Pindy Enterprises Limited

Hazelbrook Christian Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 3 and 4 July 2017. The first day was unannounced. The second day was pre-arranged.

Hazelbrook Christian Nursing Home is registered to accommodate up to 38 older people who need nursing or personal care. On the day of our inspection 25 people were living at the home.

The home has a registered manager in post who was present for our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in October 2014, the service was rated Good. At this inspection we found areas where the service provided had deteriorated. The service now requires improvement in two of the key questions we ask, making this requires improvement overall.

The quality monitoring processes used in the home had not identified areas where people's individuality was not respected. The registered manager was aware of areas for improvement with regard to care planning and social interaction, but had not acted on them at the time of our visit. People were not supported to have opportunities to enjoy meaningful social interaction. Activity provision was limited and not tailored to people's individual interests.

People could not always be assured that they would receive support that was based upon their individual needs and preferences. This was because care plans were generic and not person-centred. Information about people's individual needs was sparse and difficult to follow.

People were not always treated with kindness and compassion by staff. This was because staff did not always take care to protect people's privacy, confidentiality and dignity. Staff supported people to keep their independence.

People were safe because they were supported by staff who understood how to identify and report potential harm and abuse. Staff were aware of any risks to people and what they needed to do to help reduce those risks, such as helping people to move safely around the home.

People were supported by staff who had the skills to meet their needs. Staff had received training relevant to their roles and were supported in their roles by the manager and their colleagues. Checks had been completed on new staff to make sure they were suitable to work at the home.

People were supported to make choices in their daily lives. People were enabled to make decisions. Where a

person lacked capacity to make a certain decision they were protected as staff followed the principles of the Mental Capacity Act 2005.

People received food they enjoyed and were supported to eat and drink enough to keep them healthy. When needed, people were supported to access other healthcare professionals to make sure their health needs were met. People's medicines were managed and stored in a safe way, and they had their medicines when they needed them.

Staff were supported by the registered manager. Staff felt involved in the running of the home and were able to have one to one time with the registered manager.

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.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

People were supported by sufficient numbers of staff. The service followed safe recruitment practices when employing new staff.

People's medicines were administered safely and offered to them as prescribed. Staff were trained and assessed as competent to administer medicines.

Is the service effective?

Good

The service was effective.

People received support from staff who had the necessary knowledge and skills to support them well.

People were asked for their consent before staff supported them.

People were supported to eat and drink enough to maintain good health.

People were supported to access healthcare services as needed.

Is the service caring?

Requires Improvement

The service was mostly caring.

People's privacy and dignity was not always respected.

People were treated with kindness and compassion from staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always involved in planning their own care. Care plans did not promote person-centred care.

People did not have enough daily social interaction or pastimes.

There was a complaints procedure in place. People and their relatives felt confident to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were audit systems in place to measure the quality and care delivered. However, these did not always identify areas where improvement was required, such as social interaction and care planning.

People and staff felt the Registered Manager was approachable.

Hazelbrook Christian Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 4 July 2017. The first day was unannounced. We arranged to return on the second day.

The inspection team consisted of one inspector and an expert-by-experience on the first day, and one inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of supporting people with dementia.

Before the inspection we reviewed information we held about the home and looked at statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We also looked at the information on the Provider Information Report (PIR) which the provider sent to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local authority and Healthwatch to gather information they held about the home. We used this information to help us plan our inspection of the home.

As part of our inspection we spoke with 10 people living at the service and five visitors. We spoke with eight staff, which included care staff, registered nurse, domestic, catering staff and the registered manager. We spent time observing how people spent their time and how staff interacted with people.

We looked at three people's records which related to consent, people's medicines, assessment of risk and

people's needs. We also looked at two staff files to check recruitment processes, and other records which related to the quality assurance and management of the home.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is specific way of observing care to help us understand the experience of people who were unable to talk with us

Good

Is the service safe?

Our findings

At the last inspection, this question was rated as good. It remained good on this inspection.

People told us they felt safe and supported at the home. We saw that the support people needed was provided in a way that enabled them to live their lives safely and as they chose. We observed staff supporting people in a competent and kindly manner. One person told us, "Oh yes, I do feel safe and they (staff) are very kind. Everywhere is clean and staff wash their hands and wear gloves when they're supposed to." Another person said, "I do feel safe but it hadn't occurred to me to feel anything else, really." A visitor agreed that their relative was safe. They said, "It is definitely safe for my relative. I've learnt that the thing you have to do to assess the quality of a care home is to watch the staff, and I feel quite happy that [person] is safe here."

