

Park Homes (UK) Limited

# Hazel Bank Care Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# 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 older people and people living with dementia. The service provides support to older people and people living with dementia. At the time of our inspection there were 32 people using the service. Hazel Bank Care Home accommodates people in one adapted building.

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

Serious shortfalls were identified which impacted on the safety and quality of care people received. Specific issues we raised at the last inspection in relation to the management of risk and good governance had not been addressed. The registered manager had left since the last inspection and a new manager had recently started in post. There was a lack of effective leadership at provider level and governance arrangements had failed to identify the significant issues we found at this inspection.

People were at risk of harm as systems were not in place to assess, monitor and review risks relating to people's health, safety, and welfare. Medicines were not managed safely which exposed people to the risk of harm. Accidents and incidents were recorded but there was not always a clear overview and action was not always taken to mitigate future risk. Care plans were inconsistent and monitoring records were not routinely completed. Where new people were admitted to the service detailed information was not always available to staff to ensure they were able to provide safe care and treatment.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Feedback from people and relatives was generally positive and we observed some warm and caring interactions between staff and people. However, we also observed multiple occasions where people were not treated with respect and dignity. We saw staff were sometimes rushed and task orientated. The provider had a dependency tool in place to assess the number of staff required. We have made a recommendation about reviewing this to ensure enough staff are deployed effectively across the day.

The service worked closely with other health and social care professionals. People's nutritional and hydration needs were generally met although people's dining experiences were varied and monitoring records were not always clear. We have made a recommendation the provider reviews the meal's service and how this is monitored.

Staff received the training and support they required to carry out their role. They had recently undertaken refresher training in a range of subjects. Improvements had been made to how staff were recruited to ensure this was coordinated and monitored safely. Systems were in place to control infection.

The provider was responsive to inspection findings and provided assurances they would make the required improvements to improve the safety and quality of care.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 10 January 2023) and there were breaches of regulation.

Why we inspected

We undertook a targeted inspection to check whether the Warning Notices we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

During the inspection we found other areas of concern, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective, caring, and well-led.

Enforcement and Recommendations

We have identified repeat breaches in relation to safe care and treatment, dignity and respect and good governance. We also identified new breaches in relation to person-centred care, medicines management and compliance with the Mental Capacity Act.

We have made recommendations about staffing levels and people's nutrition and hydration.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as

inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Details are in our effective 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 well-led.

Details are in our well-led findings below.

**Inadequate** ●

# 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 1 inspector. The second and third days of the inspection were carried out by 2 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 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 not a registered manager in post. A new manager had recently started in the post. They had completed their application to register with the Commission.

#### Notice of inspection

This inspection was unannounced on all 3 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We observed care and support in communal areas. We spoke with 3 people and 4 relatives about their experience of the care provided. We spoke with 9 members of staff including the director, manager, nurse, senior and care staff. We also spoke with 1 health care professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and induction and a variety of records relating to the management of the home, including training records, audits, and policies.

# 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 has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(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 exposed to the risk of harm. There was a failure to assess, monitor and mitigate risks in relation to people's health, safety, and well-being. Risks relating to people's skin integrity, nutrition and hydration and mental health were not monitored effectively. The issues we raised had been identified at previous inspections. Lessons had not been learnt and action had not been taken.
- Where people experienced episodes of distress or anxiety, assessments did not provide clear and up to date information. There was a lack of consistent recording when people presented with complex behaviours. For example, we saw 1 person had been administered medication for anxiety 10 times over a 7 day period. On multiple occasions the records did not indicate the person had presented with any distressed behaviours or what action had been taken to support them.
- Care records did not evidence people were receiving safe care. Where checks and monitoring were required, they were not always in place. For example, where people were assessed to require repositioning to promote comfort and good skin integrity, there were significant gaps in records which meant we were not assured they were being repositioned appropriately. Where people required regular safety checks, records were incomplete and did not reflect the requirements detailed in care plans.
- The provider was in the process of transferring to electronic care records and this had led to a lack of clarity and availability of up to date information for staff. A staff member said, "The care plans are in a mess. Everyone is confused."
- The environment was not always safely and properly maintained. Buildings checks were basic and action had not been taken to mitigate risk. For example, we found mobile heaters in use which had not had up to date portable appliance testing (PAT) and there were safety concerns in all 3 of the communal toilets on the ground floor which were not resolved throughout the inspection period.
- The systems for learning lessons were not always robust. Where accidents and incidents were reported they were logged by the manager but there was no evidence of analysis of themes and trends. On the second day of the inspection, we found 1 person had recently had 2 unwitnessed falls which had not been reported to the manager. Their falls diary and risk assessments had not been updated. On the third day of the inspection, we identified no further investigations had taken place. This meant action had not been

