Hazelhurst Nursing Home Limited

Hazelhurst Nursing Home

Inspection report

Bishopswood
Ross On Wye
Herefordshire
HR9 5QX

Tel: 01600890600

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Hazelhurst Nursing Home is located in Bishopswood, Ross-on-Wye . The service provides personal care and nursing for up to 40 older people. On the day of our inspection, there were 30 people living at the home.

The inspection took place on 22 March 2016 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People were supported by staff who knew how to keep them safe and how to care for them in a manner which respected their choices and preferences about how their care was provided. People's consent was sought before assisting people with their personal care, and people were given explanations by staff as they assisted them with their care needs. People were treated with dignity and respect and staff understood people's right to privacy. People received their medicines safely and only from suitably trained staff. People were told what their medicines were for, and were given the right to refuse them.

People's health and well-being needs were known by staff and were kept under review. When people's needs changed, the provider was able to respond to these needs and referred to other health professionals when this was required. People were given choices in the food they ate and were supported and encouraged to keep hydrated and to eat a healthy, balanced diet. People's individual dietary needs were known by staff and were met appropriately.

People enjoyed the activities they were offered and were involved in deciding what activities and events they would like to do. Activities were tailored to reflect people's preferences and to prevent social isolation. People knew who the registered manager was and how to voice any complaints, suggestions or concerns. Relatives and health professionals were encouraged to provide feedback on the home and to make suggestions for improvements. Where suggestions were made, the registered manager and provider acted on these, which created a culture of openness and transparency.

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

People's individual risks were assessed and known by staff, the registered manager and provider. Staff knew how to keep people safe, and what action to take if they felt someone was at risk of harm or abuse. Staff were trained in how to use the home's equipment and aids, which enabled them to care for people safely. People received their medicines in a safe way.

Is the service effective?

Good

People's health needs were met and referrals to health professionals were made in order to meet those needs. People were offered a choice of meals and drinks and were supported to maintain a healthy, balanced diet. Staff were provided with training and supervision which enabled them to care for people effectively. People's consent was sought when providing care to them.

Is the service caring?

Good

People were treated with dignity and respect. People were involved in the assessment of their care needs and how their care was provided. People living at the home thought staff were caring, but would have liked staff to spend more time with them.

Is the service responsive?

Good

People benefited from a range of activities and were consulted about activities and events they would like to be offered. People were able to decide how to spend their activities and 'residents' committee' budget. Staff responded to people's changing health and well-being needs. People knew who the registered manager was and how to voice any concerns or make suggestions.

Is the service well-led?

Good

The registered manager and provider regularly monitored the quality of care provided and sought feedback from people, staff, relatives and health professionals. Staff felt supported by the registered manager and knew, and demonstrated, the provider's values

Hazelhurst 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.

We made an unannounced inspection on 22 March 2016. The inspection team consisted of one inspector and one inspection manager.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. This information helped us to focus our inspection.

We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who lived at the home, the registered manager, the provider, and five staff. We looked at four records about people's care and two staff files. We also looked at minutes from residents' meetings and the quality assurance audits that were completed by the registered manager and the provider.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe. One person said, " My room is comfortable, the staff are great and my tablets are given to me on time. I don't need anything else, do I?." Another person told us, "The staff tell me my tablets are due and bring them. They put the large ones in yoghurt because it helps me to swallow them." We saw people were confident and relaxed throughout our inspection, we saw many positive conversations between staff and people living at the home.

We spoke with staff about what actions they took to ensure people were protected from abuse. They explained that they would report any concerns to the registered manager and take further action if needed. We saw that staff had raised matters of concern to the registered manager and that appropriate action had been taken, including dismissing staff members where necessary. Staff were aware that incidents of potential abuse or neglect should be reported to the local authority. The registered manager was aware of their responsibilities, and knew how to report any concerns to the correct authority.

People had their needs assessed and risks identified. We saw that all incident and accident forms were reviewed by the registered manager and then by the provider. The registered manager had a system in place for looking at any patterns in the incidents and accidents, and identifying where any action should be taken. For example, we saw that one person had been identified as having regular falls. As a result, one to one support was introduced whilst medical tests were carried out to ascertain the underlying reason for the falls.

We saw that risk assessments were carried out in respect of moving people and using hoists and that where necessary, two members of staff supported people with their hoists. Where possible, we saw that people were involved in their risk assessments and that actions were explained to people. One person told us, " Staff are very good with using the hoist and they tell me what is happening".

