

Herefordshire Care Homes Limited

Hazelhurst Nursing Home

Inspection report


Bishopswood
Ross On Wye
Herefordshire
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Tel: 01600890600

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

Hazelhurst Nursing Home is registered to provide personal and nursing care for up to 44 people living with conditions such as dementia and physical disabilities. The property dates from the 19th century and has been extended to provide additional bedrooms and living space. Hazelhurst Nursing Home is set in approximately 14 acres of grounds, close to Ross on Wye. Some of the bedrooms were registered as shared bedrooms but only occupied by one person, thereby reducing the maximum capacity. At the time of the inspection, 35 people were in residence.

People's experience of using this service and what we found

Staff received safeguarding training and understood their responsibility to keep people safe. They knew how to report any safeguarding concerns to the local authority or CQC. Any risks to people's health and welfare were assessed and appropriate management plans put in place to reduce or eliminate the risk. Staffing levels for each shift were appropriate, determined based upon each person's care and support needs and kept under continual review. The service employed staff who would look after people well. Pre-recruitment checks ensured new staff were suitable. Checks included written references and a Disclosure and Barring Service check. Medicines were well managed and administered by those staff who had been trained and were competent. People received their medicines as prescribed.

The assessment and care planning arrangements ensured each person's care and support needs were met. Staff received the training they needed to enable them to do their job well. New staff completed an induction training programme at the start of their employment. Staff were also encouraged to complete health and social care qualifications as well as the provider's mandatory training programme. Staff were well supported to do their job and received a regular supervision session with a senior member of staff.

People were able to access the healthcare support they needed with the staff team making any arrangements as required. People received the food and drink they needed to maintain a healthy, balanced diet. Any preferences they had regarding food and drink were accommodated.

People were encouraged to retain as much choice and control of their daily lives and staff supported them in their best interests. The service was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People and relatives all stated that the staff who looked after them were extremely kind, very caring and friendly and listened to what they had to say. People received person-centred care and made their own decisions about their daily life and the way they were looked after. The staff team were fully aware of each person's specific needs and ensured they had good trusting relationships with people.

People were well cared for. The care and support they received took account of their specific needs, including their gender, faith and culture."

People received a person-centred service. Each person was involved in drawing up their care plan and having a say in how they wanted to be looked after. Care plans were reviewed each month and adjusted as necessary. Changes in people's care and support needs were identified promptly and taken account of. This meant people continued to be looked after in the way they required and wanted. The service provided end of life care well and were signed up to the Gold Standards Framework. When a person's end of life care wishes were difficult to achieve, the staff sought solutions to address these.

Meeting people's social and emotional needs was seen as a paramount human need. Great emphasis was placed on providing person-centred activities for each person. Person-centred profiles were developed for each person and used to plan activities. The staff were able to share examples of extraordinary one-to-one activities they had arranged for people. There was a range of planned activities each day and people were continually asked what they would like to do. There were no restrictions on visitors and visitors were as well cared for as the people who lived at Hazelhurst.

The registered manager and deputy provided good leadership for the staff team. There was a real commitment by all to provide a quality service and there a continual improvement plan in place. Governance systems and regular visits by the provider and quality manager ensured standards were always maintained at the highest level. People were very much at the centre of all decision making in the home and their views and opinions were listened to and acted upon. The service worked in partnership with other health and social care services and ensured they always followed best practice.

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

Rating at last inspection

The last rating for this service was Good (published 31 July 2017).

Why we inspected

This was a planned inspection based upon the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hazelhurst Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Hazelhurst Nursing Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. 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 was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service. This information included 'notifications' the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

During the inspection

We spoke with seven people who lived at the service and they told us about their life at Hazelhurst Nursing Home. We were also able to speak with three relatives who were visiting their family member. We spent a period of time observing how people were looked after, how they spent their time and the interactions between them and the staff team. We spoke with 10 members of staff, the registered manager, the deputy

manager and the registered owner. We were able to speak with one healthcare professional who was visiting the service at the time of the inspection.

We looked at four people's care records, training records, policies and procedures, complaints, audits and quality assurance reports.

