Inspection Report

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

Hazelwood Care Home

Skeavingtons Lane, Cotmanhay, Ilkeston, DE7 8SW

Tel: 01629531942

Date of Inspection: 27 June 2014

Date of Publication: July 2014

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
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Derbyshire County Council
Registered Manager	Mrs Wendy Rhodes
Overview of the service	Hazelwood Care Home provides accommodation and personal care for up to 30 older people, male and female, including a respite care and re-enablement service.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 27 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

As part of our inspection we spoke with three people receiving care and four relatives, the manager and four care staff working at the service. We also examined care plans and other records. There were 26 people living at the home at the time of our visit.
A summary of what we found is set out below.

Is the service safe?

The care staff we spoke with were knowledgeable about the systems in place to protect people who received care from abuse or neglect.

The home had policies for the management of medicines and care staff were following these. We saw audits of medicines records and administration practices were carried out every two months. The service had arrangements in place to protect people against the unsafe management of medicines.

Care plans were in place which assessed people's needs and identified how to protect people against the risk of care which was unsafe. Care staff were experienced and received training and supervision which ensured they were supported to carry out their role.

Is the service effective?

Peoples' needs had been assessed. Care plans we reviewed contained an accurate assessment of peoples' needs and included important information to ensure people were protected from the risk of receiving inappropriate care. People received sufficient food and drinks to protect them against the risk of malnutrition and dehydration.

Care staff told us the provider encouraged them to study for qualifications in health and social care to ensure they fully understood how to provide people with good quality care.

Is the service caring?

We spoke with someone who was visiting a friend. They said, "The carers really care about the people here."

We observed care staff providing care and saw they were considerate, patient and encouraging. People had brought furniture and other personal belongings from their homes to personalise their rooms. Rooms were decorated according to people's personal taste.

Is the service responsive?

One person we spoke with told us they had been on a trip to the seaside earlier in the week. They said they had really enjoyed it despite it raining. They told us they had fish and chips.

A relative told us they had wanted to organise a birthday party. They said shortly after making the request care staff had made the necessary arrangements.

Another person using the service told us their relative had previously used the service for respite care. The person now required long term care and they had approached the home which did not have any places at the time. They said the manager had re-arranged things to accommodate them. They said their relative had been able to settle down quickly because they were familiar with the service and they were less anxious as a result. The also said their relative experienced pain and that the service had organised patches which had helped reduce the pain they experienced.

Is the service well-led?

Care staff we spoke with told us the manager's priority was always the safety of people who used the service. They told us the manager dealt effectively with any issues which occurred.

A relative told us they had a concern which they raised with the manager. They told us the manager had taken their concern seriously and had done something about it.

The manager carried out regular audits of medicines. They also reviewed the quality of the premises involving people who lived in the home in suggestions for improvement. The manager reviewed incidents identifying the key learning points. These were discussed with staff at meetings to reduce the risk of a similar incident happening again.

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

Reasons for our judgement

We reviewed four people's care plans. Care plans were personalised with a picture of the person on the front. People's nutritional, tissue viability and medicines' needs had been assessed. We saw risk assessments had been completed for falls and for mobility. Care plans detailed, for example, the support people required to go to bed or move about the home.

Someone told us they had seen an improvement in their relative since they had moved to the home. They said the person had been experiencing considerable pain. The service had organised for the person to have pain relieving patches and their relative had said the pain they felt had reduced.

We saw someone had been visited by mental health professionals from the local community team. The person had difficulty remembering things. A mental capacity assessment had been undertaken. This was to assess if the person was able to make decisions or whether the service should make some decisions in the person's best interests to protect them from harm. The person had a complex medical condition. We saw the service had requested the person was reviewed by a healthcare professional who specialised in supporting people with this condition.

Care staff we spoke with told us they had a link worker role for some people. Care staff said this involved making sure the person was supplied with personal items such as toiletries by either asking their relatives or shopping for them. They said they also reviewed the care people had received at the end of the month by reviewing the daily care records. We saw that issues affecting people's care were highlighted by care staff in an end of month summary.