taken to mitigate the risk of the person falling again.

Systems were either not in place or robust enough to demonstrate risks to people's health and safety were managed effectively. This placed people at risk of harm. There was a continued breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- Medicines were not managed safely.
- Guidance and records were not in place to support the safe administration of topical medicines including creams and patches. Guidance was not in place to show where creams should be applied and there were gaps in administration records. We found 2 people had medication administration records for prescribed creams which stated, 'To be applied by care staff'. There were no records in place or evidence the creams had been administered. This meant we were not assured people had received their creams as prescribed.
- Written guidance was in place for some 'as required' medicines. However, the guidance was not personalised and staff did not always follow the guidance. For example, we found 2 people's protocols for administering laxatives did not have detailed information and care records lacked the specific monitoring required to assess if the medication was required. This exposed people to the risk of harm as their health and well-being was not monitored effectively.
- Fluid thickener, to thicken a person's drink to support safe swallowing, was not always recorded when it was used. There was no clear guidance available to care staff and we could not be assured this was being used safely.
- Most medication stock checks were correct but we did find examples where stock checks did not always reflect what was on the medication administration record.

We found no evidence people had been harmed on the days of the inspection visits because the harm is not always immediate, however, people were placed at risk of harm by the failure to ensure the safe and proper management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff had received training to administer medication and had their competency assessed in line with good practice guidance.

#### Staffing

- Safe staffing levels were not always in place. After the last inspection we raised concerns about reduced staffing levels in the afternoon. The provider confirmed this would be addressed but this was not in place at this inspection. We discussed this with the provider after the second day of the inspection and they sent us assurances, including copies of staff rotas, to show us this had been addressed.
- Staff did not always have time to be flexible to meet people's needs and we observed they were often rushed. Staff told us they had some concerns about staffing levels, particularly in the afternoon when care staff numbers reduced from 5 to 4. A staff member said, "It's very challenging." Another staff member said, "There are not enough staff, people's needs do not change because it's an afternoon."
- Staffing levels were calculated using a dependency tool. The provider reviewed this regularly.
- People and relatives did not raise any concerns about staffing levels. A relative said, "I can see there are enough staff. [Relative] is absolutely safe and well cared for."

We recommend the provider ensures staffing levels are regularly reviewed to ensure the calculations from the dependency tool are robust and staff are deployed effectively.

## Recruitment

At our last inspection the provider had failed 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19

- Safe recruitment procedures were followed. The required employment checks had been completed to ensure staff were suitable to work with people. The provider had introduced a tracker so there was improved oversight over the recruitment checking processes.

Systems and processes to safeguard people from the risk of abuse

- We were not assured the systems in place would safeguard people from abuse. We saw poor oversight of incidents and accidents and multiple examples where care plans had not been followed or appropriate actions had not been taken to respond to people's needs and reduce risks. This meant people were not always appropriately protected from harm.
- People and relatives told us they felt safe living at the home. One person said, "They are all nice girls." A relative said, "The home seems clean and safe. I can't fault it."
- Staff had received safeguarding training and they were able to describe different forms of abuse.

## 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 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 provider was supporting visitors and friends to visit safely.

