



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

30/10/2024

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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	13 November 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Hazelhurst retains staff effectively, ensuring continuity of care and forming strong relationships between individuals and staff. People are happy and feel well cared for. We observed positive and meaningful interactions. Activities are well organised and enjoyed.

The home offers a spacious, personalised and colourful environment which contributes to people's sense of belonging. Infection control is effectively managed, with all staff trained and appropriately equipped.

Governance arrangements are in place, and regular quality of care reviews are conducted. The RI regularly visits the service to seek people's views to improve. The manager is knowledgeable, supportive and dedicated to the role. While care staff feel well supported, we noted gaps in some core areas of training. Addressing these gaps is important to ensure nurses and care staff have the knowledge and understanding to support the needs and specific conditions of people.

The service must retain accurate and complete care and health records to ensure quality and reliability of care. The service provider is to introduce effective evaluation and improvement systems to manage key areas of the service such as medication management, care and health information and clinical oversight. While there is no significant impact to people currently, this is an area for improvement, and action is expected. The service provider has assured that this will be addressed immediately.

Well-being

People are supported in making everyday choices. Personal plans guide staff to assist people with their decisions about how they want to spend their day. We saw staff encourage people to select their snacks and drinks. Staff familiarity and understanding lead to positive, kind, and compassionate interactions. A varied activities programme is in place, which people look forward to and can choose from. The provider supports individuals to visit family and maintain important contact. The provider actively seeks views, helping to shape and improve the service.

Generally, people live in a safe environment, but there needs to be better management of hazards. People appreciate their personalised rooms, which enhance their sense of belonging and comfort. People choose to use different areas of the home to suit their needs and preferences. The home is warm, well-decorated, and has a wholesome feel. While we found hazards which could pose a risk to people, the manager immediately addressed these. There are arrangements in place to ensure equipment and facilities are regularly serviced for safety. Effective cleaning regimes are maintained to uphold good hygiene standards and promote a healthier living environment.

People appear well cared for, with appropriate referrals for further advice and intervention. However, there is a lack of clinical governance by nurses and inaccurate or incomplete health records. Records cannot always be relied upon to identify changes in health needs for prompt action. Arrangements are in place to monitor and evaluate accidents and incidents, but additional medical advice is not always sought for head injuries, where needed. While people receive the right medication to support their health and well-being, the medication recording system must be strengthened. Staff are trained in safeguarding protocols.

People benefit from being supported by staff who know them well. The home retains staff effectively, providing continuity of care and support. People described the staff as *"fabulous"* and *"I can ask them for anything."* Staff are attentive and respectful. Staff are allocated to support specific people each day and responsible for their care, this helps with continuity and people know who to approach. Call bells are answered promptly, but they need to be formally monitored by the manager so any lengthy responses can be identified and addressed.

Governance arrangements are in place, with the RI regularly visiting to evaluate the quality and safety of the service. The manager's dedication and support contribute to service stability, providing a reliable leadership presence. However, the internal auditing systems are lacking and need to be addressed to ensure the service is effectively monitored and evaluated in all areas. Staff receive training for their roles, but there are gaps in core areas and does not evidence when refresher training is needed and provided. Staff are well supported, but inadequate clinical supervision arrangements exist. These are being addressed.

Care and Support

Hazelhurst employs an activities coordinator and offers a programme designed to meet people's hobbies and interests. People told us they look forward to the activities and events arranged. These bring them joy and engagement. There are numerous arts and crafts displayed on the walls, showcasing the pride people take in their creations. The service plans to celebrate birthdays and other significant events, ensuring people feel valued and recognised on these special occasions. The service also facilitates visits to loved ones in hospital when necessary to maintain important contact. Relatives told us they are always feel welcome at the home.

Assessments are conducted prior to individuals moving in to determine if the service can meet their needs. Personal plans are in place for most people, but we found one instance when this was not the case for a new admission, even after several days. Having a personal plan is crucial as it provides clear guidance for staff about the individual, preventing incorrect care and support. The manager has started to address these issues. Staff record care interventions in real time, providing an accurate picture of care delivery. People appeared well cared for, and those we spoke with mentioned they receive the right support when needed.

People cannot be fully assured they will be assisted by nurses and care staff to be as healthy as possible, as records cannot always be relied upon. Personal preferences, allergies, and specialist diets are well known. People's health needs and associated risks to their health and well-being, is generally documented in health plans. However, we found instances where treatment was not always accurately recorded, which places people's health at risk. Without proper documentation, nurses may not identify changes in people's health and take the necessary action. Accident and incidents are reported, but the information is not always recorded in the appropriate place, which can hinder the identification of patterns and trends for action to be taken. We also found additional health advice is not sought when there has been a minor head injury, and such advice is required. There is a lack of clinical governance and auditing to identify issues for action which has led to repeated inappropriate practice. People have access to GP services, and appointments with health and social professionals are arranged. We have identified the incomplete and inaccurate care and health records as an area for improvement and action is expected. At the time of the inspection, the manager had already begun to address the issues.

People receive the right medication to promote their health and well-being. The administration charts confirm individuals are given their medication regularly. There is a comprehensive medication policy which nurses follow. Nurses are trained and their competency assessed, although we observed a delay in refresher training and competency assessments. This contradicts the medication policy. The manager assured us that individual medication plans would be put in place to inform staff of the indicators for as and '*when required*' medication is needed. Nurses must consistently review how well this medication is working. We noted medication is stored securely, and storage temperatures are monitored. However, internal audits are ineffective as, though they identified defects,

they failed to lead the provider to adequately address them, leading to repeated inappropriate practice. This can compromise people's health and well-being.