Month end reviews completed by link workers identified any concerns or changes to care plans which might be required. We saw examples of more extensive reviews involving the person's social worker and link worker where changes were made to the person's care plan. An example of this was one person who was referred to a specialist nurse because

the person did not feel staff at the home fully understood their complex medical condition. The person wanted to discuss their condition with someone who could provide specialised knowledge and support. We saw the person had been referred and seen by the specialist nurse.

Several people had been to the seaside earlier in the week. One person told us how much they had enjoyed the trip. They told us they had fish and chips and had finished the trip off by stopping off at the pub on the way back. They said the home organised trips to seaside every summer and people looked forward to the trip. On the morning of our visit children from a local primary school had visited and sung songs and performed for people.

We spoke with two people who told us they made their own bed and cleaned their room. They said this helped them stay active. The home had an activity room where people could draw and paint. We saw of the pictures people had made which were displayed on the wall.

We saw peoples' rooms had coloured stickers on their door. These indicated the level of support people needed to evacuate the building in an emergency. A green sticker indicated the person could evacuate their room without any physical assistance. An amber and red sticker indicated which people would require more assistance. Personal evacuation plans were included in people's care plans which described what support the person needed in the event of a fire or other emergency. This meant the provider had plans in place to deal with foreseeable emergencies which may affect the running of the service.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We observed people at lunch time, visited the kitchen and spoke with staff who had prepared lunch. Catering staff showed us the menus they worked to and we saw these were prepared for several weeks ahead. The menus provided people with variety and choice.

Catering staff told us people received a hot meal at lunchtime and in the evening twice or three times a week. On the other days the evening meal consisted of sandwiches or soup. One person we spoke with told us the food was, "Pretty good given how many of us there are to cater for." We asked people if they were offered a choice and they told us staff told them each day what was being prepared and asked them what they would prefer. One person told us they had chosen fish pie because it was, "Usually very good." Another person told us, "The sandwiches are good. There are cheese and ham sandwiches and sometimes we have toasties which I like."

We asked people if they had enough to drink. They told us they did and that there was a pot of tea on the table at tea time. It was a warm day when we visited. We saw jugs of juice were available in the lounge areas and people were encouraged to have drinks

We asked catering staff about how they supported people on special diets. They told us some people had diabetes and we saw they had made banana cake and other things which were suitable for people who had diabetes. Pictures of the day's menu were on display in the hall of the home.

We observed care staff inform people lunch would be served shortly. One person who was in the garden told us they liked to have a breath of fresh air before lunchtime and we saw activities people liked to carry out to help stimulate their apetite were recorded in their care plan for example one person liked to have a walk.

We saw food was prepared in the kitchen and kept warm in heated trolleys. We saw care staff check what the person had chosen before serving them. Care staff asked some people if they wished to have their food cut up or if they required any assistance to eat their meal. Some people had rimmed plates because they had difficulty using cutlery. We saw people were supported to eat their food independently.

The care plans we looked at contained nutritional assessments which identified people's

nutritional risks. The assessment recorded what people liked to drink and if they needed additional support to drink for example if they required an adapted cup. We saw one person had been weighed more frequently because they had lost weight. When we spoke to the manager about this they said they were monitoring the situation closely and would seek the help of a dietician if the person's weight continued to reduce.

People's nutritional assessments contained information about the type of foods they liked and described whether they preferred eating on their own in their room or in the dining room with other people.

We found people were provided with a suitable choice of sufficient food and drinks.

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 medicines.

Reasons for our judgement

We observed the deputy manager support people with their medicines at lunchtime. We saw that medicines were kept securely in a medicines trolley which we later saw was stored in a locked treatment room. We saw the deputy manager check the person's details in the records before they gave the person their medicines. A photograph identified the person along with other important information for example their date of birth. Allergies were identified and there were communications from GPs confirming changes to the medicines prescribed.

