Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Hazeldene Care Home

49 Ribchester Road, Clayton-le-Dale, Blackburn, BB1 9HU

Tel: 01254240360

Date of Inspections: 07 August 2014
06 August 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sage Care Homes (Hazeldene) Limited
Registered Manager	Mr Stephen Anthony Redding
Overview of the service	Hazeldene Care Home provides accommodation and care for up to 60 older people. The home is situated in Clayton-Le-Dale near Blackburn. Accommodation is provided in three units, one of which is for people with specific dementia related needs. The home is in a rural residential area and there is a car park for visitors within the grounds. On the day of our inspection 38 people were living at the home.
Type of service	Care home service with nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 6 August 2014 and 7 August 2014, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with other regulators or the Department of Health.

What people told us and what we found

At the time of this inspection the registered manager was no longer working at the service. The designated manager, who was in day to day charge of the service, was aware of the requirement to be registered and was intending to apply for registration with CQC (The Care Quality Commission).

During the inspection we spoke with eight people who used the service, six members of staff, the designated manager, deputy manager and administrator. We considered all the evidence we had gathered under the outcomes we inspected. We the information to answer the five questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

This is a summary of what we found:

Is the service safe?

People told us they felt safe at the service. One person told us, "There's never any shouting, I definitely don't feel bullied". Another person said, "All the staff are nice".

People said they were satisfied with the clean, comfortable and well maintained accommodation provided at Hazeldene Care Home. However, we found some improvements were needed for people's well-being, safety and comfort.

Staff recruitment practices were in place to protect people from unsuitable staff. However, progress was needed to make sure gaps in employment histories were always checked

and clarified.

We received mixed views from people using the service and staff, about the availability of care workers to provide effective support. We found there were insufficient staff on duty in the unit for people with a dementia. However, the designated manager began to take action in response to these matters during the inspection.

We didn't look fully at medicine practices; however we found there was a lack of directions for staff to follow on some medicines. This meant people may not have been getting proper support with their medicine.

Is the service effective?

We found arrangements were in place to assess people's needs and abilities prior to admission. This meant individual needs and choices would be considered and planned for before they moved into the home.

Records and discussion showed people were getting attention as appropriate, from healthcare professionals. Staff confirmed people had access to a range of healthcare resources.

People spoken with were mostly satisfied with various activities, events and visiting entertainers. Arrangements were in place to offer a range of individual and group activities.

We there was equipment to meet people's needs and to promote independence. However, we found several communal toilets were lacking in suitable adaptations and equipment to promote independence.

Processes were in place for staff to attain nationally recognised qualifications. Staff spoken with, told us of the training they had received. They were aware of people's needs and gave examples of how they delivered support.

Is the service caring?

People who used the service told us they were happy with the care and support they experienced at Hazeldene Care Home. They said: "They are respectful and caring, very much so", "It's not bad", "They keep an eye on me" and "We get good care".

We observed staff treating people in a kind, friendly and respectful way. People told us they were happy with the staff team they said, "I have no problems with the staff", "The staff are very good" and "The carers are excellent". However, we observed people with a dementia were not considerately and sensitively supported with their lunch.

CQC monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. Policies, procedures and a code of practice were available to support appropriate practice around DoLS and the Mental Capacity Act and staff training had been arranged on these topics. However, improvements were needed with screening people's capacity to make choices and support best interest decisions.

Is the service responsive?

Arrangements were in place to review people's needs and abilities. This meant their

individual needs and choices were being be considered and planned for. However, we found some progress was needed, in describing how staff should offer people reassurance and the specific manner in which to approach and respond to people.

Processes were in place to monitor people's health and well-being, arrangements were being made for GP visits and routine healthcare appointments with chiropodists and opticians.

Is the service well-led?

The service had a registered manager; however he was no longer working at the home and was in the process of cancelling his registration. There was a new manager in post who had designated responsibility for the service. There was also a deputy manager, senior care workers and an administrator to provide on-going direction and supervision of the service. Support and expertise was also provided by external management within the organisation.

