

# Heswall Care Limited

# The Hazelwell

## Inspection report

Oldfield Road  
Heswall  
Wirral  
Merseyside  
CH60 6SE

Tel: 01513429654  
Website: [www.thehazelwell.com](http://www.thehazelwell.com)

Date of inspection visit:  
21 June 2021  
22 June 2021

Date of publication:  
13 August 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Hazelwell is a care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 55 people across three separate floors. One of the floors is currently decommissioned and another is for providing support to people who requiring nursing care.

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

Medicines were not always managed safely. Guidance was not in place for the use of topical creams, medication patches, 'as and when needed' medications and appropriate risk assessments of people self-medicating were not in place. The audits of the medications had not been used effectively to ensure safe practice and the staff had received training and competency checks however this was called into question following the findings of the inspection.

Health needs of people were not always monitored in their care records. Examples included, those people who needed their fluid intake monitored or their weight monitoring. We saw conflicting information in people's care plans that could lead to inappropriate care being provided to an individual. Additionally, this service had had previous breaches of the same regulations in the most recent inspection. This meant that the provider had not taken and sustained adequate action to improve the service.

Feedback we received from people and relatives was positive. However, some comments made indicated that staff were sometimes problematic. Comments we received stated that there was a high number of agency staff and that staff were a bit short especially at night which could impact call bell response times. Family members told us there was no reception cover at weekends so this meant staff had to come and answer the door and do the lateral flow tests sometimes resulting in long waits. The concerns we received was that this was taking staff away from their care duties.

There were infection control processes in place however we identified that staff practice needed updating and some systems in regard to government guidance, for example twice daily temperature testing of people, was not taking place.

The recruitment of staff was safe and there were enough staff on duty on the day of inspection to meet people's needs. Risks to people's health and safety within the home had been assessed and mitigated with equipment such as hoists and lifts regularly maintained and serviced. Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were a range of provider and manager audits in place, however, some of these were not effective due

to the issues we found.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update) The last rating for this service was requires improvement (published 22 November 2019).

At this inspection enough improvement had not been made/sustained, and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about medicines and staffing. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Hazelwell on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines, risk monitoring and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of

quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not safe.

Details are in our safe findings below.

**Inadequate** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Hazelwell

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors: one medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type;

The Hazelwell is a 'care home'. People in care homes receive accommodation and nursing or 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 who was in the process of registering 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the manager. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

At our last inspection the provider had failed to safely manage medicines and monitor risk. These were breaches of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- During the inspection we found continued areas of concern.
- Appropriate records in relation to 'as and when needed' and topical medications were not in place.
- Medicines that are purchased are known as 'homely remedies'. Appropriate recording and processes were not in place to safely monitor the administration of these.
- The use of medication in the form of patches was not managed in line with guidance and people self-administering medicines were not being risk assessed or observed when self-administering medication. For example, the use of inhalers.
- A count was undertaken of each medicine to reconcile administration with remaining stock of medicines on the medication administration record (MAR) but the recording of this was inconsistent between shifts. This increased the risk of medicine errors.
- Controlled medicines (CD) counts were undertaken daily however there were gaps in the CD balance check records. There were no CD count discrepancies identified during the checks. One person was prescribed a controlled drug which had not been booked in as a CD and secured in accordance with appropriate guidelines.
- The provider had not addressed the issues found during the previous inspection in regard to medication management and governance.
- A recent medication audit had identified significant issues other than the findings of the inspection however no actions had been taken to rectify this by the provider or management team.
- Other risks to people had been assessed, however the monitoring of this was insufficient. For example, turn charts, nutrition and fluid charts were not properly completed. This meant that those people who had been identified as needing specific monitoring, for example those who needed a specific fluid intake were not being monitored. This heightened the risk of people not receiving the appropriate support.
- There was conflicting information in peoples' care plans. For example, identified and safe food consistency and the required frequency of weight monitoring. This meant that there was a risk of

inappropriate care being provided to people as the guidance for staff was not always correct.

- Observations on the day of inspection that personal protective equipment (PPE) was available on all floors, however we were not assured that the staff was using this effectively and safely. We observed one staff member with a mask under their chin, one staff member putting a mask on when they saw there were visitors and an external contractor was asked to put a mask on during the inspection. This indicated staff practice needed updating.
- People's temperatures were only checked daily rather than twice as recommended by guidance.
- Staff testing records were not organized and difficult to oversee. It did not appear to show that all staff completed testing in line with government guidance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines and risk was effectively managed and monitored. This placed people at risk of harm. These were continued breaches of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular health and safety checks of the environment had been completed. Service agreements and safety certificates were all in date.
- Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence.

#### Staffing and recruitment

- Staff files we looked at held the appropriate information needed to ensure fit and proper persons were employed.
- All staff had had their criminal conviction checks in place.
- During the inspection we saw that there appeared to be an appropriate number of staff on duty. However, we received comments from people and family that staffing was an issue at times and that there was a high number of agency staff.
- We were told staff were a bit short especially at night which could impact call bell response times. Family members told us there was no reception cover at weekends so this meant staff had to come and answer the door and do the lateral flow tests sometimes resulting in long waits.

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

- People were protected from the risk of abuse, as the provider has systems in place that were effective in identifying and responding to any concerns identified.
- People and relatives we spoke with all said they felt the home was a safe environment and had no concerns.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider did not have appropriate governance processes in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- There were still systems in place to check the quality and safety of the service, however these had not always been effective and had not identified some of the issues we found during this inspection, for example deficiencies in medication management, risk monitoring and minimising the risk of COVID-19.
- The provider had very recently reviewed and changed the organisational structure, however this change was very new and improvements needed to be embedded within the service and the culture of the home.
- There was a training and supervision process in place and the competency of staff members to administer medications safely had been checked to ensure they were competent. However, we questioned the effectiveness of this following the issues found during this inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were open and transparent and engaged positively in the inspection process.

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

- The provider, and incoming manager, were clear with regards of what was expected of them within the home.
- People and relatives we spoke with were fully aware of the new manager and commented on how helpful he had been.
- The manager had shared information with the CQC and the local authority as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The majority of the feedback from people and relatives we spoke with was positive. Comments included "They have kept fully in touch with us throughout the Covid pandemic. They take no chances with any health issues."
- Regular meetings were being held. People were able to tell us when the next meeting was arranged. In discussion with the manager following the meeting the feedback that was given during the meeting reflected the comments made during the inspection. This indicated that people were comfortable airing their views to the staff and manager.
- Staff meetings took place regularly to share information and learning with the staff team.
- The manager and provider representatives were responsive to feedback given throughout the inspection and immediately acted on the findings. They were also able to discuss how they used feedback from other agencies such as local authority to improve their processes and practices.
- Support from other health and social care professionals was sought when required.

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                      |
| Treatment of disease, disorder or injury                       | <b>The provider did not have appropriate governance processes in place.</b> |

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment   |
| Treatment of disease, disorder or injury                       | Systems were either not in place or robust enough to demonstrate medicines and risk was effectively managed and monitored. This placed people at risk of harm. |

### **The enforcement action we took:**

Warning Notice served in regard to Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.