We saw from records people had been assessed to establish whether they understood the importance of taking their medicines according to their prescription and if they were able to take their medicine themselves when provided or needed prompting.

We saw information had been recorded about any errors which had occurred. The manager reviewed the report submitted by care staff and identified the actions required to reduce the risk of a similar error happening again. We reviewed a recent incident report where a dose of someone's medicine had gone missing but been found again. The manager had identified the actions required to prevent this happening again. The manager told us they reported all drug errors to the area manager who monitored these.

We checked the medicines held and found these were all in date and stored correctly. The manager told us some people had been prescribed controlled medicines. These are medicines whose use and distribution is tightly controlled because of the potential for them to be abused. We reviewed the records for these and checked a sample of the medicines. We found the number recorded in the register matched the number held in stock. We also checked the use by dates of medicines and found these were all in date. We saw records of medicines not used which had been returned to the pharmacy. Medicines were stored at the correct temperature and there were records of the daily temperature checks care staff had completed.

We reviewed the service's policies for the management of medicines and found care staff were following these. We saw audits of medicines records and administration practices were carried out every two months. The service had arrangements in place to protect people against the unsafe management of medicines.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with four care staff about the support they received to enable them to carry out their responsibilities. They told us they had supervision meetings twice a year with their manager and had an annual appraisal. We saw examples of personal development plans describing care staff's training and development needs. Care staff told us each manager had about six care staff they supervised. They said they received feedback on their performance.

We reviewed four sets of staff training records and saw these contained summaries of supervision meetings which included feedback from their manager. We saw managers had provided some staff with feedback from relatives.

Staff had been appraised and their performance reviewed. We saw some staff had not received recent supervision. We spoke with the manager about this who told us the deputy manager's post was vacant and this had meant some staff had not received supervision as often as they should. They said they were about to interview and catching up on supervision meetings would be a high priority for the new deputy manager.

Care staff told us they were supported to undertake vocational care qualifications. One member of care staff said they had discussed their training needs at their appraisal meeting and as a result were about to completed a five day health and safety course. Care staff told us they received regular statutory and mandatory training. We saw the care staff training matrix which showed some people's training was overdue. The manager provided us with a schedule of training which was booked to take place shortly. We saw the manager had reviewed the training needs for all care staff and had booked training courses which would ensure their training was up to date.

We found the provider had arrangements in place to ensure care staff received training, professional development and appraisal. Not all training was up to date but the manager had reviewed care staff training needs and booked care staff on to the courses required to ensure they were up to date.

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 an effective system to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

When we arrived to inspect the home we saw a suggestion box in the main reception area. A relative told us they had submitted a few suggestions for example the need for chairs in the garden with arm rests which enabled people to stand independently. They said they were unsure whether the manager was able to address this but they thought it was helpful people were invited to submit suggestions.

The manager held meetings with people who used the service to discuss improvements to the home. At one of the meetings, held earlier in the year, we saw improvements to the decoration and trips out for people had been discussed. The notes of these meetings were on display in the home.

We saw examples of incident reports which had been completed. The provider had an electronic reporting system which the service manager used to report incidents. We saw copies of the notes of staff meetings where incidents had been reviewed. We discussed an incident which had occurred recently in the home. The manager described how staff had responded to a concern raised by a relative. The manager had reported the incident to the police and reported the matter to the local safeguarding team. The manager told us they intended to review the lessons learned at a staff meeting.

We saw the notes of staff meetings at which incidents were reviewed and any new policies were discussed. Care staff told us managers asked for items to be discussed at meetings and they felt able to raise issues and concerns.

We saw the service's complaints policy and records. There were no recent complaints. We saw many compliments had been received by the service.

The manager carried out regular audits of medicines. They also reviewed the quality of the premises involving people who lived in the home in suggestions for improvement. The manager reviewed incidents identifying the key learning points. These were discussed with staff at meetings to reduce the risk of a similar incident happening again. The provider was assessing and monitoring the quality of the service.

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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