



Inspection Report on

Hazelhurst Nursing Home

**Sully Road
Penarth
CF64 2TP**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

13/11/2023

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About Hazelhurst Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	HAZELHURST NURSING HOME (PENARTH) LTD
Registered places	41
Language of the service	English
Previous Care Inspectorate Wales inspection	2 March 2022
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Hazelhurst Nursing Home can accommodate 41 people with a range of nursing and personal care needs. This inspection was unannounced. There is a manager in place who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirements. Santokh Bamrah is the responsible individual (RI) for the service. People receive care and support from a friendly staff team. There are sufficient staff to provide care, with suitable arrangements in place to cover any staffing shortfalls.

The manager and Responsible Individual (RI) are visible and engaged in the day-to-day running of the service. Systems are in place to ensure the quality of care and support is provided to a high standard. Care documentation reflects the care and health needs of people living at the home but we identified some areas for improvement. Staff receive general mandatory training with additional training due to be carried out in specific areas.

People live in an environment which is homely and suitable for their needs but we identified some areas would benefit from refurbishment. The home environment is secure. People are consulted about the care and support they receive. Infection prevention and control processes are in place to reduce the risk of infectious diseases being spread throughout the home.

Well-being

People feel safe and protected from harm. The entrance to the home is secure. Arrangements for fire safety and general maintenance are in place. The home is clean and pleasant throughout and suitable for the needs of the people. The manager ensures it is a safe place for people to live, work and visit. People can move freely in accordance with their abilities and assessed risks. There are five floors to the home, each accessible via a passenger lift which has recently been repaired following several weeks out of service.

People have a good choice of meals and drinks to suit their nutritional needs and preferences. We saw some people enjoying the meals provided and observed the mealtime experience to be a social time for people to enjoy. The home has achieved a 3-star (satisfactory) food hygiene rating. We spoke to people who were complimentary about the choice and quality of food.

Measures are in place to promote good standards of practice throughout the home, with infection prevention and control measures robust and in line with Public Health Guidance. Management shows oversight of incidents, accidents, complaints, and safeguarding matters. A statement of purpose is present which is up to date and reflective of the home.

Management oversee the training and supervision needs of staff. Team meetings take place specific to each worker's role and we advised that minutes be taken of each staff meeting. There is a robust recruitment process in place. The RI demonstrates appropriate oversight of the service to ensure it operates safely and in accordance with its statement of purpose.

People are safe and receive appropriate care and support and staff demonstrate a friendly approach. During our visit, we saw staff interacting positively and people told us they had good working relationships that were respectful. Documentation to support the delivery of care and support people require has recently changed to an electronic system which requires strengthening to capture identified risks such as diet and nutrition. People are encouraged to have visitors to the home and people we spoke with told us *"Staff are caring and kind", "I am well looked after, I couldn't ask for more really"*.

Care and Support

People have access to health and other services to maintain their ongoing health and well-being. Information within people's electronic care files evidenced referrals and contact with various health professionals. We saw these referrals were made in a timely manner and whenever people's needs changed. We saw people looked healthy and receive the care and support to meet their personal outcomes. However, although personal plans reflected people's current needs we highlighted areas where staff were required to be more robust in the documenting of daily notes to ensure correct guidance is followed. We discussed some matters with management that would benefit from review which includes but not limited to; more detailed information regarding daily diet and fluid intake requirements. The manager told us this would be addressed immediately.

People's mealtime experience was observed as a social time for people to enjoy. We observed the dining area during lunch time and saw people enjoying the meal provided, sitting and chatting with others around the dining tables whilst others who preferred to, remained in their rooms or in quieter areas of the home. The home has been awarded a rating of 3 'satisfactory' by the Food Standards Agency.

Systems are in place to protect people who use the service. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. The staff team told us they understood the importance of reporting concerns and that they feel able to approach the manager/RI with any issues or concerns and feel extremely well supported. Care staff are visible, and we found there to be appropriate oversight of staffing arrangements. Care staff know the people they support well and some staff told us they had worked at the home for many years. We saw care staff interact with residents in a friendly and respectful manner. We saw activities taking place throughout the home and sufficient staff to enable one-to-one meaningful interactions throughout the day.