# 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.

The last time we inspected this key question it was rated requires improvement. At this inspection the rating has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had a tracker for DoLS applications but this did not record where conditions had been attached. Where conditions were in place there was no evidence they were effectively monitored.
- We saw examples the correct process was not followed where people were unable to make decisions about their care and treatment such as using bed rails and having their medication administered covertly (disguising medicine in drinks or food).

Systems and processes were not in place to ensure the provider was fully compliant with the MCA. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014)

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

- People who were admitted to the service did not always have a robust assessment or care plans in place. A person had been recently admitted to the service. Care plans had been formulated on the electronic care planning system, but care staff did not have access to this. Another person had been recently admitted and there were no daily records maintained relating to their care and support for 7 days. This meant we were not assured safe care and support was provided.

People's needs were not robustly assessed and person-centered care plans were not in place. This was a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded promptly to the identified concerns. They confirmed they would temporarily suspend admissions to the home to ensure improvements were made to care records and admissions processes. The provider has kept CQC up to date with progress on the required improvements.

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

- Where people had been assessed to have their food and fluid intake monitored detailed records were not always in place. For example, some people were assessed to need high levels of hydration and records did not detail how much people were drinking or totals for the day.
- We observed people's experience of dining was varied. People generally appeared to enjoy the meals and they appeared to be healthy and nutritious. We saw people who were eating in the dining were shown 'taster plates' of the meal options to support them in choosing and the atmosphere was relaxed and sociable. However, on the same day people who were eating in one of the communal lounges did not receive the dedicated support they required.
- People's weights were monitored regularly and action was taken when people were losing weight.

We recommend the provider reviews how food and fluid intake is monitored and how staff are deployed to ensure people have a positive and supportive dining experience.

Staff support: induction, training, skills, and experience

- Staff confirmed they had the training to carry out their role. We reviewed the training matrix which indicated staff were up to date on mandatory training. Since the last inspection staff had all refreshed their moving and handling training.
- The service was in the process of transferring care records to an electronic format. Training was ongoing to ensure staff were competent to use the system.
- Not all staff had received a recent one to one supervision. The manager was new in post and they had been getting to know staff through group supervisions. They told us plans were in place to arrange individual supervisions. Staff told us they felt supported by the manager.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services.

- The service supported people to access healthcare support.
- People's care records evidenced the involvement of a range of healthcare professionals. The GP had weekly calls to discuss people's health needs. The nursing team had access to the Telemeds system. This meant they were able to access prompt advice and support if there were any concerns about people's health needs.
- We spoke to 1 visiting health care professional. They spoke positively about communication from the home. They said, "They [staff] are on the ball. They are always welcoming and accommodating."

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

- The home was adapted to meet the needs of people with dementia and there was signage in place to help them orientate. Some areas of the home were 'tired' and in need of refurbishment and redecoration. There was a lack of care and attention in some areas with shelves and mantel pieces being cluttered. This meant the lounge areas did not look homely. At the time of the inspection parts of the outdoor patio space was not accessible to people as refurbishment was underway.
- The provider was aware of some of the concerns about the building and there was a refurbishment plan in

place, which included re-decoration and new furniture.

- People's bedrooms were personalised and they had access to a choice of communal areas.

# 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 requires improvement. The rating for this key question has remained 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; Supporting people to express their views and be involved in decisions about their care

At our last inspection the provider failed to ensure people were 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 10.

- People were not consistently treated with compassion and kindness. We observed multiple missed examples where staff had opportunities to communicate and socialise with people and they did not. There were also occasions when people were anxious and calling out for support and reassurance and this was not offered. For example, we saw 1 person shouting out. Initially they were ignored by staff and then when they shouted again the staff member told them they would have to wait. When the inspector went to talk to the person, they just wanted their dining chair to be moved closer to the table.
- People were not always supported to dress appropriately or change when their clothing was soiled with food.
- On the second day of the inspection we saw 1 person's bedroom blind was broken and there was no window covering to maintain their privacy or block out the light to support their sleep. We pointed this out to the manager but on the third day of the inspection this had not been addressed.
- Staff did not always give people choices. For example, we observed breakfast service on one day and staff routinely put aprons on 8 people without asking them if this was their choice.
- Care records did not show how people and their relatives were involved in their care.