After the inspection we contacted two healthcare professionals who were regular visitors to the service after our inspection and their comments have been included in the main body of the report. We used the information the provider had included in their provider information return (PIR). The PIR was used during analysis of evidence during report writing. This is information we require providers to send to give us some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were safe because the staff had received training in safeguarding. They knew how to report any concerns they may have if they suspected people were being harmed. Those staff we spoke with understood their responsibility to safeguard people.
- The registered manager and deputy manager had attended more in-depth safeguarding training with the local authority. At the time of this inspection there were no outstanding safeguarding concerns.
- When the staff team had had concerns regarding the welfare of a person, for example after a fall or development of a pressure ulcer, they had spoken to the safeguarding team for advice. If a person moved into the home with an existing pressure ulcer, the service made appropriate notifications to safeguarding and CQC. Following any welfare concerns, a root-cause analysis was undertaken to identify if any changes were needed to service provision. This ensured they would always be looking after people safely but able to make changes to care practice if this was not the case.
- The registered manager ensured the numbers of staff on duty for each shift were appropriate. This meant each person's care and support needs were always met. Staffing numbers were adjusted as and when needed. Both the registered manager and the deputy often covered nursing or care shifts on a planned basis, so they had a good overview of the workload and could observe how the team worked together.
- On the day of inspection there were enough staff on duty. The nursing staff and care team were supported by housekeeping, catering, activity staff and the maintenance team in meeting people's daily living needs. Relatives we spoke with during the inspection felt that staffing numbers were always appropriate.
- The service only used agency workers on a minimal basis and only as a last resort, if any of the staff team could not pick up extra shifts. In the last year there has been very low staff turnover. This meant the staff team were able to provide continuity of care to people.
- Previously the service was found to employ new staff following safe recruitment procedures. This meant only suitable staff were employed at Hazelhurst Nursing Home. Pre-employment checks included written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people. New staff we were able to speak with during the inspection confirmed these arrangements.

Assessing risk, safety monitoring and management

- Any risks to people's health and welfare were identified during the assessment and care planning process. Risk management plans were written to reduce or eliminate the risk. Risks were identified in respect of the likelihood of falls, moving and handling tasks, skin integrity, nutrition and weight loss. The management plans were reviewed monthly to ensure the actions taken by the care staff were still appropriate.

- □ and staff administered all medicines from the person's own supply of medicines.
- □ Each person's medicines were reviewed at least yearly. The nurses had asked the GP Twice daily 'safety checks' (day and night time) were undertaken to ensure people and the premises were safe.
- □ Risk assessments were also undertaken when the use of bed rails were indicated. This ensured bed rails were not used where the level of risk and injury could be increased. In this instance, alternative methods of safeguarding people in bed were used, for example, low beds and 'crash-mattresses'. Where best interest decisions had been made in conjunction with others, these were recorded in the person's care plan.
- □ Moving and handling care plans detailed the equipment to be used and the number of staff required to perform any transfers safely. Two members of staff were trained to complete moving and handling assessments and staff training in safe techniques.
- □ The service had recently looked after one person who was admitted with a grade three pressure ulcer. The staff had liaised with the tissue viability nurse and the wound had healed effectively, despite there being low expectations of healing.
- □ Each person had a personal emergency evacuation plan. This listed the level of support the person would require in the event of a fire and the need to evacuate the building. A copy of each plan was kept near the fire panel, near the entrance.
- □ The maintenance person had a programme of weekly and monthly checks to complete to keep the premises, people, visitors and staff safe. The checks had all been completed as often as required.
- □ Checks included the fire safety equipment, hot and cold-water checks, checks of the premises, servicing and maintenance of all equipment. The registered manager maintained an oversight of all the maintenance and other safety checks to ensure they were completed.
- □ The deputy was currently studying for a Master's Degree, in healthcare leadership and management. For their dissertation they will be looking at safety and governance procedures in the home and the other care services run by the provider. At the time of this inspection, this had not provided any benefit to people living at Hazelhurst Nursing Home but does evidence their commitment to people's safety and continuous improvement.

