



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

8 March 2022

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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	February 2019
Does this service provide the Welsh Language active offer?	The service is currently working towards providing an 'Active Offer' of the Welsh Language. To progress further we recommend that the registered provider considers Welsh Governments "More than Just Words" follow on guidance for Welsh Language in Social Care.

Summary

Hazelhurst Nursing Home is able to accommodate 41 residents with nursing and care needs. This inspection was unannounced. Sonny Bamrah is the responsible individual (RI) for the service and there is an appointed manager who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirements.

People receive appropriate care and support from a friendly staff team and there are sufficient staff to provide assistance, with arrangements in place to cover any future shortfalls. People live in accommodation which is suitable for their needs and has seen continued refurbishments throughout the home. People attend activities and receive support in accordance with their interests and wishes.

The management team is visible and engaged in the day-to-day running of the service and there are systems in place to ensure the quality of the care and support provided. Care documentation has improved and reflects the care and health needs of people living at the home.

The home environment is secure. People are consulted about the care and support they receive and as part of improving the service. Infection prevention and control processes are in place to reduce the risk of infectious diseases being spread throughout the home.

Well-being

People have a voice to make choices about their day-to-day care; we saw care staff respond promptly to people's needs throughout the visit in a kind and friendly manner. Personal plans have improved and important information is up to date. This serves to ensure care is person-centred and continues to meet people's needs and expectations.

People receive support that promotes their physical and mental health. Documentation contains details of the care and support carried out. Staff make referrals to other healthcare professionals as required. There is documented evidence in care files of support from other professionals such as GP, social workers and dietician.

People have a good choice of meals and drinks to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed drinks and snacks offered throughout the day. Kitchen staff told us of people's dietary requirements' and had a good understanding of people's likes and dislikes. The home has been awarded a 3 star (generally satisfactory) food standards agency rating. We observed people's dining experience to be a social time and people enjoying chatting throughout.

People benefit from a variety of social activities and pastimes of their choice. The activity coordinator showed us the schedule of activities available and people were engaged throughout the day in various pastimes they chose; such as painting, drawing and music. Care staff also provide social stimulation on an ad hoc basis. We saw one staff member arranging activities on the ground floor and people singing along. As the home has had limited visitors since March 2020, because of the Covid-19 pandemic, people require extra social and emotional support from staff. We saw support carried out 1-1 or group support throughout the day.

People are protected from harm and the entrance to the home is secure. Environmental arrangements for fire safety and general maintenance are in place, and the home is clean and fresh throughout, with no identified hazards. Staff carry out environmental risk assessments as well as assessing risks specific to each person's health and well-being. Staff are up to date with training and mandatory courses, the manager told us all training outstanding was in the process of being booked and dates provided.

Care and Support

Care staff interact with residents in a friendly and respectful manner. People's choices are promoted, for example regarding snack and meal options. Care staff show good knowledge of people's wishes, needs and how to respond to them. People's preferences and aspirations are documented. They are enabled to have visitors to the home and encouraged to keep in touch by telephone. Care records have improved and are well organised. Documentation contains, in detail, the care and support carried out, although we discussed some matters with management that would benefit from review. These included accurately checking names on documentation and ensuring photo identifications are prominent in the care files.

Care staff know the people they support well and some staff told us they had worked at the home for several years. Therefore, they can recognise any deterioration in health and well-being and act accordingly. Staff are visible and we found there to be appropriate oversight of staffing arrangements. Information about how people like to spend their day is documented and an activity schedule reflects opportunities throughout the week. Management told us this has been affected by the Covid-19 pandemic. The home completes audits regarding areas such as skin integrity and medication, which the RI oversees. A medication policy is present and a General Practitioner (GP) visits the home on a regular basis to monitor and review the resident's health including their medication. A visiting professional we spoke with provided positive feedback about the care residents receive.

People can be confident that there are effective arrangements at the home that will protect public safety and minimise cross contamination. There are measures in place to promote infection control, such as cleaning schedules and audits. We observed staff following the correct personal protective equipment (PPE) guidance and following procedures to minimise cross infection risks as far as possible. For example; we observed sanitising stations throughout the home and easily available PPE. On arrival at the home we were asked to provide a negative lateral flow test (LFT) and follow the correct visitor's precautions during visits. Visitors we spoke with throughout the visit were extremely complimentary about the staff, manager and the care provided at the home.