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

- We saw examples of caring interactions between staff and people and most staff appeared to know people well. We saw 1 staff member using a device to support communication in a person's first language. This made the person very happy and they smiled and laughed with the staff member whilst singing.
- Most staff demonstrated caring values and a commitment to support people in a person-centred way. A

staff member talked about how rewarding they found their role. They said, "I love seeing people smile when I hold their hand."

- People and relatives spoke positively about staff. A relative said, "Staff are very kind and caring." Another relative said, "My [relative] will often give staff a hug and a smile and I cannot speak highly enough of that."

# 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 changed to inadequate. This meant there were widespread and significant shortfalls in service leadership

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

At our last inspection robust systems were not in place to assess, monitor and improve the quality of the service. 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.

- Significant and serious shortfalls were identified at this inspection. There were repeat breaches of regulations relating to safe care and treatment, dignity and respect and good governance. We also identified new breaches in relation to person-centred care, medicines and compliance with the MCA. The issues we found had not been addressed through the provider's governance systems.
- We were not assured the provider understood regulatory requirements and the importance of quality improvement.
- There was a lack of consistent and effective leadership. Since the last inspection in December 2022 the registered manager had left. A new manager had started in post in February 2023. Staff commented on the frequent management changes having a negative impact. One staff member said, "There has been such a turnover. We need continuity."
- Some audits were in place but they had not always been effectively completed. After the last inspection we highlighted the buildings health and safety checks were basic tick box sheets. No changes had been made to how the health and safety of the building was monitored.
- There continued to be a lack of robust systems to manage the risks to people. Record keeping was not reliable or consistent. This meant people were at a heightened risk of injury or the physical or mental health deteriorating.
- The provider was in the process of transferring people's care records to an electronic system. This meant electronic and paper records were both being used as care staff did not have access to the electronic system. We found there was no evidence of any management audits of the paper records which were being completed by care staff and we found significant shortfalls and omissions had not been identified. This exposed people to an increased risk of harm.
- The provider had not displayed the rating from our last inspection in the entrance of the home in line with regulatory requirements. We discussed this with the manager on the first day of the inspection and this was

addressed.

Systems to assess, monitor and improve the service were not sufficiently robust. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was new to the role but they acknowledged the shortfalls we identified and expressed their commitment to making the necessary improvements. Staff told us the new manager was approachable and they felt able to express their views.

The provider continued to update us after the inspection. They confirmed admissions to the home would be suspended until all staff had received training and were competent to use the electronic care planning system. They completed a risk profile for people and kept CQC updated on progress with updating people's care plans. They also confirmed they had increased staffing levels in the afternoon.

Continuous learning and improving care.

- The provider could not demonstrate continuous learning and improvement. Shortfalls addressed at the last two inspections had not been addressed and the findings concluded the quality and safety of the service had deteriorated since the last inspection.

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 and it was not clear how they and their relatives were involved in their care plans.
- Staff generally felt supported by the provider and regular staff meetings were held.
- Relatives said they were kept informed about changes to the needs of their relatives. However, they told us they were not updated about management changes. One relative said, "It just seems to be a turnover of managers. I am not kept informed about changes to management."
- Since the last inspection the provider had employed an activities coordinator. Staff and people spoke positively about how this impacted on people and their social opportunities. We observed lively and warm interactions when the activity coordinator was supporting people. However, they worked 18 hours a week and their role also involved supporting at breakfast and lunch-time service so their impact was limited by this. The provider told us they were actively recruiting for another staff member to support the role.
- The provider had not carried out any surveys since the last inspection. The manager told us there were plans to send out surveys to staff to gather their views.

Working in partnership with others

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