Using medicines safely

- □ Medicines were managed safely. The pharmacy supplied all medicines in boxes and bottles to review one person's medicines because of the number of falls they had experienced. Their medication regime had been altered and falls had reduced.
- □ Only qualified nurses and care leaders administered medicines. They had completed medicine administration training and been deemed competent.
- □ The deputy manager had delegated responsibility for medicine management. They had spent time with the supplying pharmacy and had firmed up the ordering processes, thereby reducing the waste of medicines.
- □ The processes for the ordering, receipt, storage and disposal of medicines was safe.
- □ Medicine administration records (MAR) were checked each medicine round to ensure the records had been completed properly. This meant any recording errors would be picked up quickly and addressed. The provider told us in the last 12 months there had been four medicine recording errors.
- □ Where it was necessary to administer medicines covertly (disguised in food or drink), appropriate consultation had taken place between the GP, family and nursing staff. These decisions would be recorded as a best interest's decision and a copy of the record kept with the person's MAR chart.

Preventing and controlling infection

- □ Hazelhurst Nursing Home was clean, tidy and free from any odours. Housekeeping staff maintained the cleanliness of all areas of the home. Each day there was at least two members of the housekeeping staff.
- □ The service had increased the level of evening and weekend housekeeping and laundry staff to maintain

and improve standards. This had freed up care staff to be with people.

- Staff received infection control and food hygiene training. A new training programme had recently been implemented for all staff. This involved the completion of a work book and a knowledge check.
- The two infection control leads had received additional training and cascaded their learning with other staff. They had a programme of quality checks to complete and also ensured that cleaning schedules were followed. Their findings were shared with the registered manager and discussed in the safety action group.
- The staff had access to personal protective equipment such as disposable gloves and aprons, and cleaning materials. When care staff were serving meals to people, their uniforms were covered with cloth aprons and these were laundered after each meal.
- In the last year there have been no outbreaks of infection in the service. The staff team were being encouraged to have flu-jabs and 96% of them were up to date with their infection prevention and control training.
- Infection control audits were robust and completed regularly as part of the providers audit programme. This measure ensured the high standards were maintained.

Learning lessons when things go wrong

- Any falls or incidents that occurred were recorded and reported to the registered manager or deputy manager. A record was made of the immediate action taken and any follow up action. A 'root cause analysis' was always carried out to identify what had happened prior to the event. The service had a culture of reflective practice and used this to make improvements to the service.
- The service had introduced a policy of the month initiative. Examples where this had impacted upon people's care included a reduction in falls, increase in fluid intake and a downward trend for incidents and a reduction in hospital admissions.
- The registered manager reviewed all records each month to identify if there were any trends in the type of events. This then enabled them to take action to help prevent any further events of the same type. One person's review of medicines had resulted in a reduction in the falls they were experiencing.
- As part of the managers' meetings adverse incidents were discussed. These also included any medicine incidents, unexplained weight loss, pressure ulcers and moisture lesions, use of anti-biotics, community acquired infections and unexpected deaths.
- The service had implemented an adverse incident policy. Safety leads and safety champions were appointed and a safety learning group established.

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.

At the last inspection this key question was rated as Good. At this inspection this key inspection has improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- □ A pre-admission assessment was completed prior to any new person taking up residence in the service. The assessment ensured the nurses and care staff would be able to meet their care and support needs and any appropriate nursing equipment was available.
- □ Where appropriate the person was included in the assessment. Information was also gathered from hospital staff, the person's relatives and any other health and social care professionals involved in the person's care.
- □ The service took account of people's individual preferences and care planning ensured they were provided with their choices. The care and support needs of each person were reviewed each month to ensure their care remained effective, was person-centred and based upon their specific needs.
- □ The service had used learning from an exercise where the registered manager had spent the day as a 'new resident'. This had resulted in changes to the admissions process, mealtimes and lifestyle opportunities (these have been referred to elsewhere in the report).
- □ One person admitted for end of life care preferred a double bed and wanted to manage some aspects of their medicine's regime. The bed had been purchased for them and this had impacted upon this person's well-being.
- □ At the start of each shift, staff received a handover report. This ensured they were informed of any changes in people's needs. These sessions include an element of 'micro-teaching', ensure staff understanding and develop their skills.

