

# Heswall Care Limited

# The Hazelwell

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

The Hazelwell is a residential care home providing personal and nursing care to up to 55 people. The service provides support to people in need of nursing support, respite care, end of life care and general assistance with everyday living for people with dementia. At the time of inspection there were 39 people living at the home.

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

Improvements had been made to the service in regards to infection control, medicines and to the management of risk however, we identified additional improvement was needed in regards to medicines, recruitment and recording and reporting on aspects of people's care.

We have made recommendations in regard to medicines management and recruitment.

Care plans and risk assessments were in place that reflected the needs of people living in the home, however we identified monitoring information was incomplete.

Infection control processes had significantly improved, and the home appeared clean. Accidents and incidents were managed appropriately, and the management notified CQC of significant incidents when it was appropriate.

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.

On the day of inspection there appeared to be sufficient staff on duty to deliver care safely and the provider had plans in place to reduce the use of agency staff. We observed support being provided in the home and saw that this was done in a caring, responsive and patient manner. We saw that people were comfortable in the presence of staff.

Complaints, accidents and incidents were managed appropriately, and referrals were made to other professionals in a timely way when people living in the home were in need. The provider employed activities co-ordinators and people's dietary needs were catered for.

There were a range of effective provider and manager quality assurance processes in place, the provider had learnt lessons from the previous inspection and improved services.

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 13 August 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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 by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk and medicines. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of 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).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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 Health and Social Care Act 2008.

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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Hazelwell is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a new manager had been in post for four months and was in the process of applying to register with CQC.

## Notice of inspection

This inspection was unannounced.

## What we did before 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with four staff members. We reviewed a range of records. This included four 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. We spoke with four people who live in The Hazelwell and five relatives. We spoke with three professionals who regularly work with the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management; 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.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, additional improvements were needed.

- There were improvements however there continued to be gaps in people's monitoring information, for example nutrition and fluid intake charts.
- Improvements were seen with management of controlled drugs, patch records and homely remedies since the last inspection.
- The provider had a service improvement plan for managing medicines and we saw actions had been taken. Staff were in the process of reviewing and upgrading peoples records and risk assessments. We found medicines records had been improved and mainly reflected people's needs. We found some issues regarding storage, but these were actioned during the inspection.
- Staff did not always record the times when medicines containing paracetamol were administered. There is a risk that these could be given without a four-hour gap if not recorded properly.
- Care staff did not always record when thickener powder had been added to drinks for people who had swallowing difficulties or when topical creams and ointments had been applied.
- There was evidence that staff had regular assessments to ensure they were competent to manage and administer medicines. However, these checks were not robust and we saw evidence that improvements could be made.

We recommend the provider seeks nationally recognised guidance regarding competency training and undertakes regular planned audits to ensure all documentation is current and complete.

- Regular health and safety checks of the environment had been completed. Service agreements and safety certificates were all in date.

Preventing and controlling infection

At our last inspection the provider had failed to ensure risk was managed in regard to infection control. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in regard to infection control.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. All relatives we spoke with told us they thought The Hazelwell was "Spotlessly clean and very hygienic." One person commented "There are never any bad smells or odours, the cleaners are always around."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- Staff were recruited safely.
- Most required information was available, however the way the provider recorded DBS checks did not reflect whether the check was enhanced, or if the result was clear. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider consider current guidance on appropriate recording of recruitment information and take action to update their practice accordingly.

- There were adequate numbers of staff on duty at the time of the inspection, and rotas showed these numbers were regularly maintained.
- The provider was currently using a high number of agency staff. This had been reduced slightly and the provider had appropriate checks in place.

Visiting in care homes

- People's friends and relatives were supported to visit in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- The people we spoke with felt safe living in The Hazelwell. They had the freedom to come and go as they pleased if they signed in and out of the building. One person commented "I feel safe living here, I enjoy being able to go out, as long as I sign in and out for safety reasons. I call it my home not my care home."
- Appropriate systems were in place to monitor and review accidents and incidents. These were reviewed regularly to establish patterns and to minimise future occurrence.
- There were policies covering safeguarding adults, which were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.



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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audits had improved, and we saw evidence of this through care plans and infection control processes. However, additional improvements were needed in regard to medicines and health monitoring recording processes.
- The provider was able to show how they visited regularly and carried out their own audits.
- Since the last inspection the provider had reviewed and changed area and registered managers, however these changes were new and improvements needed to be embedded within the service and the culture of the home.
- The manager and area manager approached the inspection with transparency and they immediately actioned issues we found during the inspection.

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

- Each person we spoke with knew who the manager was, and all said [manager] was very friendly and always had time to chat with them. They all said they would be happy to contact him with any concerns. One person said "[Person] is the manager, he seems very proactive and is getting things done. He comes and chats with me if I had any concerns, he would sort them out." Another person told us "[Manager] is brilliant, you can go to him about anything, he is always willing to chat."
- Systems were in place to gather the views of people living at the home and staff. One family member told us "I have attended a few relatives' meetings but even if I don't attend, we get the minutes and can see what action has been taken."
- Any complaints or concerns about the service brought to the provider's attention were now responded to quickly and appropriately.

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 manager and area manager were open and transparent and discussed in depth with inspectors the issues they had identified with the service, and how they were addressing immediate concerns.
- The manager and provider had shared information with the CQC as required.
- The provider recognised when staff needed to have accountability for their actions, and we saw disciplinary processes were in place and followed when appropriate.

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

- Referrals to other health and social care professionals were made in a timely manner when people needed additional support.
- Relatives we spoke with gave positive feedback regarding their perceptions of the care their loved ones received. One relative commented that they felt the staff were good to encourage independence and allow people to do as much as possible for themselves.
- We received positive feedback from professionals we spoke with. Comments included "The manager is engaging with the service and I have been to the home within the last three months. Whenever I come to the home I am treated warmly and well by the staff," and "We have a good working relationship with the staff at the home and our communication with regards to medication for the residents is over email to allow for an audit trail on both sides. The staff are all friendly and helpful when we communicate with them. Patient care is at the centre of their concerns when we communicate with them."
- Regular meetings were held with staff; this gave the opportunity for discussion and the sharing of information.