

Firtree Associates Limited

Hazeldene Residential Care Home

Inspection report

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Gosport
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Hazeldene Residential Care Home is a care home that can provide personal care to 26 people aged 65 and over. At the time of the inspection 21 people, some of whom were living with dementia, were living at the home.

People's experience of using this service:

At this inspection we found improvements had been made in a number of areas. The provider had recruited a new manager who had worked hard with staff to change the culture in the service.

The deployment of staff had changed leading to staff being able to spend more time with people and working in a person centred way, rather than focusing on tasks to be completed.

Risks associated with people's care were understood by staff and action was taken to reduce these risks.

However, the records were inaccurate and did not provide clear direction. As the service were using agency staff on occasions the lack of detail in records posed a risk for people. Risks we had previously found in relation to the environment were no longer present.

The management of medicines had improved. Storage was safe and staff had received additional training to ensure they could safely administer all medicines within the home.

Activities were varied and regular and people felt they had plenty to do.

People were supported by staff who were kind and caring in their approaches, who understood their right to make their own decisions and who supported them to make choices and be involved.

Staff spoke positively about the changes that had been made. They felt training and supervision had improved. They said they now felt listened to and valued.

A number of governance systems had been implemented to drive continual improvement in the home.

However, not all of these were effective, and they needed more time to fully embed in order to be confident the improvements seen were sustained.

The service no longer met the characteristics of Inadequate and the overall rating had improved to Requires Improvement. As such, the service has been removed from special measures.

Rating at last inspection: Inadequate (Report published 20 February 2019)

Why we inspected: This location has a history of breaching the regulations and was rated as Inadequate following an inspection in September 2018 and was placed in special measures. We imposed conditions on the providers registration as a result which required them to undertake certain governance processes and report to us monthly. This was a planned inspection to follow up on the previous rating of inadequate and check improvements had been made.

Follow up: We will ask the provider to send us an action plan detailing how they will address the concerns we found in relation to records and governance systems. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Please see our findings for Effective detailed below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Hazeldene Residential Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had personal experience of services like Hazeldene.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on 8 and 10 May 2019 and was unannounced.

What we did:

Before the inspection we reviewed information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of such as abuse. We used information the provider sent us in the Provider

Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority.

During the inspection we spoke with 15 people, three relatives and two external healthcare professionals. We spoke with seven members of staff and the registered manager. Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them.

We reviewed five people's care records, medicines records for seven people, three staff's recruitment records, supervision records for a further three staff and all training records. We also looked at documents relating to the quality, safety and management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and could increase the risk that people could be harmed. Regulations may or may not have been met.

People and their relatives told us they felt safe. One person said, "I fell over at home and couldn't get up... here, there's always someone around to help if I need it. I ring my bell and someone usually comes quickly, even at night". A second said, "I've been here quite a while now and I like living here...I feel safe and well cared for". A relative told us, "He is safe here, we feel...we could no longer care for him at home, he needs someone around at most times and he gets that here."

Assessing risk, safety monitoring and management, using medicines safely:

- At the last inspection we found people were not always kept safe because risks associated with their care and support had not been assessed, plans had not been implemented to reduce the risks, staff had not been appropriately trained, the environment was not always safe and the management of medicines was unsafe. This was an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.
- At this inspection we found a number of improvements had been made. The stairs which had posed a significant risk of harm to some people had been renovated. Access to these had been restricted with key coded doors covered in a dementia friendly paper. People still had free access between floors via the use of the lift which was safer for those people at risk of falls. Concerns we had identified in relation to fire risks had been addressed and were no longer a concern.
- At the last inspection we were concerned about the management of falls. At this inspection although we found people had fallen since our inspection, no one had suffered any serious injuries and we saw that where required action was needed, this had been taken. For example, one person had fallen off their bed while standing to open a window. As a result, the layout of their room had been changed to ensure they could easily access a window without the need to stand on their bed. Where needed, sensor mats were in people's rooms to alert staff to their movement and to enable staff to respond promptly.
- At the last inspection we found staff were administering insulin without appropriate training and competence. In addition, information contained within people's care records about the risks associated with diabetes was not accurate and provided staff with no clear guidance. At this inspection we found allocated senior staff had been trained by external professionals and deemed competent in the administration of insulin. In addition, nine of 18 staff who provided direct care had received some diabetes awareness training and the registered manager told us all staff would be completing this.
- At the last inspection we found that one person was at risk of a severe allergic reaction that could be life threatening and had been prescribed an EPI pen for this. There was no risk assessment or guidance in place for staff about the use of this or the person's allergy. Staff had not received training in how to use this medicine and not all staff knew where this was stored. At this inspection, this had improved. Staff had received training in the administration of this medicine and knew where this was stored. The person's care records contained information about their allergy and the use of the EPI pen, alongside pharmacy guidance

about how to use this.