Mental capacity assessments and best interests' assessments are completed. Deprivation of Liberty Safeguard (DoLS) authorisations are sought where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

The level of engagement and interaction from staff was consistent throughout our visit. People told us the care staff respect their choice to either socialise at mealtimes in the dining room or stay in their rooms. We observed staff encouraging and supporting individuals who require assistance with meals, enhancing their mealtime experience. Both care and kitchen staff are fully aware of people's dietary needs and modified diets, ensuring they are accommodated. The meals appeared hot, appetising and people told us the food is good. Since the last inspection visit, an area in the dining room has been set up for people to have snacks and drinks between meals to encourage their intake. All nurses and care staff are trained in modified diets and assisting with eating and drinking.

Environment

The environment is spacious, offering various living areas where people can choose to socialise or enjoy some quiet time. People are relaxed in their spaces, and everyone has their own room, which is clean and personalised to their taste. Family photos and personal items make their surroundings feel like home. The communal areas are colourful and adorned with products made by people, which gives them a sense of belonging and pride. There are adapted bathing and showering facilities in each community to give people choice. Since the last inspection, additional investment has been made to provide a communal snack and drink area, encouraging people to maintain their nutrition and hydration between meals.

People live in a safe environment; but risks need to be better managed. We found several hazards around the home, such as accessible toiletries and cleaning materials, which can pose a risk to people living with an impairment, when ingested. All bed rails must have bumpers in place to protect people from harm. The provider has robust arrangements in place to ensure all equipment and facilities are serviced and safe. The service conducts a range of internal health and safety checks regularly to maintain compliance and action any issues. Although no issues were found during these checks, the provider is arranging the service of some beds and thermostatic valves. Emergency evacuation plans (PEEP's) are in place, informing staff the assistance people require in the event of an emergency. All fire equipment is serviced, and care staff are adequately trained in fire safety awareness and health and safety.

Infection control is effectively managed. We found cleaning regimes and standards of hygiene throughout the environment to be good, and laundry duties are being maintained. The service employs a team of domestic staff to maintain these standards. All staff have access to personal protective equipment (PPE) and understand its proper use and disposal. They receive infection control training and recognise its importance.

Leadership and Management

Governance arrangements support the day-to-day operations of the service. The manager, who is qualified and registered for the role, has worked at the home for several years, providing stability and oversight. Staff are highly complementary of the manager. The RI routinely visits the service to gather people's opinions. The six-monthly quality of care review is conducted, with recommendations proposed to improve and develop the service. However, this report could be further strengthened to align with regulations. The manager feels supported by the RI. The provider formally consults with people, their relatives, staff, and other visiting professionals. The most recent feedback is due to be evaluated, we will follow-up the actions at the next inspection visit. People and staff, we spoke with, have confidence in raising concerns believing these would be acted upon.

The internal auditing systems are lacking and need to be addressed to ensure the service is effectively monitored and evaluated in all areas of the service. This issue has affected medication management, call bells, most care information, and the lack of clinical oversight into health matters. Without these systems, the service quality could be inconsistent and unreliable, as patterns and trends will not be identified for necessary action. This is an area for improvement and action is expected. However, during the time of the inspection, the manager has already begun to address the issues.

Safe recruitment and vetting checks are rigorously followed to protect people. Care staff feel well supported and described the manager as always approachable and helpful. We observed good teamwork and communication among care staff, who mentioned, *"we work as a team"* and *"it's great working here."* Although staff receive regular supervision its quality needs improvement to aid effective feedback and professional development. The current clinical supervision arrangements are inadequate, and nurses should be supervised by a clinical practitioner. While most care staff have received core mandatory training for their roles. We found gaps in other core training areas for nurses and the lack of provision for refresher training to ensure they maintain up-to-date knowledge and competence in their professional clinical roles. This is crucial, especially since staff are currently supporting individuals with specific needs and health conditions. Without adequate training, there is an increased risk to people's health and well-being. The manager has already started addressing these issues.

The service retains staff, resulting in a low turnover and ensuring continuity of care for people. There are strong relationships between staff and people living in the home. We noted patient and caring interactions throughout our visits. Staff rotas confirm there are consistently enough staff available to meet people's needs. Care staff must identify and record when there are changes to people's care and health needs to ensure the right number of staff are available. People told us that care staff are responsive and answer call bells promptly. People feel they receive the right assistance when needed. Although the manager has oversight of call bells, these should be formally audited to address any issues.

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.

Area(s) for Improvement		
Regulation	Summary	Status
8	The provider to have consistent and effective auditing systems to monitor and evaluate the	New

	service in all areas. This information will help to identify patterns and trends for necessary action and improvement.	
59	The provider to ensure that care and health records are complete and accurate to reflect peoples' needs and associated risks. This will help to prevent people receiving incorrect care and support.	New
16	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. The evidence We saw from individual personal care plans that some people living at the home required assistance by staff at meal times 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 no interaction at this time. At the time the lift at the home was out of service and staff were assisting residents in their individual bedrooms and we observed lots of interruptions throughout whilst people were assisted with meals. This time should be a cal , social time for people to enjoy. 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.	Achieved

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