

Park Homes (UK) Limited

# Hazel Bank Care Home

## Inspection report

Daisy Hill Lane  
Daisy Hill  
Bradford  
West Yorkshire  
BD9 6BN

Tel: 01274547331

Website: [www.parkhomesuk.co.uk](http://www.parkhomesuk.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

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. At the time of our inspection there were 20 people using the service.

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

The provider had taken positive action to address the issues from the last inspection. They had made improvements to the way the quality and safety of the home was monitored. This meant people's experiences of the care and support provided had improved.

Improvements were required to how staff were recruited. We have made a recommendation the provider reviews their systems for monitoring checks in line with good practise guidance. There were enough staff to keep people safe and they had the skills and experience to support people appropriately. Staff were kind and caring and they demonstrated commitment to providing person-centred care for people. We saw people and staff had warm and trusting relationships.

Care plans contained person-centred information and risks relating to people's health, safety and welfare were assessed. Medicines were generally administered safely but improvements were required to how some topical medicines were managed. We have made a recommendation the provider reviews how this is monitored. The home worked in partnership with health and social care professionals to ensure people's needs were met. Staff supported people with their nutritional needs .

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. We found improvements were required to ensure where capacity assessments and best interest decisions were required, they were completed robustly. We have made a recommendation the provider reviews the guidance and training for staff in relation to the Mental Capacity Act.

The registered manager was approachable and visible. They had initiated changes which had led to a range of improvements for people and staff. There were a range of audits and quality checks in place, which included increased oversight from the provider. People, relatives, and staff provided consistent positive feedback about the improvements at the service since the last inspection. The provider was responsive to feedback throughout the inspection and demonstrated their commitment to ongoing improvement.

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 inadequate (published 2 June 2023) 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 improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider reviewed systems and processes to monitor the deployment of staff and how people's nutrition and hydration intake was monitored. At this inspection we found the provider had acted on the recommendations and made improvements in both these areas.

This service has been in Special Measures since 2 June 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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 from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Hazel Bank Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made recommendations the provider reviews the guidance and training for staff in relation to the Mental Capacity Act and improves their staff recruitment checks. We have also made a recommendation they review how they monitor the safe use of topical medicines.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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.

#### Inspection team

The inspection was carried out by 2 inspectors, a medicines inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hazel Bank Care 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. 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 a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who 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. We used all this information to plan our inspection.

During the inspection

We looked around the service and observed care and support in communal areas. We spoke with 4 people and 6 relatives about their experiences of the care provided. We spoke with care staff, a nurse, the cook, the activity coordinator, and the registered manager. We also spoke with the nominated individual and the executive director of operations. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 1 health care professional who visited the home regularly. We looked at records including 8 people's care records and multiple medicines records. We reviewed 3 staff files in relation to recruitment, training, and supervision. We also looked at a range of records relating to the management of the home including audits, meeting records 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 inadequate. At this inspection the rating has changed to 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.

### Using medicines safely

At our last inspection the provider had failed to ensure people received their medicine safely. 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 and the provider was no longer in breach of regulation 12.

- Medicines were managed safely, and people were supported with their medicines.
- Body maps were in place so staff could apply and record the application and location of topical medicines such as creams and patches. However, there were some recording inconsistencies for non-medicated topical preparations.

We recommend the service reviews documentation to ensure topical medicines are applied as prescribed. The provider responded promptly to our feedback during and after the inspection.

- Person-centred information to support staff to safely administer 'when required' medicines was in place.
- Medicines that were to be given at a specific time or required specific time intervals between doses were given correctly.
- Staff had completed medicines training and had been recently assessed to ensure they gave medicines safely.

### 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. Enough improvement had been made and the provider was no longer in breach of regulation 12.

- The provider assessed risks to ensure people were safe.
- Risks to people's health, safety and well-being had been assessed and the quality of care records had improved. We identified some gaps and contradictions within care records including information about people's continence and skin integrity needs. However, the provider responded promptly when we highlighted this.
- Staff understood people's needs well and how to manage the risks.
- The environment was well maintained and wide-ranging health and safety checks were completed. The

service employed a maintenance worker which meant repairs were dealt with promptly.

- The provider learned lessons when things had gone wrong. Accidents and incidents were recorded and the registered manager had a system of analysis in place to review for any themes and trends. This included monthly and quarterly reviews.

#### Recruitment and staffing

- Improvements were required to how the provider recruited staff. They had not always followed their own recruitment policy and we found examples where records were incomplete and one instance where full checks had not been carried out for a staff member. The provider responded immediately to our findings and we were assured the appropriate follow ups were carried out.

We recommend the provider reviews how checks are completed on staff recruitment files in line with best practice guidance and their policy.

- The provider ensured there were enough staff to support people safely. People were supported by a consistent and experienced team. One staff member said, "There are enough staff and always support on hand."
- The provider used a dependency tool to assess how many staff were required and this was reviewed regularly.

#### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and possible harm.
- Staff understood how to recognise and report poor care and safeguarding was a standing agenda item in staff supervisions and team meetings.
- Safeguarding referrals had been made promptly and actions put in place to ensure the safety of people.
- People and relatives felt safe. One person said, "I like living here. Nice people and nice staff."