- Medicines storage had improved and was now safe. Staff allocated to administer medicines had received training and been assessed as competent to administer these. Protocols for the use of 'as required' medicines were in place by the end of our inspection visit.
- However, other risks associated with people's care were not consistently documented. For example, one person was living with severe contractures of their limbs. Staff were able to tell us about the actions they took to manage these but there was nothing recorded in this person's care records regarding this. In addition, this person was cared for in bed and was at high risk of skin breakdown. Action was being taken in order to reduce the risks but the risk had not been assessed and the mitigation plan recorded. For a second person who was living with Parkinson's Disease, staff knew about this and how it affected the person. They were ensuring that risks such as falls were mitigated as much as possible but the records contained minimal information about the condition and how to manage this. We found multiple records where the risks for people had not been formally assessed and plans recorded to reduce these risks. Whilst the risks to people were reduced because of the knowledge of permanent staff, on occasions agency workers were used to cover shifts and inaccurate and poor records, in these circumstances could pose a risk of people receiving inappropriate support. The registered manager told us they intended to allocate the review and completion of care records to staff and aimed that these would be completed within a couple of weeks of the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse:

- Staff had the knowledge and confidence to identify safeguarding concerns and had attended training in safeguarding people at risk. Staff were aware of types and signs of possible abuse. The registered manager was aware of their responsibilities in safeguarding procedures.
- Where concerns that were of a potential safeguarding nature were identified, these had been investigated and reported to the appropriate external bodies.

Staffing and recruitment:

- People told us staff were always available and responded promptly to their requests. One said, "I ring my bell and someone comes quickly".
- The provider was using a dependency tool to determine the staffing levels needed in the home and this demonstrated that sufficient numbers of staff were provided. Staff confirmed that they felt there were enough staff to meet people's needs and we observed they had plenty of time to spend with people.
- Allocation of staffing and rota management had improved. This now ensured that there was always a staff presence in communal areas. This meant any risks for people associated with falls and behaviours was reduced because staff could see and intervene promptly.
- Appropriate checks had been conducted to determine staff suitability to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Preventing and controlling infection:

- Staff had received training in infection control and the manager had undertaken an infection control audit.
- Staff were observed to be using Personal Protective Equipment (PPE) appropriately.
- The service was clean throughout.

Learning lessons when things go wrong:

- Staff told us that following any incidents such as a fall, discussions were held in handovers about what staff

could learn and do differently to prevent reoccurrences. Whilst records did not reflect the lessons learned we could see action had been taken, for example, consideration of the layout of people's rooms following a fall. Monthly the registered manager analysed this information in order to establish any patterns or trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance:

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in the MCA and were able to talk to us about how they applied this to their day to day practices. They were aware of the need to gain consent and we observed them gaining this throughout our visit.
- Staff told us how they supported people to make their own decisions and where they were not able to, they applied best interests decisions making processes.
- Whilst we saw best interests decisions had been made, the assessment of people's capacity was not consistently recorded, meaning staff may not have access to accurate information. The registered manager was aware of the need to work on this and had made arrangements for staff to receive training in the recording of these assessments for the week following our inspection.
- Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving these. The registered manager was aware of those applications that needed to be submitted and was working on these at the time of the inspection. At the time of our visit no DoLS had been authorised and were in progress with the supervisory body.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Pre-admission assessments had improved and were no longer tick lists. They sought information about people's needs, likes, dislikes and life history. The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. It was not evident through the pre-admission assessment that all people's preferences and choices regarding some of these characteristics had been explored with people or had been documented in their care plans. For

example, people's sexual orientation was not asked about. However, we saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this.

- Nationally recognised assessment tools such as Waterlow (a tool to assess the risk of skin breakdown) and Malnutrition Universal Screening Tool (MUST- a tool used to determine the risk of malnutrition) were in place but were inconsistently used to determine risk levels to people and develop clear plans of care. For example, we found the MUST for one person who had lost a significant amount of weight in a short period of time had not been completed since 2016. This meant the risk levels for this person were not always apparent.
- The registered manager was aware of this as well as the need to improve all care records for people. They had a plan in place to address this, including allocating staff members to update the records and introducing new recording formats.