Staff support: induction, training, skills and experience

- □ The provider had an induction training programme for all new staff to complete. The programme was equivalent to the Care Certificate. The Care Certificate is a set of national minimum standards all health and social care workers have to meet. Staff we spoke with confirmed the induction programme had prepared them to do their job well. The deputy manager oversaw the completion of the programme.
- □ There was a programme of regular refresher training for all other staff to complete. This ensured they maintained their knowledge and skills and kept up to date with best practice. This included fire safety, moving and handling, infection control and food safety, safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- □ Staff had received additional clinical safety training in the management of diabetes and sepsis. Evaluation by staff after specialist dementia training showed greater understanding of people's experience, a better perspective and greater empathy.
- □ End of life training had enabled the staff team to support people and their families to understand end of

life choices and provide good quality care.

- Training records were kept for each staff member and they evidenced that all staff training was up to date. All staff spoken with during the inspection confirmed they were up to date with their training.
- Staff were given the opportunity to undertake additional health and social care qualifications. The provider told us that 23 staff had achieved a Level 2 or above NVQ qualification.
- There was a schedule of regular supervision sessions for each staff member. Discussion was held regarding any training and development needs, what was going well and where things could improve. Each staff member was supervised by a senior member of staff.

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

- People's nutritional and hydration needs were assessed to ensure they received enough food and drink. Body weights were checked monthly but more often if necessary. People were asked what they liked to eat and account was taken of any preferences, dislikes and food allergies. Where required, people's food and fluid intake was monitored and recorded.
- Meals were all homemade and there was a four-week seasonal menu in place. For lunch there were two main options plus alternatives available. On the day of inspection the choices were a pork steak or a fig and cheese tart. The menu was displayed on the tables in the dining room. People living with dementia were supported to make choices when they were ready to eat with the use of a picture menu.
- The menu plan consisted of red meat meals, chicken and fish meals and vegetarian options. The supper meal consisted of a hot snack, soup and sandwiches.
- At the time of inspection, the catering staff were providing specific diets for two people but they were aware of other people's dislikes and preferences. Kitchen staff were kept informed of any person's specific nutritional needs.
- The chef was nominated and achieved runner up award at the National Care Catering Awards (October 2019). This was in respect of their work in meeting the needs of people with complex nutritional needs.
- People were encouraged to take their meals in the dining room or a private eating area in one of the lounges. A number of people were served their meals in their room. Where people needed to be assisted with their meals this was done sensitively.
- Care staff were present in the dining room and provided general encouragement to those who needed reminding to continue eating their meal.
- Each person we spoke with was complimentary about the meals served. Comments included, "The meals here are first class", "There is always a choice but even if we did not like something, they would get us something else" and "I look forward to lunch time and the food is excellent". Relatives were also complimentary. One relative told us the meals were first class and they were joining their loved one on Christmas Day for lunch.
- The chef and catering team had arranged 'Fine Dining' experiences. This enabled people and their friends or family, to have a restaurant style meal, with restaurant service, in the evenings. Four of these had been arranged so far. These experiences were themed, for example, Mexican, French, Italian and other cultures. A relative who attended one of these evenings said, "It really did feel like we had taken [person] to a nice restaurant. It was a fabulous evening".

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

- There were arrangements in place for a GP to visit the service each week. They reported that the staff team were diligent, notified them about changes in people's health and worked hard to prevent hospital admissions.
- The deputy manager, nurses and team leaders had received training in the National Early Warning Score

(NEWS) tool. This improves the detection and response to clinical deterioration in adults. Baseline observations were recorded for each person and were checked at signs of unwellness. For one person who had very complex care needs, the staff knew when they were not right and were able to refer promptly to the rapid response team (RRT), GP and NHS 111 service. The service had direct links with the RRT and were able to prevent hospital admissions and look after unwell people at Hazelhurst.