#### Preventing and controlling infection

- People were protected from infection as staff were following safe infection prevention and control practices.
- On the first day of the inspection we noted some areas of the building where there were malodours but on the second day of the inspection this was resolved.
- In a recent local authority infection prevention and control audit the service score indicated high standards.
- People were able to receive visitors in line with best practise guidance. We saw there was an inclusive and welcoming atmosphere throughout.

# 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection 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). Enough improvement had been made and the provider was no longer in breach of regulation 11

- The provider was not always working in line with the Mental Capacity Act.
- We saw examples where people were using bed and chair sensors without the appropriate capacity assessments and best interest decisions being in place. Clear details were recorded in people's care plans but this had not been recognised as a restriction. The provider assured us they would follow up with the correct processes.

We recommend the provider reviews the training staff receive to ensure any restrictions are fully considered and implemented in line with the MCA.

- Capacity assessments and best interest decisions had been completed for other relevant areas in people's lives.

- We saw staff routinely offering and respecting people's choices and wishes.

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

At our last inspection people's needs were not robustly assessed and person-centred 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. Enough improvement had been made and the provider was no longer in breach of regulation 9.

- There had been no new admissions since the last inspection. However, we were assured people's needs would be assessed and care delivered in line with current standards to achieve effective outcomes.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Where people were assessed to be nutritionally at risk the provider was taking appropriate action. Where people required their food and fluid intake monitoring, records were well completed and staff took time to respond to people's individual tastes and preferences.
- The provider operated what they called a "stop the clock" initiative. This meant all groups of staff provided social and practical support at mealtimes. We saw this supported an inclusive and sociable experience for people.

Staff support: induction, training, skills and experience

- The provider made sure that staff had the skills, knowledge, and experience to deliver effective care and support.
- Staff received a detailed induction, regular supervision and had up to date training on a wide range of subjects.
- Staff felt well supported and the training was valuable in enabling them to carry out their role. One staff member said, "We are well supported with training. You cannot have too much knowledge."

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

- The provider ensured they worked effectively within and across organisations to deliver effective care and support. People were supported to live healthier lives, access healthcare and support.
- There were close links with other health and social care professionals which included a weekly ward round by the GP.
- Care records showed health professionals' involvement. People were appropriately referred to other agencies when their needs or circumstances changed.

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

- People's individual needs were met by the adaption, design, and decoration of the premises.
- Improvements had been made to the environment, including the redecoration of bedrooms and communal areas and updated lighting. The service had introduced a sensory area. The provider had a detailed refurbishment plan which showed further environmental improvements were scheduled.
- People living with dementia were supported with dementia friendly signage to help them to orientate around the home. They were shown taster plates of the meals to support them making daily choices.

# 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. At this inspection the rating has changed to good. This meant 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; Respecting and promoting people's privacy, dignity and independence

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. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were well supported. Their privacy, dignity, and independence were respected and promoted.
- People looked relaxed and comfortable with staff. Staff were calm and affectionate towards people and interacted warmly. Staff regularly complimented people on their appearance which promoted their self-esteem. One person approached a staff member and spontaneously offered a hug and started to dance.
- The provider had invested in an enhanced activity programme and people had opportunities for group and individual person-centred activities.
- Relatives told us staff were kind and caring. One relative said, "They know [name of relative] and they are very kind to her. They seem to be able to communicate with her very well." Another relative said, "The staff all love [name of relative]. It is his home and his family and he seems happy."

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

- People were supported to express their views and make decisions about their care.
- People and relatives were involved in reviewing and updating their care plans.
- Staff spent time listening to people and responding to them. They explained what they were doing and offered reassurance.
- The activity coordinator had recently introduced a daily magazine called 'The Daily Sparkle'. We saw this was very popular and supported people and staff to engage, reminisce and build closer relationships.

# 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 inadequate. At this inspection the rating has changed to 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

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. Enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had made improvements to their audit processes but we found some areas where the systems required improvement to ensure they were fully embedded and identified all areas robustly. For example, we found some issues had not been identified in relation to care records and staff recruitment.
- The provider understood their responsibilities under the duty of candour. They had complied with the requirement to notify CQC of various incidents so we could monitor events happening at the service.
- The registered manager and all groups of staff understood their roles and worked effectively together.

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

- People and staff were involved in the running of the service. There was a positive and open culture at the service and staff demonstrated good teamwork.
- Staff demonstrated a good understanding of person-centred care and care records and our observations reflected this.
- Feedback from relatives and staff about the registered manager was very positive and they were described as making a big contribution to the improvements in the home. One relative said, "I do find the management approachable and [registered manager] does act on anything I raise." Staff described the registered manager as 'approachable' and 'compassionate'.
- Systems were in place to seek people's views through surveys and residents' meetings.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received. They demonstrated a commitment to continually improve.

- Throughout the inspection the provider responded positively to feedback and ensured any learning was shared with other homes within the group.
- We received a range of positive feedback about the improvements since our last inspection. One staff member said, "There is definitely improvements. It's brilliant now."

#### Working in partnership with others

- The provider worked in partnership with others. They worked in partnership with people, relatives, and other professionals to ensure good outcomes for people.
- The provider was working closely with the local authority on their service improvement plan.
- There were further plans to develop partnership working with local schools and colleges. The registered manager told us, "There has been a focus on safety but we have plans to increase community engagement to enrich people's lives further."