People were protected from the risk of abuse and discrimination. Staff were knowledgeable about the types of abuse and the reporting procedures to follow if they suspected or witnessed abuse. A member of staff told us, "If I had any concerns I would speak to the manager." The registered manager understood their responsibility to report concerns of abuse to other agencies, such as the local authority or us.

Risks to people were managed in a way that protected them and kept them safe from avoidable harm. Although we saw that written risk assessments were sparse in detail, the staff we spoke with knew about people's individual risks. They explained the actions they took and the equipment they used to support people safely. We saw that accidents and incidents were recorded and monitored to identify any trends.

Risks to people's health and safety in the event of fire were assessed and staff knew where to find this information. We saw that equipment had been provided to safely transfer people if required. This equipment included ski pads and wheeled stair- chairs. These are used to assist people to go downstairs if necessary. The required fire audits were in place, including fire alarm tests and drill. Personal Emergency Evacuation information for people was available near the fire panel.

There were enough staff to meet people's care needs and provide a supportive presence in communal areas, although we received mixed views from people about this. For example, one person told us, "Well, they are short sometimes and you have to wait longer." However, another person said, "I'd say yes, I do get help as needed and no, I don't feel rushed at all." Care staff felt there were usually enough staff deployed to meet people's needs. One of them told us, "Generally we have enough staff and we make sure people get the support they need." We saw that the provider had a robust recruitment process in place. We saw staff had undergone thorough and relevant pre-employment checks to ensure their suitability to work at the home.

People's medicines were managed safely. We saw people received their medicine safely and staff checked they were happy to take them. Staff checked each person's medicines with their individual records before administering them and records were completed correctly. Only staff who had received the required training and competency checks administered medicines.

Good

Is the service effective?

Our findings

At the last inspection this question was rated good. It remained good on this inspection.

People continued to be supported by staff who were well trained and knew how to support people. One person said, "Up to now, I can't find any faults with staff skills and knowledge." One staff member told us that they were supported by the provider to access much training to enhance their knowledge. A nurse told us, "We are being supported to refresh our 'nurse specific' training. We are supported by the provider with our revalidation." Revalidation is a requirement of all nurses to provide evidence of professional competence." We also saw that the provider had supported senior care staff to undertake training to extend their role in the home.

Staff also confirmed that they had opportunities to speak with the registered manager, both in supervision meetings and on an ad-hoc level. One staff member told us, "I have had personal issues which the manager has supported me with so much. Their support has enabled me to continue working in the job I love."

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. We saw the registered manager took the required action to protect people's rights and ensure people received the care and support they needed. People told us and we saw that staff ensured they had people's permission before they supported them with anything. Staff understood the importance of obtaining people's consent at all times.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that DoLS applications and authorisations were correctly completed, monitored and reviewed in a timely manner. Staff were able to tell us who had DoLS in place.

People had access to sufficient food and drink. People told us they could choose what they wanted to eat each day. One person said, "You can choose if you don't want it (the main course on offer) and they will make you one of your favourites." Where people had specific dietary requirements, such as a soft diet, we saw that the staff team had arranged for the people to see the dietician and Speech and Language Therapist, (SaLT).

People told us they were supported by staff to maintain good health. We saw they had access to healthcare services when they needed them, such as opticians, chiropodists and GPs. We saw referrals were made in a timely manner.

Requires Improvement

Is the service caring?

Our findings

At the last inspection this question was rated as being good. At this inspection we saw some staff discussions between themselves breached people's confidentiality and privacy. For this reason, the rating has been changed to requires improvement.

People we spoke with told us they felt staff treated them in a dignified way. However, during our observations of the support being provided to people we heard a number of comments between the staff team which breached people's privacy and confidentiality. For example, at lunchtime, one staff member told other staff that they were "going to feed [person's name]." On another occasion, two staff members were talking over the person they were assisting about where another staff member was. A third staff member said, "[Staff member's name] is toileting [person's name]. Both these interactions highlighted people's personal support needs to others which was not appropriate and suggested institutionalised practice.

One person told us, "They knock on your door, close the curtains etc. If they are moving you about and you are wearing a skirt, they get a blanket to hold your skirt down." One staff member said, "It is important that we treat people with respect and help them to preserve their dignity. It is about treating people how you would want to be treated."

People told us that they were supported by kind and caring staff. We saw that staff interaction with people was friendly and considerate. Staff were able to talk about people, their likes, dislikes and interests and the care and support they needed. One person told us, "I love the staff here and the majority of the time they have time to listen to us. They talk with you, not at you – they're not condescending at all." A relative said, "They are all pretty good with [person's name], kind and patient."

