my loved one is safe here, they look after me as well."
- Staff demonstrated a clear understanding of their responsibilities for safeguarding people. Staff were able to describe different forms of abuse and knew the signs and symptoms to look for. One staff member said, "We get special training regularly, if I had any concerns -I would immediately report it." Another staff member said, "We get opportunities to discuss concerns, as a team or individually if we need to."
- Safeguarding incidents had been reported appropriately in line with the provider's policy. For example, falls, wounds and injuries.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed and managed. When a risk was identified, action was taken to ensure people were referred to the relevant health care professional and the risk mitigated. We did however find that not all health specific risks were documented, for example, diabetes and self-use of suction machine. This is reflected in more depth in the well-led question as staff were knowledgeable about those risks and managed them safely at this time.
- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. These included risks associated with mobility, skin integrity and eating and drinking. For example, some people were at risk of choking due to swallowing difficulties. Advice had been sought from the Speech and Language Therapist (SaLT) who had identified the type of modified meal that was appropriate. This was clearly identified in people's care plans and in the kitchen.
- Staff who were responsible for supporting people with food and drink had received appropriate training including International Dysphagia Diet Standardisation Initiative (IDDSI) training. Staff explained how they would know if a person required a modified diet, and we observed people being supported with eating and drinking as described in their care plan.
- People and their relatives told us that they were included in decisions about managing risks. For example, one person was identified to be at risk of falls from their bed when using the commode. Following a discussion with the person they have agreed to always ring for assistance before getting up and they decided on a bedrail on one side of the bed for their safety. The risk assessments detailed the discussion and the options discussed before a decision was made.
- Risks associated with the safety of the environment and equipment were identified and managed

appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).

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. There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each DolS application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.
● Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
● People were asked for their consent and were involved in day-to-day choices and decisions. Staff interaction with people demonstrated people's choice and involvement was paramount to how care was provided. We saw people making choices about where they sat, what they ate, whether they stayed in bed and what activities they wished to do.

Staffing and recruitment
● There were enough suitably qualified, competent, skilled, and experienced staff to support people safely. Staffing levels were based on people's support needs. These levels were reviewed daily. Staff told us that staffing levels were due to rise next week as there were new people arriving to live at Hazelmere Nursing Home. One staff member said, "Staffing is good here, we get extra staff if we need it."
● Staff deployment had ensured people's needs were met in a timely manner and in a way, which met their preferences. People told us, "There are enough staff, I don't get up so I use the call bell and they always come straight away, "and "Staff there when you need them, always a staff in the lounge to look after us"
● The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
● Registered nurses are required to register with the Nursing and Midwifery Council and the provider had systems in place to check their registration status.

Using medicines safely
● Medicines were stored, administered, and disposed of safely. Medicines were ordered in a timely way. Clinical fridges and the clinical room temperatures were checked daily to ensure they kept medicines at the correct/safe temperature. The service used an electronic medicine administration record.
● We asked people if they had any concerns regarding their medicines. One person said, "No, it's a relief for someone to take over my tablets, no more worrying."
● Staff who administered medicines had the relevant knowledge, training and competency that ensured

medicines were handled safely. This included senior care staff as well as registered nurses. We observed staff administering medicines safely to people ensuring they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.

● Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine. We saw that people had received pain relief when requested.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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

Government guidelines for visiting had been followed throughout the recent pandemic. Staff supported people to receive visits from their friends and family when they chose to.

Learning lessons when things go wrong

● Systems were in place to identify when things went wrong. Incidents were recorded and analysed to determine the cause and identify changes that would prevent a reoccurrence. Safeguardings and complaints were discussed at staff meetings and used as a reflective thinking exercise as to what had gone wrong and how to improve and to prevent it happening again, for example, falls prevention.
● The management team consistently assessed staff practice and identified ways staff could improve the care and support they provided.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection, the rating 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

- The systems and processes to monitor quality and safety had not been fully effective in protecting people from the potential risk of harm. The audits had not identified the shortfalls found during the inspection.
- We found a number of record issues that could have prevented people from receiving good care and treatment if the staff had not had the knowledge of the people they supported. Staff were able to discuss the care delivered and how they managed the associated risks.
- Care plans, and risk assessments, did not contain sufficient detailed information to make sure staff were aware of what they should do to manage all risks for people. For example, diabetes, self-use of suction equipment, and percutaneous endoscopic gastrostomy. These were immediately actioned, and the risk was therefore mitigated.

CQC received an action plan on the second day of the inspection regarding the providers' actions to address the shortfalls found.

- The management team regularly undertook audits of the quality of the service. Each aspect of people's experience of the home was regularly assessed to ensure people received safe, consistent care. The checks included audits about medication, the environment, and the health and safety of the home. Any issues identified through these audit processes were added to the service improvement plan with a time scale and responsible staff member to action.
- The service was well managed with effective organisation and leadership. Staff and visitors said that the home was well-led and that there was an open-door policy.

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

- People told us that the staff culture was friendly and that all staff engaged with them positively. One person told us, "Staff are very kind," "They treat us like family, Lovely staff," and "I was here on a short stay, but I have made decision to stay here for ever, good staff and I feel safer here than going home."
- People's relatives told us the home had a nice atmosphere and they are made welcome when they visited. One relative said, "Both of us have been treated with kindness and respect, like family," and "I get regular updates and I know I can ask staff anything and they will be honest."
- The management team knew people and staff very well and they spent time observing interactions and care delivery. We observed that people recognised members of the management team and greeted them by

name.

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 and staff were open and transparent with us throughout the inspection.
- Statutory notifications were submitted appropriately by the provider to CQC.
- The registered manager understood their responsibilities around duty of candour.
- The last inspection report was displayed in a communal area and on their website.

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

- Staff held regular meetings with people to discuss the running of the home and receive feedback on their experience of living at the home. We saw where people had made suggestions, these had been acted on by staff. For example, extra lighting in the lounge and more access to the garden.
- People and their relatives were sent surveys to feedback on the care and support provided by staff. The registered manager had made a written response to all the comments raised and a copy of this was available for people and their relatives to read.
- Staff meetings regularly took place. During staff meetings, the registered manager discussed best practice with staff and fed back to staff comments and suggestions people had made.
- People's relatives told us that staff were responsive when they raised concerns or asked for changes to be made. One person's relative told us, "Very good response, and they act immediately."

Continuous learning and improving care: Working in partnership with others

- Families were complimentary about the management and care staff, and talked about the importance of good communication.
- Accidents and incidents were analysed to identify any possible patterns or trends. These were shared with staff at meetings.
- Staff were supported by the organisation to gain qualifications, and registered nurses were supported with revalidating their registration.
- The manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen, increase in staffing levels and from the staff we spoke with. One staff said, "I think we learn something every day, no day is the same." The lessons learnt were used to enhance staff knowledge and to improve on the service delivery.
- Health professionals were positive about working with staff at the home. One professional told us, "Always professional and knowledgeable."