The service promotes hygienic practices and manages risk of infection, such as cleaning schedules. The service has an infection control policy and procedures in place. Discussions with care staff confirmed they are aware of the infection control procedures, and we saw them wearing appropriate personal protective equipment (PPE) when needed.

Environment

People are safe, the home is secure with a keypad system in place and visitors must ring to gain entry. The home offers suitable accommodation for people. Management oversees the home's health and safety requirements. From our walk-around we noted window openings that may pose a risk to residents are secure. Staff carry out regular safety checks and we saw up-to-date personal emergency evacuation plans (PEEP) in place. There is a fire risk assessment and care staff have training in fire safety and manual handling with all current training up to date or future dates arranged. Environmental audits to ensure areas are clean and safe are carried out daily/weekly. However, we identified where improvements are required regarding refurbishment in various areas of the home which appeared tired and worn.

People have a sense of belonging. The home offers several small communal areas for people to sit and enjoy with others or spend time alone. Bedrooms are personalised with items of people's choice and personal belongings. There is a large open dining area with good access and egress for people with mobility needs. People are cared for in a clean and homely environment. However, we observed some personal items inappropriately stored in communal bathrooms which we requested be removed. The manager agreed with the findings and told us the matter would be dealt with immediately.

The service provider identifies and mitigates any risks to health and safety. We considered various records relating to health and safety, which evidenced the provider maintained effective oversight to ensure the environment was safe. The home has a visitor book in accordance with fire safety arrangements and visitor identity checks are undertaken. We saw all safety checks in relation to gas installation, electricity and safety records were satisfactory and up to date. All confidential files including care and staff files were stored securely.

People can be confident that there are effective arrangements at the home that will protect public safety and minimise cross infection. There is oversight to ensure staff follow the correct infection guidance.

Leadership and Management

People can be assured that staff are safely recruited, supported and we saw staff training carried out for the roles they undertake. We looked at staff recruitment files and saw they contained all the pre-employment checks required in respect of any person working in regulated services. Staff receive formal one-to-one supervision in accordance with regulatory requirements. Supervision provides each staff member with opportunities to discuss their performance, development and/or any concerns they may have. We were told that staff training was mostly up-to-date, which included safeguarding of vulnerable adults, infection control and manual handling.

People can be confident management monitors the quality of the service they receive. Systems and processes mostly help promote the smooth running of the home; however, we identified where some improvements are required. Management oversees incidents, accidents, and complaints. The home carries out internal audits to monitor standards and practice. We looked at some key policies and saw they are up to date and reviewed. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles.

We spoke with staff during our visits who told us, *“Management are really helpful”, “I enjoy my job and feel supported”, “I have been here many years and wouldn’t change anything”*. Daily handovers ensure pertinent information is shared between staff at shift handover. We found that regular auditing mostly ensured residents’ health, or any deterioration had been recognised and acted upon.

Staff meetings take place on an ad hoc basis, but minutes were not taken. We advised all future meetings to be documented to address any issues raised are resolved. The manager is visible and described by staff as *“supportive”* and *“helpful and approachable”*. The RI visits the service as required and we viewed the recent three-monthly quality monitoring report dated July/September 2023 which contained all the required information. We saw from the report that some areas we highlighted as requiring improvement throughout our visit had been previously noted by the RI. The manager has assured us that they are taking action to address these areas.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
16	<p>The provider is non compliant as they failed to ensure that the personal plan for the individual which sets out how on a day-to-day basis the individuals care and support needs will be met and the steps taken to mitigate any identified risks to the individual's well-being.</p> <p>The evidence</p> <p>We saw from individual personal care plans that some people living at the home required assistance by staff at mealtimes with soft/pureed diets and fluids. We observed one person being assisted by staff during the mealtime inappropriately because the assistance provided by staff was from a standing position during the meal and we saw no interaction carried out at this time.</p> <p>At the time of the visit the lift at the home was out of service and staff were assisting residents in their individual bedrooms, we observed lots of interruptions throughout whilst people were assisted with meals. This time should be a calm, social time for people to enjoy.</p> <p>We saw from the daily entries completed by that staff that the constancy of the meal served to people on pureed/soft diets was not documented. We advised the manager to ensure the documentation completed by staff is robust to capture the meals eaten are of the assessed consistency.</p>	New

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