People and staff told us there were sufficient staff on duty to meet people's needs. We saw that there were nine staff on duty in the morning, and seven in the afternoon which meant that people's call bells were responded to promptly. The registered manager and the provider told us, and we saw, that they regularly reviewed staffing levels in conjunction with people's needs, to ensure that staffing levels were sufficient. The registered manager told us that they were in a fortunate position of having a provider who wanted to ensure enough staff were on duty.

We saw that checks were carried out every six months on all equipment at the home and any identified problems had been rectified. In addition to the routine checks, the registered manager told us that an occupational therapist had recently commented that some people's slings were frayed and needed replacing. We saw that the slings had been replaced with new ones and that each sling had been coded so it could be tracked and replaced when necessary.

The registered manager told us that newly recruited staff shadowed existing staff members for a period of two weeks before they were on duty. We saw that new staff members completed a training programme

before they could be on duty. We saw that this training included safeguarding, infection control and manual handling. The registered manager and staff told us that the manual handling was bespoke and that part of the training was held at the home so that staff could practise using the home's hoists and other equipment. We saw that the appropriate pre-employment checks had been completed. These checks helped the registered manager make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We saw staff supported people to take their medicines. Medicines were only administered by the lead nurse as not all staff were trained to give medicines. Medicines were all clearly labelled and stored appropriately and there was no overstock of medicines. We observed staff explained to people what the medicines were before administering them; they sought their consent before administering them; and they had an awareness of people's preferences in terms of whether the tablet should be broken up for them. We saw that staff checked every medicine against the person's medication sheet before administering to ensure that the correct medicine was given. Staff wore clean latex gloves when breaking up tablets. We saw that a staff member saw that the seal on the packaging of new syringe was broken and they ensured this was syringe was discarded and not used.

Good

Is the service effective?

Our findings

People told us staff knew how to meet their needs. One person said, " I see the physiotherapist and the GP". Another person told us they had recently seen their dentist and that they had regular appointments. We saw that some people also had input from speech and language therapists and occupational therapists. We also saw that following a review of one person's needs, a referral to mental health professionals had been made.

We saw people were supported by staff that had received regular training and knew how to support people living at the home. The staff we spoke with were able to tell us how the training they had received fed into their practice. For example, one staff member told us how helpful the bespoke training had been regarding moving and handling, as they had been able to practise using the home's own equipment which ensured they knew how to use this correctly.

People told us that they enjoyed the food provided and that they were given choices about what they ate. One person told us, "The food is great actually and there is always a choice. I don't like fish day (Friday), so they give me a poached egg and chips. If they could improve anything, it would be to make the chips crunchier as they are a bit floppy". Another person told us, "The food is excellent".

We spoke with the cook about people's specialised diets and changing nutritional needs, and they were aware of people who were at risk of weight loss and people who required a fortified diet. The cook gave an example to us of one person who had been identified as losing weight, and the steps taken to monitor that person's food and fluid intake. We saw this person's records and this reflected what the cook had told us. We saw that there was a checking system in place for every meal time to ensure that every person had been provided with a meal. We also saw that drinks were provided every two hours, in addition to everyone having a water jug in their rooms. This meant that people were kept hydrated. We saw that the menus were devised every four weeks and that people had a choice of meals, including soft and pureed meal options. We saw there was a chart in the kitchen for recording people's birthdays and the cook told us that people were provided with birthday cakes on their birthdays, with the cake pureed if necessary.

We observed the lunchtime meal and saw that there were six staff members available to support people with eating and drinking where needed. We saw that staff interactions were positive with people and that the meal was not rushed. We saw that people were given choices about what they wanted to eat and drink, and that staff recorded what people had eaten and drunk so that they could ensure that this information was handed over to the staff coming on duty later that day , and so that people who had not eaten or drunk a lot could be monitored. We saw that staff monitored people's fluid intake and encouraged people to keep hydrated. We saw one staff member offered a person his favourite drink and explained to him, "You haven't had much to drink today so look, it's [the person's favourite drink] for you", and that the person then had a drink.

The registered manager told us that they delivered in-house dementia training to all staff members, including maintenance and domestic staff. They told us that it is important for every staff member to have an understanding of the people who live in the home to ensure they are able to support them in the most

appropriate way. We spoke to staff who told us they had received this training from the registered manager, in addition to external training such as palliative care. One staff member told us, "The training is very good here and we share information and knowledge with each other".