- Designated staff had a champion role. They attended regular forums, cascading information to the staff team and improved the management of health conditions, for example diabetes.
- Staff worked with other health care services to ensure people's health care needs were met. For example, district nurses (advice only), hospital staff, dentists and opticians. The provider employed their own physiotherapist who worked with people on their mobility.

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

- The premises were suitable as a nursing home and was fully equipped with all required nursing equipment and a passenger lift. Hazelhurst Nursing Home is a 19th century building that has been extended to provide additional bedrooms, bathrooms and living accommodation. The home is set within 14 acres of tended gardens.
- The service was creating dementia friendly outdoor space to enable people to walk freely within the grounds and with places to sit and rest. The plans had taken account of the planting to ensure none were harmful to people.
- Signage, some pictorial signs were provided throughout the home.
- The communal areas consist of two lounges and other quiet rooms, a large dining room and a conservatory. All areas of the home were well decorated and furnished, but the provider had an ongoing plan of refurbishment in place.
- Bedrooms were fully furnished and fitted with a call bell system, TV and telephone points. Some of the bedrooms have en-suite facilities. Two of the bedrooms were shared bedrooms.
- Following specialist dementia care training the call bell system was changed to remove the impact of noise for people living with dementia. Lighting was also changed in en-suite bathrooms.
- There were sufficient communal assisted bathrooms and wet shower rooms.

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 regarding the MCA and DoLS and understood the concept of the least restrictive options for people. All staff were given an MCA card to carry in their pockets, to assist their knowledge of the five principles of the MCA.
- We heard the staff team asking people to make choices. They gained their consent before delivering any care and support and involved them in decisions about their daily life.

- The registered manager and deputy manager had received additional training and had good working knowledge of the MCA and DoLS. DoLS authorisations were in place for eight people and seven others were waiting for approval. The service had good systems in place to know when DoLS authorisations were due for renewal.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- Staff had good working relationships with the people they looked after, and this was evident in the way they interacted with them.
- Feedback we received from people and relatives was overwhelmingly positive. Comments included, "Based upon my previous experience of care homes, this is absolutely fantastic. This is a dream come true", "They look after me wonderfully well", "The staff are excellent, so kind and caring" and "The staff are not only very kind to (named person) but they look after me as well". One healthcare professional was very complimentary about the way their patients were looked after.
- Each person looked relaxed and content. All staff had an equality, diversity and human rights approach to supporting people and respected individuals' preferences.
- The service had previously looked after an older person who was in a same sex relationship. They used the "Safe to be me" resource guide to ensure they provided the kind of service in which older lesbian, gay, bisexual or transgender (LGBT) people could feel safe to be themselves.
- The service had also obtained a handbook of Faiths and Cultures in order to prepare staff and create a care facility that would care for all. This handbook included important information about end of life care planning.
- The service had a 'Resident of the Day' schedule in place. On this day their care plan was reviewed by their named nurse and/or keyworker. They were visited by the chef, housekeeper and activity staff as a 'customer satisfaction' check.
- The service had received many complimentary letters and cards from families in the last 12 months. The themes were in respect of the level of care, kindness and dignity shown to their loved one, the cleanliness of the home and the staff professionalism.
- People, relatives and staff, when asked if they would recommend Hazelhurst as a place to live or work, confirmed the service was highly recommended.

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

- People were always included in making decisions about their daily lives and the care and support they received where possible. People participated in their monthly care plan reviews and were encouraged to say how they felt about the care they received, the staff, meals served and the activities.
- People were asked to make choices about the activities they would like to do, what they wanted to eat or drink, and where they wanted to sit. It was evident the service was fully committed to providing person-centred care for each person.
- Resident meetings were held every month with the last one being held mid-November. The meeting was

facilitated by the activity staff and the person-centred lead. Activities and food were the main topics of discussion.

- Relatives meetings were held every three months. Relatives we spoke with said they could ask to see the registered manager or the deputy at any time as "they were always available".