People told us they were happy with the support they experienced at Hazeldene Care Home. We found people were involved with decisions which affected them on a daily basis. People's views and opinions were also sought and responded to within residents meetings and through satisfaction surveys. Regular audit checks were being carried out on various processes and practices. This meant there were systems in place to assess and monitor how the home was operating and to evaluate the quality of the service. However, we found some of the checking systems needed to more effectively identify and manage areas for improvement.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People who used the service told us they were happy with the care and support they experienced at Hazeldene Care Home. They said: "They are respectful and caring, very much so", "It's not bad", "I like everything about it" and "We get good care".

We discussed the admission and assessment processes with the designated manager. We found arrangements were in place to assess people's needs and abilities prior to them moving into the service. The manager said people were encouraged to visit, to enable them to experience the home.This meant individual needs and choices were considered and planned for before their admission. People could also stay for short term care, which gave them the opportunity to become more familiar with the service.

We found that since our last inspection, improvements had been made with care planning. We looked at two people's care records and found they contained information about the person's various needs and abilities. They included people's life stories, their likes and dislikes and future wishes. There were instructions in care plans for staff to follow, to meet people's needs and respond to their preferences. However we found progress was needed, for example, in describing how staff should offer people reassurance and the specific manner in which to approach and respond to people.

We found assessments had been carried out on the specific areas of need often associated with older people. These included: nutritional screening assessments, falls risk assessments, continence and skin integrity assessments. Each assessment resulted in a care plan as appropriate. Processes were in place to monitor and review people's wellbeing and situations.

Records and discussion showed people were getting attention as appropriate, from healthcare professionals. One person told us, "They keep an eye on me; if I need anything it gets sorted". We found processes were in place to arrange routine healthcare appointments with chiropodists and opticians.

Staff spoken with indicated a sound awareness of people's needs and gave examples of how they delivered support. They were aware of peoples' individual care records which they considered included appropriate information to respond to people's needs and choices. One care worker said, "The care plans have more detailed information, we know now what we are doing".

People spoken with were mostly satisfied with various activities, events and visiting entertainers. Arrangements were in place to offer a range of individual and group activities. We observed people being in engaged in individual and group activities. We found some progress had been made for providing suitable activities for people with a dementia, we noted 'rummage bags' (bags of familiar and tactile objects) had been provided.

The designated manager and care workers spoken with expressed an understanding of the processes relating to DoLS (Deprivation of Liberty Safeguards). Policies, procedures and a code of practice were available to support appropriate practice around DoLS and the Mental Capacity Act and staff training had been arranged on these topics. However, the provider may find it useful to note, we found the care plan process was lacking in screening and assessing people's capacity to make their own choices and decisions. This meant people may not be appropriately supported with making best interest decisions, or the necessary action taken to apply for a DoLS. The designated manager agreed to pursue this matter.

During the inspection we observed some positive and kind interactions between the staff and people living in the home. However, the provider may find it useful to note, that we observed people with a dementia were not effectively and considerately supported with their lunch.There were just two care workers based in the unit for people with a dementia, which meant the five people requiring help to eat their food, did not receive assistance in a timely and sensitive way. The designated manager agreed to take immediate action in response to this matter and arrangements were made to ensure there are increased staffing levels at mealtimes.

We did not look at all aspects medicines management at this inspection. However, we checked for progress with written protocols for 'as required ' and 'variable dose' (PRN) medicines. The provider may find it useful to note, we found there was a lack of directions to support staff with the decisions to administer or offer such medicines in the records we looked at. This could result in medicines being given inappropriately. We discussed this fully with the designated manager who initiated action to resolve matters.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises

Reasons for our judgement

People spoken with during inspection visit told us they were satisfied with the accommodation and facilities at Hazeldene Care Home. Two of the people spoken with said, "I like my room I have my own things" and "I am very comfortable here".

We looked around the home and found most areas to be of a good standard. The home was clean and free from unpleasant odours. The design and layout was mainly suitable for the needs of the people accommodated. The décor, furnishings and furniture were 'homely' and domestic in style. The dining areas and lounges were attractive and welcoming. Since our last inspection, we found there had been some improvements in the accommodation for people with a dementia. However, we discussed with the designated manager ways of further enhancing and developing the accommodation in response to current research for people with a dementia.

Arrangements were in place to ensure the general maintenance and upkeep of the home was managed. There were records available which showed on-going servicing of equipment, fittings and facilities. There were fire safety procedures displayed in various places around the premises. We found fire safety risk assessments were in place and records showed regular fire drills and equipment tests were being carried out.