We saw comments in the recent feedback questionnaires which corroborated the views that people received kind and caring support. For example, a married couple who lived at the home wrote in their feedback questionnaire, "Both my wife and I are very happy with the care and service we have been given – an outstanding service." A relative wrote, "The staff are always caring and compassionate in all areas of care of [person's name], always helpful, nothing is too much trouble. I would recommend the place to anyone."

We also saw that the staff team were proactive with regard to supporting people as they approached the end of their lives. The team worked to the principles of the Gold Standard Framework (GSF) in end of life care. GSF is a nationally recognised quality programme for supporting people at this time. We saw that people were supported to make known their wishes for how they would be supported as they neared the end of life. These wishes included what music they wanted, who they wanted to be with them and so on.

People had access to information about advocacy services if required.

Requires Improvement

Is the service responsive?

Our findings

At this inspection people told us that they did not have many opportunities for social interaction. In addition, we found people's care plans did not show a person-centred approach. For this reason, the rating has been changed to requires improvement.

We spent time observing how people spent their day. We saw that people spent a lot of time just sitting. We observed a period of time in the morning where seven people were not engaged in social interaction of any type and appeared withdrawn and bored. We asked people what they did during the day. One person responded, "Nothing. You can have a walk around but that is that. There are very few people to chat with at the moment." Another person said, "There isn't anything really. There'll be an exercise class once a week. There's nothing at all in the evening. Once they've got the tea out of the way, there's nothing going on at all." A third person said, "Not a lot – watch TV. I don't know what I would do without the telly- go mad I think." A family member told us, "My only criticism of the home is the lack of activities."

People and their relatives told us that they did not have many opportunities to have meaningful social interaction. We saw that activity provision was limited and not tailored to people's individual interests. On the first day of our inspection, we saw that the television in the lounge was tuned in to a film channel all day. No person was watching it and staff did not take time to find out what people did want to watch. When we asked one staff member if the programme was one people wanted to watch, they said, "I didn't even know what channel it was on." They did not change the channel or ask people what they wanted to watch. In the afternoon, the television was switched to the tennis. One person told us, "I like the tennis." We saw the home's activities calendar displayed on the wall of the entrance hall, giving details of planned activities over the preceding and coming months. However, people told us that there was very little to do on the home on a daily basis. We spoke with one person who told us there was a shortage of books to read. They said, "The atmosphere is moderate. I'm plodding along. I used to read a lot but I don't anymore because I can't get hold of any books." They also commented, "I used to love cooking but we do not get the chance. The one time we did it was rice crispy buns. I was quite insulted." Another person told us,"I like sitting in the sunshine but they don't have enough staff to take me into the garden."

As well as social needs, we discussed the provision of support to enable people to access their individual cultural, religious and spiritual needs. The registered manager explained that, although the home is called 'Hazelbrook Christian Nursing Home', the name is historical. It stems from the fact that it is a converted church and previously run by religious people. They confirmed that people of any denomination or none were welcome to live at the home. They told us, and we saw, that they supported people to access church services in the home.

We asked two staff members if they assisted people to have things to do during the day. One told us, "We try to get some activities done in the afternoon but it is not always possible." The second said, "The afternoon staff do activities but I don't know what is done." We discussed activity provision with the registered manager. They acknowledged that this was an area for improvement and were considering recruiting an activity coordinator to organise and run activities.

We asked people if they were aware of their care plans, and if they had been involved in their planning. Some people had limited or no awareness of their own care plans due to the nature of their illness. One person said, "Yes, [staff name] does the care plans with me." Relatives we spoke with had more knowledge of people's care plans. One relative said, "Yes, the home has always discussed things with me." Another relative said, "Yes, I am involved. It is overdue for a review – our fault, not the homes." We asked people if they were happy with their choices about their personal care. Most people said they were happy with the care provided. However, one person said, "I would like a daily bath but I can't – I don't know why. I don't think they (care staff) have time."

We looked at three care plans. We found the plans did not identify people's individual needs. The plans were generic in nature. They consisted of a series of tick boxes for staff to complete. We were unable to identify how staff assessed, monitored and recorded people's changing needs. We discussed the current care plans with the registered manager. They agreed that the care plans required some improvement. They told us they were already looking at new care planning processes to enable the staff team to improve the person-centred approach to people's care. The registered manager told us, "I am confident that the staff team are providing person-centred care to people." They did accept, however, that the current care plans did not evidence this.

