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 Inspection: 26 February 2014

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard

Details about this location

Registered Provider	Sage Care Homes (Hazeldene) Limited
Overview of the service	Hazeldene Care Home provides care and accommodation for up to 60 older people. The home is situated in Clayton-Le-Dale near Blackburn. The home has 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.
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

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

We carried out this inspection because we had received concerns about the home. These concerns included, some staff treating residents and a visitor disrespectfully, people not receiving the care and support they needed and not having some medication as prescribed, and a number of recent incidents investigated as safeguarding.

We spoke with four people living in the home (residents) and five relatives and mixed with people living in the dementia unit. We also spoke with the (new) manager and three members of staff.

Comments from residents and relatives indicated they were satisfied with the care they received and included: "The staff are very caring; they are lovely with them", "Without a doubt I am well looked after", "Staff are very attentive" and "They are courteous and obliging".

At the time of our visit we found overall people were looked after to a satisfactory standard and saw staff treating residents with respect. However we saw the care and services in the dementia unit could be improved. This was highlighted by the local authority at a recent visit. The manager had produced an improvement plan which was being implemented. We also found there had been recent safeguarding incidents that had been upheld. The manager had dealt with these properly and taken action to ensure residents were not at risk, and that they received their medication as prescribed.

Staff felt there were sufficient training opportunities and felt well supported by the manager.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's rights to respect and dignity were upheld and their views were taken into account in the way the service was provided and delivered.

Reasons for our judgement

We looked at this standard because we had received concerns about inappropriate behaviour from some members of staff towards people living in the home (residents). There had been a safeguarding incident last year that had been upheld, and a complaint from a visitor, both of which related to respect and dignity.

At the inspection visit we saw both the safeguarding matter and the complaint had been dealt with properly and correct action taken to ensure people living in the home (residents) were not at risk from disrespectful and inappropriate behaviour from staff.

The residents and some relatives we spoke with during our visit told us they felt staff treated them respectfully and kindly. One person said, "They (the staff) are courteous and obliging". Another said, "Staff are very attentive". Relatives said, "The staff are very caring; they are lovely with them (the residents)" and "All the staff are very nice, and in seven years I've never heard anyone raise their voice".

We saw that people had opportunities to make choices through care reviews and residents and relatives meetings. There were some choices of activities, the food served and rising and retiring times. One relative told us, "I think my mum can do whatever she wants. She goes to bed and gets up when she wants".

We saw there were systems to ensure people's rights to respect and dignity were upheld. The induction training for new staff, and on-going training, reflected these principles and the importance of residents' rights. Members of staff spoken with, and observed at work, understood and respected these principles. The manager told us staff were monitored in this aspect of their work and that it was included in the staff supervision process.

People's views about the home and the service they received were gathered through questionnaire surveys, informal discussions with staff, including with the activities coordinator, and through 'residents' meetings'. We also saw the care plans included some

information about choices and preferences that should help ensure people were looked after in a way that reflected their wishes.

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.

People experienced care, treatment and support that met their needs in accordance with their wishes and rights.

Reasons for our judgement

At the inspection we looked at this standard because the information of concern we received suggested not all people living in the home were receiving the right care and support to meet their needs. However at our visit, through talking to residents, relatives and staff and through observation and looking at records we found the residents were receiving satisfactory care and support.

Some residents who could give their views said they were satisfied with all aspects of their care. Relatives who we spoke with were also satisfied with the care provided in the home. Comments from residents included: "Without a doubt I am well looked after", "Everything's fine, staff are very attentive" and "They look after me you know". Relatives said, "The staff are very caring; they are lovely with them", "No problems whatsoever" and "The carers are always understanding; we are never left wanting".

Residents and relatives were satisfied residents had the appropriate medical and nursing intervention as required and we saw records to support this. One relative said, "They call the GP when required".

There was an 'activity rehabilitation coordinator' in the home who organised group activities and also tried to accommodate residents' individual interests. However the provider may find it useful to note we found there were few suitable activities for residents living in the dementia unit. This shortfall had been identified by the local authority in a recent visit. Other improvements needed in the dementia unit were, the environment (in accordance with best practice and research on the needs of people with dementia), and the skills of the staff. We found some care staff were working in the dementia unit without relevant training or particular expertise. These shortfalls had been identified in a recent local authority visit and had resulted in an improvement plan from the home. We discussed this fully with the manager who informed us improvements had been agreed with the owners of Hazeldene, and we saw work had already started to improve the environment.

We looked at the care records of three residents and saw they had written assessments and care plans. Residents' care needs were regularly reviewed and updated and were reflective of some choices and preferences. There was also evidence that the

assessments of need began prior to people going to live in the home, and when senior staff visited people in the place where they were living.

The risks associated with some aspects of care, such as nutrition and pressure sores were also assessed. When necessary, associated care plans with instructions and guidance to staff had been developed. However the provider may find it useful to note there were insufficient details about people's likes and dislikes, preferences and previous hobbies and interests. For people with dementia there was insufficient written information about their dementia, any associated behaviours, and insufficient guidance for staff on how to understand and support them. This could mean staff did not understand how to care for people according to their individual needs and preferences. We discussed this fully with the manager who assured us he had already identified these shortfalls and was taking steps to rectify them.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People living in the home were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Reasons for our judgement

We looked at this standard at our inspection because we had concerns about some safeguarding incidents that had been reported to us. We wanted to check that the correct action was being taken to keep people safe.

