

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: 01629532001

Date of Inspection: 07 August 2013

Date of Publication:
September 2013

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

Consent to care and treatment	✘	Action needed
Care and welfare of people who use services	✔	Met this standard
Cooperating with other providers	✔	Met this standard
Cleanliness and infection control	✔	Met this standard
Staffing	✔	Met this standard
Complaints	✔	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

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'.

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We spoke with external health professionals about the service.

What people told us and what we found

Several people told us they were not sure if they had ever been asked for their consent to their care. On the two care records we looked at we saw there were no signatures to denote agreement to the care or any other form of verification of consent to their care. This meant there was the potential for a person using the service to have important decisions made about them without being fully informed.

People we spoke with told us they were satisfied with the care and support they received. One person told us "It's lovely here" and another said "They look after me". One person told us "The night staff are brilliant". A relative described the care as fabulous. We saw that staff had warm relationships with people and one person told us "It's comfortable here". Most people using the service also told us they enjoyed their food and described the meals as good.

When people's needs changed relevant specialists were called in and re-assessments of need were undertaken.

People we spoke with told us they were satisfied with the cleanliness of their rooms and thought the home was always hygienic. One person told us "It's spotless". Staff we spoke with were able to describe infection control procedures and said they used personal protective equipment such as gloves and aprons. They were clear about what to do to prevent infections spreading.

We saw there were sufficient staff on duty to meet people's needs and there was a clear process for the management of complaints.

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

What we have told the provider to do

We have asked the provider to send us a report by 04 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

A lack of consistency in obtaining people's agreement to their care and in establishing their capacity to make decisions did not ensure people were able to give informed consent to their care and treatment.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Not everyone we spoke with who was able to converse with us said they understood their care plan or had agreed to the help provided. Several people told us they were not sure if they had ever been asked for their consent. On the two care records we looked at we saw there were no signatures to denote agreement to the care or any other form of verification of consent to their care. We also saw there was no documentation available for advanced decision making with regard to resuscitation in an emergency in both files we looked at. This means there was the potential for a person using the service to have important decisions made about them without being fully informed.

It was unclear how consent was obtained from people who were not able to verbally express their agreement as records we saw were inconsistent. We saw one record that showed the service had obtained a full assessment of capacity for one person where this was relevant. We saw that the service's assessment document included people's capacity to make decisions but we saw on one person's record that it had not been fully completed.

The manager told us that no one using the service was subject to a deprivation of liberty safeguards (DoLS) authorisation. Staff told us they were aware of people's needs where lack of capacity was an issue and did not restrict their freedom in any way.

We saw records that showed twelve members of staff had received training in the Mental Capacity Act and associated Deprivation of Liberty Safeguards (DoLS) in February 2012. This means that staff had the training to understand when they may be restricting people's liberty.

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 and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We observed people's care and support during the visit and saw that they were well supported. People we spoke with told us they were satisfied with the care and support they received. One person told us "It's lovely here" and another said "They look after me". One person told us "The night staff are brilliant". A relative described the care as fabulous. We saw that staff had warm relationships with people and one person told us "It's comfortable here". Most people using the service also told us they enjoyed their food and described the meals as good. We saw that choices were available.

People told us they felt safe and secure using the service. One person said "I feel safe here". An external health professional told us they had no concerns about people's safety and that their involvement with the service had been a very good experience. They said staff were polite and respectful and our observation confirmed this.

We received information in June 2013 that suggested people with dementia did not receive adequate care and attention. We looked at the service's statement of purpose and service user guide to ascertain the level of need the service said it could meet. This showed us that although the information said the service could cater for the needs of people with dementia, the provider should note that it was not clear to what level. For example, it did not say that if people's needs increased to a significant level the service would ask for a re-assessment and the person may need to move to an alternative service. However, we saw that the contractual placement agreement did stipulate that a re-assessment of need would be required if the service could no longer meet a person's needs. This lack of clarity in different documents had the potential to cause confusion regarding the type of need the service could accommodate.