Supporting people to eat and drink enough to maintain a balanced diet:

- People spoke positively about the food and said they could make alternative choices if they did not want what was on the menu. One person said, "We get good food here, a choice too" and a second told us, "The food is good; we usually have two choices. I eat well".
- The kitchen staff were aware of and had up to date information about people's likes, dislikes and any special dietary needs they may have.
 - People who required support were given support as soon as their meal was served. Staff sat with people and supported them with their meals at a pace that suited the person. They spoke encouragingly to people, allowing them to dictate food selection throughout the meal.
- However, where people's weight had decreased it was not always possible to see that the risks associated with this had been fully considered and plans implemented to address this. For example, we found one person had lost a significant amount of weight in one month. In discussion with staff they had implemented some measures such as high calorie milkshakes for the person and the kitchen staff were fortifying their meals. However, no contact had been made with external health care professionals, the registered manager was not aware of the weight loss and no monitoring of this person's intake had been started.
- We discussed this with the registered manager who took immediate action to address this and told us what they would do to ensure this did not happen again.

Staff support: induction, training, skills and experience:

- Staff completed an induction when they started working in the home. Those who were new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
- Staff were encouraged to under vocational qualifications.
- All staff were supported through supervisions and appraisals.
- Staff received training to enable them to have the skills and knowledge to support people effectively. Staff told us they found the training helpful in their role and were able to talk to us about what they had learned from this.

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support:

- Where people required support from external healthcare professionals this was organised and staff followed guidance provided.
- Records confirmed regular access to GP's, district nurses and other professionals.
- People told us if they needed to see a doctor they were supported to do so.

Feedback from health care professionals indicated that staff worked well with them, were proactive in

seeking their support and followed their advice.

Adapting service, design, decoration to meet people's needs:

- There had appropriate signage to facilities such as toilets and bathrooms. Communal areas were laid out in such a way as to differentiate between areas of the home, which was useful to people living with dementia. More directional signage arrived during our inspection to help guide people around the building.
- People's names were on doors to their rooms. The registered manager told us they there was further work to the environment to be planned, including replacing the carpets so these did not pose a risk of distraction to those people living with dementia.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- Feedback from people and their relatives was consistently positive. One person told us, "The girls are great; they take care of me and we have a laugh or two". A second person said, "They are wonderful here, they look after us, I can't complain." A relative commented, "Oh yes, the care seems very good, he's always clean and well dressed".
- Staff promoted inclusion, equality and diversity for people. They promoted people's rights and made sure support was provided in a person-centred way.
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. Staff recognised when people may be becoming anxious and spent time with them offering reassurance.
- We overheard conversations between people and staff that demonstrated staff knew people well and understood their likes, dislikes and preferences.

Supporting people to express their views and be involved in making decisions about their care:

- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear, how they wanted to spend their time. One person told us, "I am not feeling well today so I'm staying up here (in their room) I don't want a big lunch so they've made me some sandwiches which is enough for me today. I've been here 18 months now and they have always cared for me well".
- Information was made available to people in a format they required. For example, one person was blind and newspapers and other information was provided in an audio format. If needed the registered manager told us large print and easy read would also be available.
- People said they felt listened to and confident to talk to any staff about any concerns they might have.
 - Everyone was encouraged to engage in their care and in the home.

Respecting and promoting people's privacy, dignity and independence:

- Observation demonstrated people's independence was supported as much as possible. People were encouraged to mobilise independently where they were able and staff observed and provided guidance where needed.
- People's rights to privacy and confidentiality were maintained. Care records were stored safely and securely. Conversations took place discreetly where needed. Staff were observed knocking and waiting before entering people's rooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Whilst care plans were in place the level of detail and personalisation within them was inconsistent. For example, one person's care records detailed how their body language and facial expressions would change depending on their frame of mind, or if they needed support. Whereas, another person's contained no information about the behaviours they could display or how these were managed.
- The registered manager told us they had recognised this and were working with staff and external professionals to add more personalised detail to care plans. The provider was introducing a further electronic system into the service to aid staff and the registered manager in this.
- External healthcare professionals told us they felt the service responded well to people's needs and recognised when they needed additional support quickly.
- Records indicated that staff responded to changing needs and sought input of other professionals most of the time. For example, GP visits had been requested when people showed signs of being unwell. On the second day of our inspection we saw staff respond promptly to a person who appeared unwell, seeking the support of emergency services.
- Throughout our inspection we saw staff responded to people's individual needs and request. Staff appeared to have a good understanding on individuals likes, dislikes and preferences.
- Activities took place with people every day and staff encouraged people to participate. One person said, "There's always something to do here, although one doesn't have to join in...here is the activities sheet they send around. We have a young man at the weekends who comes in, so that's good too". If people did not want to join in group activities, staff had time to sit with them on an individual basis and do what people wanted, such as jigsaws or just chat.
- Activity staff told us they planned activities based on the feedback they received from people.