Respecting and promoting people's privacy, dignity and independence

- Staff treated people well at all times and their dignity and privacy were maintained. Their privacy and dignity were well embedded in the service. During our inspection we saw many positive interactions between staff and people. Staff provided genuine loving care, and were always polite, compassionate and gentle.
- Staff knocked on doors before entering bedrooms. When people needed assistance with personal care, this was achieved discreetly.
- People were encouraged to be as independent as possible and have as much choice and control in their lives as possible. Staff were able to tell how they had worked with people and the physiotherapist to help people regain mobility skills, taking positive risks. Two people who had been admitted confined to wheelchairs were able to walk with walking frames.
- Each person was dressed in their own preferred style and they were provided with assistance with grooming and shaving as necessary. Staff told us about a very trusting relationship between one person and a member of staff had led to improved personal care and grooming for the person.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- □ Electronic care plans were prepared for each person and set out how their care needs were to be met. This ensured people received person-centred care and support. The plans were very informative and provided a true reflection of the person's care and support needs.
- □ In addition, person-centred profiles were developed for each person and these were used when planning activities – group activities and one-to-one time.
- □ People were involved in developing their care plans with the care staff and in subsequent care plan reviews. People told us they were looked after the way they wanted.
- □ All staff were knowledgeable about the people they looked after. They knew people's preferences about what they liked to do, what they liked to eat and drink, and about their life history and family.
- □ For those people who were confined to their bedrooms, the staff had set up personalised music play-lists, using smart speakers they provided. One relative told us this gave their family member a great sense of enjoyment, lightened their mood and helped them become calm when feeling anxious. These smart speakers were also used to relay information such as weather, what's on today, and the time of day for example.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- □ Information was shared with people in accordance with the Accessible Information Standard. The service had a home's brochure and copies of these were displayed in the hallway and given to people living in the home, their relatives and members of the public who enquired about the home. The brochure detailed the facilities in the home. The provider also had a website providing details about the home.
- □ As part of the assessment and care planning process, any communication needs were identified and taken account of. The service would provide documentation in an alternative format when appropriate.
- □ For one person who had poor vision, the service had liaised with the local college for the blind and used the recorded information service, so the person could keep up to date with local news. Another person whose first language was Welsh, was shown picture menus but a tablet computer was being set to help the person make meal choices.
- □ One person was supported to maintain regular contact with family members who lived abroad using technology.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a weekly schedule of activities people could participate in, covering six days a week. Examples of activities arranged include music, arts and crafts, cookery, exercise sessions, a knitting group and a gardening club. At the time of this inspection, the home was being decorated for Christmas. People were decorating tree's, making orange and clove decorations and making arts and craft items for sale
- Examples of person-specific activities on offer included being taken to a hydrotherapy pool (run by a local charity) to swim, being supported to attend an event in Gloucester Cathedral where a person's relatives were singing The Messiah, facilitating someone to learn French and taking a person to watch a Spitfire fly-by. Pictures were taken of the cardboard plane they and the staff made and it was obvious the person had enjoyed the experience.
- Birthdays were always celebrated if this was what the person wanted. The staff were in the process of arranging a 100th birthday party for one person, and a celebratory 70th wedding anniversary for others.
- People were asked not only about the hobbies they had previously followed but also, "What do you want to do now?". The staff looked at what people could do and made suggestions about things they might like to try. For one person a go on a trampoline and a roundabout for wheelchair users had been arranged. Again, the photos evidenced their enjoyment from this activity.
- Children from a local nursery visited for inter-generational work. People were able to work with the youngsters and do arts and crafts, story-telling and singing. In the New Year it was already planned for a group of people to go to the nursery. One person who had previously been a school teacher got a great sense of purpose by these interactions.
- Local primary school children also visited the home. One of the activities team had introduced a postcard writing project and their friends, who lived overseas, wrote to the 'Residents at Hazelhurst'. The school children helped those people who wanted to, write back to these friends. People enjoyed receiving postcards from around the world. For one person, they had started writing again and for the first time in many years, had written their own Christmas cards.
- In recognition that some people needed to feel useful, two people had been given a 'befriender' role. They welcomed new people to the home and were also involved when visitors needed showing around the home.
- One other person played an active role in the health and safety meetings and liked to record the notes of the meeting. This person's input had led to improved seating in the dining room, checking there were no poisonous plants in the garden and discussions regarding larger flower beds.
- People were involved in staff interviews and spoke to potential new staff after the formal interview. The interviewers would observe the interactions between the two parties.
- The service had links with several local churches and vicars and regular church services took place. People were supported with daily practice and holy communion was arranged every fortnight
- People were able to receive visitors at any time during the day. A number of families whose loved ones no longer live at the home, still visited and provided a 'volunteer' role, supporting activities.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with all stated that if they had any complaints they were able to raise these and would be listened to. One relative said they had raised a minor matter, and this had been dealt with promptly.
- The service had a complaints procedure and in the last year had dealt with five formal complaints. The complaints had been handled appropriately and resolved. The complaints procedure was also available in an easy-read version. The registered manager and the staff team used reflective practice following any complaint, as a means of identifying areas where they could make improvements.
- The Care Quality Commission have not received any complaints regarding Hazelhurst in the last year.