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.

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 provider was working within the principles of the MCA.

We looked at how the MCA was being implemented. We spoke with the registered manager about their understanding of the Act, and also the staff team's overall understanding. The registered manager told us that management had all recently undertaken advanced MCA training as they had recognised the need for further learning in this area. We saw the capacity assessments which the registered manager and staff had carried out. These were decision-specific and not everyone's capacity had been assessed, which demonstrated an understanding of the MCA. All staff we spoke with had an understanding of the MCA, and how that translated to their work practice. Staff told us about the importance of seeking people's consent before carrying out a care related activity and ensuring people had as few restrictions as possible. For example, we saw that people's consent was sought before administering their medication and that they had a right to refuse; no covert medicines were given. At the time of our inspection, 12 DoLS applications had been made and were awaiting authorisation; one person had an authorised DoLS.

Good

Is the service caring?

Our findings

People mostly told us staff were caring and kind. One person said, "They can't do too much for you here, nothing is too much trouble". Another person told us about staff, "They know what I like and don't like. They know {person's name] dislikes baked potatoes, so they never give her those" We saw many caring conversations between staff and people living at the home. For example, we saw that a staff member took a person outside so that the person could smoke a cigarette. The staff member made sure the person felt warm enough and asked whether they needed anything to help them feel warmer.

However, some people told us that staff did not always spend as much time with them as they would like. One person told us, "The staff don't really have the time to sit and chat with me". Another person told us, "I can have a bath on a Monday and a Thursday, which is good, but they tell me it will be at 2.30pm and then they don't come until 4.30pm and I'm left lying on my bed waiting". One person told us they had asked the night staff for a new battery for their hearing aid, but that one had not been provided as yet. The person told us, " I have to have the TV up loud but if they just gave me a new battery, I could listen to it at a normal level". We brought this to the attention of staff during our inspection and the matter was attended to.

People told us that staff respect their privacy and dignity and involve them in their care where possible. One person told us, "They close the bedroom door when they give me a shave and they talk to me and explain what they are doing". Another person told us that staff offered a choice of a change of clothing when people's clothes were dirty and that they also asked people about whether they would like to wear any make-up, aftershave or perfume.

We observed two members of staff using a hoist to lift a person and saw that they spoke to the person to explain what they were doing, and that they did not rush the person. We also observed that call bells were answered promptly, and that staff knocked on people's bedroom doors before opening the door and responding to the call. This showed that staff treated people with dignity and respect, and considered people's privacy.

We heard staff calling people by the names they preferred staff told us they knew who liked to be addressed by Mr or Mrs rather than by their first name. We saw that people's rooms were personalised. One person showed us their room, and explained how important it was to them that they had their personal things around them, they said, "This is my favourite room as it has all my posters up". This further showed that staff treated people with respect, and that people were provided choices in how they received their care.

Staff we spoke with were positive about their roles and spoke warmly about the people they cared for. One staff member told us, " I love my job and I like to think that by working here, I can brighten people's day. I wish I had more time to speak to people".

Good

Is the service responsive?

Our findings

People told us they were involved in their care planning. One person said, "I met with [registered manager] before I moved here and he asked me about the help I need". We looked at two care files and saw that they recorded people's interests, likes, dislikes and preferences regarding how they wanted to receive their care. Where possible, people's family members had also been involved in the care planning process and information gathered from them about people's life histories. We saw how this information was then used to provide individualised care to people. For example, we saw that one person had always enjoyed gardening and this activity was important to him, so the gardener supported him to maintain two sections of the garden.

We observed the staff handover meeting in the afternoon. A handover meeting is a brief meeting between staff at the end of one shift and at the start of another. We saw that all relevant information about people's health and wellbeing was discussed at this meeting, including people whose fluid needed monitoring, people who needed pressure area care and also, people's preferences about who had chosen to stay in their rooms, and which rooms people wanted to sit in.

We spoke with the activities coordinator, who explained to us that the activities were flexible and people could choose how to spend their time. We saw people chose how they spent their day and that there was a range of activities offered, including Tai Chi and music. We saw that people were consulted on what activities they would like to do and where possible, these were provided. For example, we saw that people had requested an Elvis Presley themed evening and that consequently, an Elvis impersonator attended the home and put on a show. People we spoke with told us about that evening and how much they had enjoyed it. We also saw that consideration was given to improving the activities provided. The activities coordinator had recently bought a mannequin to dress in period clothing, which had aided reminiscence work and conversations when using the memory boxes with people.