We discussed the safeguarding incidents with the manager, and had some information from the local authority which indicated what action had been taken. We found the manager had taken the correct action when allegations had been made, and had followed the correct procedures in reporting and working with the local authority. There had been an incident resulting in the dismissal of a member of staff, and the manager had (correctly) referred this person to the Disclosure and Barring Service to help ensure this person could not work in care again. There had also been two medication errors reported as safeguarding incidents. Following these the manager had put procedures in place to help prevent such errors occurring again.

We saw there were policies and procedures for senior staff to follow in the event of an incident or allegation of abuse or poor practice. These procedures were in accordance with local and national guidance and gave staff the instructions on what to do in these circumstances. There was also a 'whistleblowing' procedure for all staff who needed to report poor practice. Two members of staff who we spoke with knew about their responsibility to report any concerns about poor practice to a more senior member of staff and /or the manager.

The training records we looked at indicated all staff, including the manager, had undertaken appropriate training. This should help staff recognise signs of abuse and take the right action to prevent abuse occurring.

Residents we spoke with felt safe, and relatives also thought the people living in the home were safe. A resident said, "I feel safe here". A relative said, "I've never seen anything untoward". Another relative said, "I've never seen anything bad in the seven years I've been coming".

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medication.

Reasons for our judgement

We looked at this standard because we had recently been informed of two medication errors that had been reported as safeguarding incidents. We discussed both of them with the manager and found he had taken action to help prevent such errors happening again.

We looked at how medication was managed in the home and found there were appropriate arrangements for the obtaining, administering and disposal of medicines. There were policies and procedures to support these arrangements and to help guide staff in following the correct processes. We found there were three medication trolleys - one in each unit - for the storage of current medication and for the administration of medicines. A trained person administered medicines in each of the units. This helped to ensure people received their medication at the right time.

We found controlled drugs (CDs), that is those medicines needing special handling for safety, were managed and handled properly. These drugs were stored safely in a CD cabinet and correct records were kept of their administration and of the balances remaining. There were no CDs in the home at the time of our visit but we saw correct procedures had been followed when they were last used.

We checked three residents' medicine administration records (MARs) and found they were generally completed correctly. We also checked the medicine stocks remaining for these people against the MARs. We found the medicines had been given as prescribed, and each of the tablets remaining added up correctly according to the records. This showed no errors had been made.

However the provider may find it useful to note the application of creams was not being recorded and there was insufficient information for some creams about when they needed to be applied. Records of the application of creams are necessary so that it is known when a cream has been applied, and so the cream is used correctly according to the prescribed instructions. The provider may also find it useful to note there was insufficient written information about the administration of 'when required' (PRN) medicines. There were no details of why these medicines were prescribed or any indicators for when they were needed. We discussed these matters fully with the manager who agreed to ensure the

correct procedures, and the correct information, for creams and PRN medicines would be put in place.

The manager told us that since the medication errors had occurred he had regularly checked procedures and practice throughout the home. This had enabled him to identify errors when they occurred and to take immediate action. Staff had recently undertaken training from the supplying community pharmacist and the manager agreed that he would now begin to undertake regular competency checks to ensure staff continued to follow correct procedures and administer medicines safely.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's care needs.

Reasons for our judgement

We looked at this standard as part of this inspection because we wanted to check the staffing arrangements following the receipt of concerns indicating there were not always enough staff on duty.

We discussed the staffing levels with the manager and talked to staff, residents and relatives. All felt that most of the time during the day there were enough staff on duty. One resident said, "They (the staff) are very attentive and they answer the buzzer promptly". A relative said, "If there are any problems they are always quick to come when needed". Staff also said they felt they had enough time to meet people's needs.

During our inspection we observed that overall there were sufficient staff to ensure people were cared for satisfactorily. However the provider may find it useful to note the people in the dementia unit would benefit from more staff trained in this type of care and support. There was little time for the (two) staff working on the unit to engage residents in meaningful activities, and as there was a high proportion of residents requiring two carers to assist it was inevitable residents would have to wait for assistance. We discussed this fully with the manager who told us he had already identified that another member of staff was needed in the evening to work across the three units and was in the process of appointing someone. He also agreed to generally review the staffing levels in the dementia unit.

We found staff were used flexibly throughout the home and all staff worked in all the three units over a period of time. There was also a designated person on every shift who could move between the three units where most needed, for example in the dementia unit at meal times.

Records and discussion with staff showed there was a range of training opportunities, delivered through DVDs and through 'trainers', to ensure that staff were confident and skilled. This included repeated essential training for moving and handling, fire safety, health and safety, safeguarding and first aid. In addition some staff had undertaken training in looking after people with dementia, and most staff had completed or were undertaking the recognised qualification for people working in care. The manager had suitable qualifications and skills to be the manager of the care home and the staff we

spoke with thought he was supportive and approachable. A relative said, "He's a great bloke, we can go to him with any query".

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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