End of life care and support

- The service continued to care for people who had palliative or end of life care needs. The nurses and staff team had the appropriate skills and caring qualities to provide good care.
- The service was signed up to the Gold Standards Framework for end of life care, an accredited course. This equipped the staff team with the skills, experience and qualities needed to provide good quality end of life care.
- There was a commitment by the staff team to focus on people living well, rather than dying. People were asked what their wishes were and the staff endeavoured to meet these where possible.
- Where end of life care wishes were difficult to achieve, the staff looked for solutions to ensure the person received the best care. The service had previously looked after one person who had stated they did not want to go to bed or remain in their own bedroom in the final days but were concerned they could die in the lounge in the presence of other 'residents' (their friends). The staff team had worked with them to manage this well, using the smaller lounge with continual staff presence who could take prompt action.
- For one other person the service had obtained a larger bed (a bariatric bed) and this meant the person's relative was able to get in to bed with them and hold them whilst they passed away. For both parties this has meant a great deal for them. The service would support any relatives to stay overnight with their family member if this was their wish.
- The service worked in collaboration with the person's GP and hospice palliative care nurses to enable people to remain at Hazelhurst Nursing Home.
- The service had received thank-you cards from relatives whose family member had passed away complimenting the staff team for the care and support provided.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since the last inspection there had been a change in registered manager. The existing manager was registered with CQC in July 2018. Feedback we received from people, relatives and the staff team were that they provided good leadership for the staff team.
- Ninety-six percent of staff who completed the provider's staff survey 'strongly agreed or agreed' that the registered manager promoted a strong culture and ensured good quality and safe care where the values of respect and dignity were followed.
- The provider had introduced training days for all staff, looking at the CQC inspection process. Staff were encouraged to make suggestions about how the service can be improved and how the lives of people can be enhanced. It was evident in discussions with staff they were all focused on providing the best care and support.
- The feedback we received during the inspection from people, their relatives and the staff team demonstrated that people received person-centred care. Their views and opinions were important and central to all decision making not only about care matters but all aspects of their life at Hazelhurst.
- The registered manager and deputy covered nursing shifts on a planned basis and worked alongside the care staff on both day and night shifts. They were both involved in people's day-to-day care and had a good understanding of each person's individual needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us the registered manager and the deputy led by example and were both open and honest with them. They said they were both approachable and this was apparent when we observed their interactions with the staff team, people and visitors.
- Relatives told us they were kept informed of any changes and things that had happened in the home.
- Hazelhurst is part of a small group of care homes. There are monthly managers' meetings where good practice is shared, new guidance or legislation is discussed and events and the learning from such, are shared between the six registered managers.
- The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.