Measures are in place for safeguarding residents. Entry to the home is secure and a log of visitors is maintained. Staff check visitor's identification carefully prior to entry. A safeguarding policy is present and management demonstrate oversight of safeguarding matters. The home liaises appropriately with the Local Authority regarding incidents and notifies Care Inspectorate Wales (CIW), where appropriate. It takes action to address any satisfactory staff conduct and staff are provide with safeguarding training.

Environment

People are cared for in a clean and homely environment. People's bedrooms are individualised and contain items of their choice. There are sufficient bathing and toilet facilities for people, with many individual rooms being en-suite. We saw domestic staff undertaking cleaning duties throughout the home and found the home to be clean and well maintained. When we spoke with people they were very complimentary about the home. We identified items of clutter in one bathroom and informed the manager who removed the items immediately, thus providing a pleasant bathing environment for people to enjoy if they choose.

People have a sense of belonging. The home offers several communal areas for people to sit and enjoy chatting to others or to spend quiet time. This also enables social distancing during this covid-19 period. There is a large dining/lounge area overlooking the pleasant front gardens, which gives the home a pleasant feel. These gardens are where people can enjoy spending time in the warmer weather. There is good access and egress for people with mobility needs. The entrance to the home is secure and visitors have to ring to gain entry.

There are four levels at the home, each accessible via a passenger lift. The home has received a food hygiene rating of 3 (indicative of 'generally satisfactory' kitchen hygiene practices). The home offers suitable accommodation for the residents and management are committed to developing it further. An infection control policy and visitor's policy is present. Staff carry out regular fire safety checks and people have personal emergency plans (PEEPs) in place, however we advised the 'grab' file be reviewed to contain photo identification of all residents in the case of any emergency. The manager acted immediately and reviewed the 'PEEPs' file and every resident's photo replaced. Management oversee the home's health and safety requirements. There is a fire risk assessment and care staff receive training in fire safety and first aid.

Appropriate certification is in place regarding facilities and equipment, such as, gas electrical appliances, nurse call alarms, manual handling equipment and the passenger lift. From our walk-around at the home, we noted window openings that may potentially pose a risk to residents are secure. The home completes environmental audits to ensure areas are clean and safe, however we noted some call bells were missing and alerted the manager who immediately replaced these.

Leadership and Management

People can be confident the provider monitors the quality of the service they receive. Systems and process help promote the smooth running of the home. Management oversee incidents, accidents and complaints. The home carries out internal audits to monitor standards and practice. Daily nurse handovers ensure pertinent information is shared between staff at shift handover. We looked at some key policies and saw a Covid-19 contingency plan is in place. The statement of purpose describes the home and its facilities, we requested the provider to submit an updated copy to CIW. A written guide gives people key information about the service.

People can be assured that staff are competent to undertake their roles. We looked at eight staff recruitment files and noted they contained all the pre-employment checks required in respect of any person working in regulated services. We identified that where training was overdue, training days have been booked and dates provided. Training records show that training has been carried and the general workforce have the skill and knowledge for the role they undertake. Care staff are provided with specialist training in areas including dementia care, and end of life care, diabetes care and catheter care. We discussed training with the manager who told us that some training had been difficult to undertake during the Covid-19 pandemic but that all staff were mostly up to date and future refresher training booked.

People can be assured that the service is run in accordance with up to date policies and procedures. We found that the majority of policies had been reviewed and contained updated information in light of changes to guidance. Therefore, any staff provided with this information would be following information which is current and up to date to underpin their practice when supporting people. Future dates for staff, management, relatives and resident meetings have been arranged with feedback and engagement sought.

There is evidence of suitable service oversight and governance. The RI regularly visits the home and engages with individuals and residents. They demonstrate quarterly oversight of resources and we saw a quality of care review which has been completed since the last inspection. We found there is appropriate oversight of the service in place.

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

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