The activities coordinator told us that they were fully supported by the registered manager and that there was an appreciation and understanding of how important the activities were. We saw that consideration was given to people who could not take part in activities due to being bed bound, and that time was spent with people in their rooms to prevent them from being socially isolated.

We saw, and people and staff told us, that there was a residents' budget and the residents' committee met quarterly to discuss how they wanted the budget to be spent. The registered manager told us that recently, people had asked for a karaoke machine and so one was bought. Previously, people asked for a summer house and this was also bought.

We saw that photographs of people doing activities were taken and provided to relatives and that relatives had told the coordinator how much they valued these as they could see their relative enjoying themselves. We also saw that photographs of the activities and events were displayed in the home.

People said they would speak to staff or the registered manager about any concerns. One person said, "I

have got nothing to complain about, but if I did, I would speak to the registered manager and he would sort it out". Another person told us that they had a problem with their television and that they had mentioned it to staff but, "Nothing ever gets done". We fed this back to the registered manager during our inspection and saw that action was taken to fix the problem with the television set. We saw that there was an accessible complaints procedure in place which clearly stated the process for people, relatives and health professionals to follow. In the event that people wanted to complain directly to the provider, this was possible.

Good

Is the service well-led?

Our findings

People we spoke with knew the registered manager and told us that they saw them regularly. One person said, " He is really down to earth and he listens".
Staff told us they felt supported by the registered manager. One staff member told us, " I like working here as I feel it is a good organisation to work for. We get very good training and supervision".

We saw that the registered manager invited relatives to participate in residents' committee meetings. We saw that they monitored the amount of relatives attending these and identified that it was low. As a result, the registered manager showed us that they had introduced evening and weekend meetings so that more relatives would be able to attend. We saw that as this was a recent change, its effectiveness was still under review by the registered manager and provider, but that there had been an increase in relatives' participation.

We saw, and staff told us, that the registered manager and provider listened to staff feedback. For example, we saw that staff told the registered manager during a staff meeting that the keyworking system did not work and that they suggested improvements. We saw that following staff suggestions, the key working system was changed and that as a result, people's keyworker notes were now kept in their bedrooms and there was a section on the notes for the keyworker to communicate with relatives and visitors about people's needs. The notes were reviewed every two weeks by the welfare officer who addressed any concerns raised by the relative or keyworker. We saw that positive feedback had been received from staff and relatives about this change.

The registered manager told us that he and the staff aimed to provide the "best care possible" and wanted to become an outstanding service. Staff we spoke with knew about the registered manager's values and told us that they shared these and that the staff team were all trying to achieve this.

We saw that one way in which the registered manager and provider ensured that a good quality of care was provided was through the use of a 'matters of concern' reporting system. We saw that blank forms were left in reception and that people, visitors, health professionals and staff were encouraged to report any concerns they had. We saw that concerns could be raised anonymously, and that people raising the concerns could ask for their report to go straight to the provider. We saw that this reporting system was a recurring agenda item at the management meetings, which were attended by the provider, the registered manager, the clinical lead and the heads of all departments. The registered manager provided us with a document which outlined all concerns raised, the date it was raised, who it was raised by, and the action taken. One recent example we saw was that a staff member had raised a concern that another staff member had not helped them with a task when asked to. We saw the registered manager had informed all staff that this was unacceptable, and that all staff must assist colleagues as required. Since addressing this with all staff, we saw that no similar concerns had been raised.

The registered manager had links with the local community and used the links to benefit the care provided to people in the home. For example, people and the staff told us that a local arts and theatre group had

involved people in a pantomime they performed, and that people had been involved in a dementia poetry project. People we spoke with told us they had enjoyed these activities, and we saw there were photographs from these activities in some people's rooms.

The registered manager and the management team completed regular audits to monitor how care was provided. For example, we saw that the manager carried out daily audits to monitor the cleanliness of the home, its temperature and any health and safety issues. . We also saw that the registered manager carried out daily observations of staff's interactions with people, and with each other. The registered manager explained that they used the observations in conjunction with the 'matters of concern' system to ensure that they were aware of any issues and to ensure consistency in the culture of the home. We saw that where they had noted any concerns, appropriate action had been taken.