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

- The registered manager and deputy led a team of nurses, team leaders, and care staff as well as catering, housekeeping, maintenance and gardening staff. All staff were clear about their role within the team. It was evident they all worked well together with a common goal - to ensure not only people's care and support needs were met but also their social and emotional needs.
- The provider had undertaken a staff survey in November 2019. Where the responses from the staff team had been 'neutral', the registered manager had met with the staff to discuss this. The outcome was that some of the questions were to be reworded to be clearer. The survey was to be repeated in February 2020.
- The service had a 'Holistic Action Plan' in place that covered all aspects of the service provided. The plan was a living document that changed and adapted to the needs of the service. The plan was reviewed at least every month and demonstrated the continuous improvements being made. Examples include the provision of a small MCA prompt card for all staff and reviews of policies and procedures.
- The registered manager empowered the staff team to identify and discuss areas for improvements, taking ownership of service provision. They engaged with staff during handover time, team briefs and reflective meetings.
- Monthly audits of care were sent to the provider and quality manager. The quality manager visited at least monthly and the provider visited regularly and was in contact with the home most days. The provider was kept fully informed of service delivery at Hazelhurst.
- The provider had a schedule of quality audits in place to monitor the quality and safety in the service. A number of these had been delegated by the registered manager to others to complete. For example, the deputy completed medication and infection control audits and the maintenance person completed health and safety audits. Where shortfalls were identified, action plans were developed detailing the improvements that needed to be made.
- The number of any adverse incidents such as accidents, falls, complaints, safeguarding events and pressure ulcer formation were reviewed each month and analysed to identify whether any trends were developing. This enabled the registered manager and staff team to preventative action, stop reoccurrences and improve quality.

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

- Resident meetings were scheduled to take place every month. People were asked to express their views regarding meals, activities, the staff team and anything else that was pertinent to them. These meetings were generally facilitated by the activity staff.
- The service had links with the local primary school with inter-generational activities taking place. One person said, "I like it when the young kiddies visit and we make things together."
- Each day the senior staff team had short 'huddle meetings' morning and afternoon. In these, staff exchanged information about events that were happening in the home that day, tasks that needed to be completed and any changes in people's health or welfare.
- Staff received a handover report at the start of their shift and were informed of any changes in people's health or welfare. There was at least one qualified nurse on duty at all time.

Working in partnership with others

- The service maintained good working relationships with the specialist healthcare services that were also involved in people's care. For example, tissue viability nurses, the speech and language therapists, the Stroke community team, occupational therapists and physios, and the Parkinson's nurse. The nurses fully documented any support they received from these services.
- The staff team had worked in partnership with healthcare services to enable one person whose greatest wish was to return home to their spouse, to achieve this. Despite this person's health further deteriorating, the staff team had continued to act in the person's best interests. They had advocated on behalf of the

person with both Herefordshire and Gloucestershire health and social care services to have the necessary equipment in place, training for the spouse and also their on-going support. This person was doing well and had written to the service and thanked them for their persistence in enabling this to happen.

- The service worked in partnership with the local university and took student nurses on placement. The next two student nurses were already scheduled to start at Hazelhurst in February 2020. Benefits that previous student nurses have brought to the service include improvements to infection control procedures and a fresh pair of eyes. The service also provides placements for those doing health and social care courses at the local college.
- The service received regular updates from Care England (a leading representative body for independent care services) and CQC and ensured their practice was in line with National Standards.
- The provider worked closely with the local clinical commissioning group and the local authority and information was shared via registered manager meetings and emails. They also had links with the Kings Fund and the Local Government association.
- The provider, registered manager and deputy have attended talks from the Healthwatch Herefordshire team in Ross on Wye.
- The registered manager met with the managers from the other care services run by the provider. This enabled them to share and receive information, remain up to date with current best practice and share learning from any events.
- At the time of this inspection the provider's post of Admiral Nurse was vacant (a nurse who specialises in the care and support for people living with dementia). There were nurse-led meetings and coffee mornings at Hazelhurst and people from the local community were invited in to attend these. This enabled them to share their knowledge and experience with people and families still managing in their own homes.
- The registered manager and staff team had good working relationships with outside agencies. This included the local older people mental health services, GPs and district nurses, and the local authority safeguarding and DoLS teams.