We looked at two people's care records and saw that relevant information was available on the care plans for people with dementia. For example, we saw that daily logs were maintained, food and fluid charts were available where applicable and there were social histories available and guidance on how to deal with behavioural needs. We saw there were risk assessments in place for moving and handling people, risk of falls, pressure ulcers and nutrition and there were corresponding care plans where a risk was identified.

An external health professional we spoke with told us the service treated people with dignity and said the service was proactive in asking for advice and assistance when required and that their advice was acted on. They said "They do everything in their power to get people to eat" and they confirmed any issues with eating and drinking were monitored.

The staff we spoke with knew what support individuals needed and respected the individuality of the people using the service, including those who had dementia. The information they gave us corresponded with the relevant care plan. We saw people's weight was recorded and fluid and food intake was recorded where relevant. We saw that they encouraged people to participate in activities of their choice.

We looked at staff training records in relation to dementia. We saw that twelve staff including four managers and eight care staff had undertaken training in dementia care during the last two years. The manager confirmed to us in writing that a further twelve staff were booked onto training in October and November 2013. This meant that staff received relevant guidance and had the knowledge to deal with people with dementia.

Cooperating with other providers

✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People we spoke with told us they had access to health professionals when required. They told us that appointments with General Practitioners (GPs), district nurses, chiropractors and opticians were arranged as necessary and records we saw confirmed this.

We saw that when people's needs changed relevant specialists were called in and re-assessments of need were undertaken. External health professionals we spoke with praised the care and support provided and said the service worked with them and acted on their advice. One described the service as fabulous and said "I can't praise them enough". This meant the service accessed specialist help and advice when required.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

People we spoke with told us they were satisfied with the cleanliness of their rooms and thought the home was always hygienic. One person told us "It's spotless". A relative told us there was never any smell and said this had been influential in them choosing the service. External professionals we spoke with also confirmed that the premises were clean and tidy and that staff followed proper infection control procedures.

There were effective systems in place to reduce the risk and spread of infection. Staff we spoke with were able to describe infection control procedures and said they used personal protective equipment such as gloves and aprons. They were clear about what to do to prevent infections spreading and said communication between different staff groups was good and ensured essential information about potential infections had been passed on. They confirmed they had completed infection control training and records we saw showed us staff had undertaken this training in June 2013. Staff also knew how to access the relevant Department of Health Guidance on controlling infections. This meant staff had the knowledge and training to prevent the spread of infection.

We saw that the premises were clean and tidy and staff were able to describe their cleaning regimes. There was antiseptic gel available and handwash dispensers and paper towels in the toilets. We saw that the laundry area had a washing machine that had a facility to deal with soiled linen and that the machine was in working order.

Staff told us there had been no infectious outbreaks since our previous inspection visit in April 2012.

External health professionals we spoke with confirmed the service was clean and odour free and one told us "The cleanliness is second to none".

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 needs.

Reasons for our judgement

We saw there were sufficient staff available to meet needs and most people we spoke with told us they did not have to wait long for assistance. This was also confirmed by external professionals we spoke with.

We examined the staff rota for the period May 6 to June 4 and saw that there were usually three care staff on the day time shifts, with the exception of one shift when two people were on duty. We saw that where people's needs increased, the service could access additional staff; for example, we saw that night staff had increased in relation to people's needs.

We also looked at the rota for the day of the inspection visit and saw that it corresponded accurately with staff on duty. Staff we spoke with confirmed that there were sufficient staff on duty for care and domestic tasks. This meant that there were enough staff available to meet people's needs.

We looked at staff training records and these told us that staff completed essential health and safety training as well as training in subjects directly related to care such as dementia and sensory impairment.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw that the service had a copy of their complaints procedure on display. This was clear and gave people the relevant contact details if they had a complaint. People we spoke with told us they knew how to make a complaint and would speak to the manager if they had any issues. They told us they were confident of a courteous response.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We looked at the service's complaints record. This showed us the service had received one complaint since our previous visit in April 2012. We saw that this was still in the process of being investigated and that the issues raised were being looked into thoroughly. The outcome was not yet known.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
	How the regulation was not being met: People's consent to their care and establishing their capacity to make informed decisions was not consistently assessed and documented. Regulation 18

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 04 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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