The provider may find it useful to note, we found most of the bathrooms were in need of upgrading and refurbishment to provide more suitable and appealing facilities. Bathrooms and toilets did not have appropriate signage, to indicate their purpose and provide directions for people using the service. Some communal areas of the home were lacking in soft furnishings, such as curtains, which may help promote people's comfort and wellbeing. There was a metal 'joining strip' running across the carpet in the main lounge, which presented as unsightly and could be a tripping hazard. During the course of the inspection, we noted there was a regular banging of various doors. We found some of these matters had been already been identified as areas for development, however we found some had not been detected and/or responded to in a timely way. The designated manager agreed to take action to address these matters.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

Records showed that equipment was regularly, checked, serviced and maintained. There was a fulltime handyperson who was responsible for the day to day maintenance of the home. We were told any requests for maintenance or repair were responded to promptly. There were procedures in place to support staff to manage any emergencies and there were policies available on the safe use of equipment.

We found the care records we looked at, included risk assessments on the safe use of equipment specific to the individuals concerned.

During a tour of the home we found people had access to a range of appropriate equipment to safely meet their needs and to promote their independence and comfort. However, the provider may find it useful to note, we found several communal toilets were lacking in suitable adaptations and equipment, such as grab/support rails. This meant people may not have sufficient equipment to promote their independence and safety.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People who used the service made positive comments about the staff team at Hazeldene Care Home. They told us, "I have no problems with the staff", "The staff are very good", "The carers are excellent" and "Definitely good staff".

The service had policies and procedures in respect of employee matters including: staff recruitment, training, grievance and disciplinary procedures.

We examined the recruitment records of two staff and found appropriate recruitment and selection procedures had been carried out. Most of the required clearance checks had been carried out and references had been sought, prior to the applicants commencing work. However, the provider may find it useful to note, full employment histories had not been obtained which meant any gaps in employment were not considered, explained or recorded. We noted the application form was not fit for purpose in requesting this information. We also noted some of the information requested from applicants during the recruitment process may not be in accordance with The Equality Act 2010. The designated manager gave us assurances these matters would be pursued and appropriately rectified.

Staff spoken with, confirmed their experience of the recruitment process and the training they had received. They generally considered the management team to be approachable and supportive. Processes were in place for support workers to attain nationally recognised qualifications in health and social care. The designated manager said action was being taken to provide training and up-dates as part of an on-going programme. This meant staff were supported in developing and updating their knowledge and skills to deliver care to people safely.

The provider may find it useful to note, people who used the service mostly considered there were enough staff available to provide care and support; however, we received some comments which indicated care workers were often busy. Care workers spoken with expressed some dissatisfaction with the staffing arrangements and considered they did not always have time to effectively care and support people. The designated manager described the arrangements in place to maintain staffing levels. Processes were in place to analyse and monitor the provision of adequate staffing arrangements, based upon the numbers accommodated and the dependency needs of people using the service.

However, we found this process did not effectively take into consideration, the design and layout of the premises. The designated manager was to pursue this matter and agreed to review the staffing arrangements.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had a system in place to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At the time of this inspection the registered manager was no longer working at the service. We had received an application from the former manager to de-register from this position, which was being processed. The designated manager, who was in day to day charge of the service, was aware of the requirement to be registered and was intending to apply for registration with CQC (The Care Quality Commission).

People spoken with indicated they were satisfied with the care and services they experienced at the home. We found they were involved with decisions which affected them informally, on a daily basis. There was also a residents' and relatives' meeting which met to discuss various aspects of the service. There was a regular 'newsletter' to share information about the service including future developments and activities.

We found people had previously completed satisfaction surveys. The designated manager explained that surveys for residents and relatives had issued in March 2014. Staff were also being offered the opportunity to complete a consultation survey on an annual basis. We were told action was taken immediately to resolve any minor issues raised and there were action plans place to respond to areas for development. The outcomes of the consultation process had been incorporated within the quality monitoring systems.

Records and discussion showed audits of the various processes and practices were being carried out on a regular basis. They included health and safety, medicines management, care plans, room checks, infection control and accidents. There were also monitoring visits from other agencies and senior managers within the organisation. However the provider may find it useful to note, during this inspection we found several matters in need of attention. This meant the auditing processes had not always been effective in identifying any areas of improvement and risks of non-compliance with the regulations.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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