Improving care quality in response to complaints or concerns:

- There had been no complaints since the new registered manager had started and everyone we spoke with told us they had no concerns about the care they received in the service.
- A complaints policy was available and people knew how to make a complaint. Where complaints had been made before the new manager started, these had been investigated and acted upon.

End of life care and support:

- No-one living at the home was in receipt of end of life care at the time of our inspection. Some staff had received training in end of life care and were able to tell us how they would ensure people needs, preferences and wishes would be were met. However, plans had not been developed which reflected this. The registered manager was aware of this and told us they had engaged with a local hospice to build on end of life care and ensure this met national guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership had improved. Systems of governance had improved. However, further work was needed to ensure records were accurate, up to date and reflected people's needs. Governance systems needed more time to fully embed into the home and be sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care:

- At our last inspection in September 2018 we found an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of effective systems and processes to ensure good governance and accurate records.
- Systems of monitoring had been implemented including medicines audits, care plan audits, environmental audits and meetings. However not all of these were working effectively to drive prompt improvement.
- Whilst the registered manager told us they audited the care plans monthly there was no clear record of their findings. Although the registered manager was aware of the need to improve the records and had support from an external healthcare team to do this, effective auditing should drive improvement in a timely way. We found multiple concerns with the records that had not changed since the last inspection.
- This was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We found some improvements had been made but further improvements and time were needed to fully embed into the service and be sustained. The new registered manager had started their role in January 2019 and told us they had spent time dealing with some of the immediate environmental risks they had found as well as focusing on changing the culture, developing staff, involving people and improving outcomes for people.
- The provider's oversight of the service had improved and systems were in place to support their monitoring. The registered manager had daily engagement with the provider who also undertook some spot checks when they visited. The registered manager had introduced monthly meetings with staff to engage them and help drive improvements. Alongside these they had also implemented a daily 'huddle' with the heads of department to ensure that everyone in the home was aware of what was needed for that day.
- Incident and accidents recording had improved and these were being considered by the registered manager and the provider to ensure that all appropriate actions to reduce reoccurrence had been completed.
- The registered manager and provider told us they would relook at the auditing of care records to ensure these were more effective.
- At our last inspection in September 2018 we found the provider had failed to notify CQC of incidents that had occurred in the home and this was an ongoing breach of Regulation 18 Notification of other incidents

(Registration Regulations) 2009.

- At this inspection this was no longer a breach and we found no evidence that there had been incidents we had not been notified of.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- At our last inspection in September 2018 we found the provider had failed to act in an open and transparent way and this was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Duty of Candour.
- At this inspection this was no longer a breach and we found no evidence that there had been any incidents where this needed to be applied. The registered manager was aware of their responsibility in relation to duty of candour.
- Staff confirmed the new registered manager was promoting person centred care and ensuring that staff put people first and tasks second. They described how due to a change in how staff were allocated to work, this meant they were now able to spend time with people and didn't feel under pressure when they were sat with people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Staff told us how the registered manager was open and always willing to listen.
- Regular team meetings were taking place and staff confirmed they felt able to make suggestions. One member of staff told us, "It's so nice to come to work now under our new manager... she is an open book, if we have ideas (for improvements) she will listen and help us to do it. We feel more like a team now".
- Relative and resident meetings were also taking place and we saw these enabled a formal approach to feedback. Additionally, throughout the inspection we saw all staff, including the manager actively seeking informal feedback.

Working in partnership with others:

- The registered manager had joined a variety of networks to support the homes development. They were engaging with external health and social care professionals in a positive and proactive way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance A failure to ensure records were accurate and up to date, and a failure to ensure all governance systems operated effectively to drive prompt improvement was an ongoing breach of Regulation 17.