In one bathroom we saw a sheet called 'the toilet list'. It had names of people, and the words, Morning, Afternoon and Evening in columns. This identified that people were not always supported to go to the toilet when they wanted to, but according to a list. This was not person-centred care for people. We discussed this with the registered manager who told us that it was not in use and should not be there. However, the dates were for the previous week to our visit so was recent.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people with dementia were provided with food on a blue plate, whilst other people had a white plate. We asked a staff member why this was. The staff member was also the home's dementia champion. They told us, "We use blue plates because people with dementia cannot see food on white plates." This assumption about the visual capabilities of people meant that people were not given choice and were at risk of stigmatisation because of their condition.

Staff demonstrated a good awareness of the individual support needs of each person living at Hazelbrook. However, this was because they had developed a good level of knowledge and understanding of each person as they supported them, as opposed to taking information from care plans. One staff member told us that they did not look at the care plans. They said, "We spend so much time with people that we get to know them well during our work."

The staff team told us that they were able to update their knowledge about current best practice by attending link meetings with the local authority and NHS link teams. For example, delegates from the home attended the local Infection Control Care Home Link meetings. Information from the meetings was then shared with other staff members.

People and their relatives told us they knew how to make a complaint if they needed to. All people asked told us they found the registered manager approachable and felt comfortable to approach them to discuss any concerns. We looked at the provider's complaints policy and procedure which was displayed at key

points around the home. We saw the results of questionnaires sent out to people and their families in June 2017. We saw that people and their families were happy with the support provided at Hazelbrook. One comment from a family member stated, "Any issues or concerns can be quickly resolved by speaking to the registered manager."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection this question was rated as good. At this inspection we found areas where the provider had not acted to support people's individuality. For this reason, the rating has been changed to requires improvement.

The provider and registered manager had not ensured accurate, complete and contemporaneous records were maintained in respect of each person living at the service. Care plans were generic and used a tick box method to identify people's needs. We reviewed three people's care plans and found that they did not contain sufficiently detailed information to inform care and support. For example, care plans written for one person in March 2012, had not been updated or reviewed in a meaningful way. Changes to the person's needs were recorded in the evaluations written over time, but the main plan had not been changed to reflect the changes in support required. We discussed the content of the care plans with the registered manager. They told us that they had identified the need to improve the care plans and develop a more person-centred approach. We saw that the registered manager had begun to audit care plans and record areas for improvement.

The provider and registered manager had not ensured that people were offered opportunities to take part in social activities to alleviate their boredom. The registered manager stated that they planned to employ a person to develop the provision of social activities, but had not done so.

People with dementia were not always treated as individuals. The practice of assuming all people with dementia needed blue plates at mealtimes placed people at risk of discrimination. We asked the registered manager about this practice in the home. They responded that it had been suggested on a recent dementia training course.

The provider had an audit system in place. We saw quality assurance procedures were in place. Regular audits were completed relating to medication, infection control, falls, complaints, incidents and accidents. We saw that, where action was required, it had been undertaken. For example, where people had fallen, the registered manager reviewed the reasons for falling. They were then able to refer directly to the Falls Prevention Team for support.

People told us that the registered manager and staff were approachable. One person told us, "Everyone (staff) is approachable. The manager is always around." We saw the registered manager spending time with people in the home. It was apparent that people enjoyed the conversation and knew the registered manager. Relatives we spoke with told us that they had confidence in the registered manager to ensure their family member was cared for. One relative told us, "I can approach [registered manager's name] anytime and they always listen to me." Another said, "I think the management is very good."

Staff told us that they were supported by the registered manager. One staff member told us, "[Registered manager's name] is a good manager, they are very supportive of us all. We (staff) feel confident to go to them if we have a problem." This comment was verified by other staff we spoke with. The registered

manager held staff meetings where staff had the opportunity to be involved in how the service was run. Night staff were also supported to attend meetings by having them at different times of the day.

Staff were able to tell us about whistleblowing. Whistleblowing is when staff report any wrongdoing by other staff members. They all were confident to report any concerns to the registered manager and that this would be dealt with. One staff member said, "We would not condone anything which may harm the residents. I know that the manager wouldn't either."

The registered manager ensured they were kept up to date by attending meetings with other managers from the provider's other services. They told us that this was a good way to network and exchange information. In addition, we saw that the registered manager held multi-disciplinary meetings with external healthcare professionals on a regular basis. Healthcare professionals such as the community matron and district nurses were invited to join the meetings. The meetings gave all involved with the support of people the opportunity to meet and discuss any concerns they had.

The registered manager was aware of their legal obligations and had notified us of events in the service. A statutory notification is information about important events which the provider is required to send us by law. We saw that the ratings from the previous inspection were displayed in the home.