

Hazelwood Lodge Limited

# Hazelwood Lodge Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Hazelwood Lodge Limited is a residential care home providing personal care and accommodation to 10 people with a learning disability.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service:

The service has been developed and designed largely in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

We found people at the service were encouraged to participate in activities in the community, but have made a recommendation that the service continue to review people's activity plans to promote and encourage personalised and individualised social and leisure activities.

People who lived at the service and their relatives were positive about the service and told us staff were kind and caring to them.

Care plans were up to date, comprehensive in scope and personalised. Risk assessments mitigated identified risks to minimise harm to people.

People were supported to access external health professionals to help promote good health and wellbeing. A health and social care professional and family members praised the service provided and the ability of staff and the management team to work in partnership with them.

People were safeguarded against the risks of abuse and harm by the systems and by the staff. Safe recruitment practices were in place and there were enough staff to meet people's needs. Medicines were safely managed.

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.

The service was well-led. Systems were in place to manage the service effectively, and audits took place to check the quality of the service. People's views were gained through residents' meetings and surveys, and relatives and professionals gave positive feedback on the service. Staff were supported through supervision and training.

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:

The last rating for the service was good (published 23 June 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Hazelwood Lodge Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one 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:

Hazelwood Lodge Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection:

There were a limited number of people able to answer our questions at the care home. In addition to talking with four people, we spent time observing the daily life in the home and we looked around the

building to check the service was safe and clean. We also observed lunch being served at the care service.

On the day of the inspection we spoke with two care staff, the registered manager and the director of the service.

We reviewed a range of records. This included two people's care records and end of life care records for all the people at the service. We reviewed medicine administration records (MARs) for two people and checked stocks against MARs for five medicines. We looked at two staff files in relation to recruitment and supervision. We checked the team training log and systems for complaints, accidents and incidents and audits.

We also checked building and fire safety maintenance checks.

After the inspection:

We spoke with three family members, another member of care staff, and also received feedback from one health and social care professional.

# 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 good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. People told us, "I have an inner feeling that I feel safe" and "Yeah I'm ok."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff told us "Safeguarding, we have the responsibility to make sure people are safe. If we are concerned, we have to report it to the manager." Staff understood how to whistleblow if they had concerns.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Risk assessments were detailed and covered a wide range of risks including mobility, eating and drinking, mental health and behaviours that can challenge.
- Safety checks of the building and equipment, including fire safety equipment took place regularly. Fire drills took place monthly and the service were due to undertake a night time fire drill.

Staffing and recruitment

- Most people told us there were enough staff to support them. Feedback included "Yeah, there are enough" and "I do wish there was more staff about because they seem to be here there and everywhere." We saw there were enough staff at the service on the day and staff told us that if more than three people were going out to an activity, they tended to have more staff on shift.
- A relative told us "Yes, there is always staff around to help." There were four staff on during the day shifts and two waking staff at night.
- The service followed safe recruitment procedures to help ensure staff were of suitable character to work with vulnerable adults.

Using medicines safely; Preventing and controlling infection

- Medicines were stored and administered safely by staff. We checked stocks against MARs and these tallied.
- Regular audits of medicines took place, to ensure medicines were safely managed.
- Senior staff were trained to give medicines and had their competency regularly assessed.
- As needed, PRN protocols were in place. Feedback from people included "Oh definitely, I can communicate with all the staff and so I can tell them, they help me." We noted more detail was required for staff on when to give some medicines. The provider told us these were updated following the inspection.
- The care home was clean. People told us "Yes it's clean and tidy." Food was safely labelled and stored. However, we found communal bathrooms did not always have soap in them. We discussed this with the

registered manager who told us one person who lived at the service removed soap. Following the inspection the registered manager told us they were fitting soap dispensers to the wall and staff were checking bathrooms on a regular basis to ensure soap was in place.

- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff using PPE appropriately to prevent the risk of cross infection.

Learning lessons when things go wrong

- Accident and incident logs were kept. We could see that learning had taken place following incidents and accidents. For example, the outcome of a safeguarding incident was discussed at a staff team meeting and learning shared across the service.

- The form did not capture this information, but the registered manager told us they would amend the form to evidence learning.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with guidance standards and the law

- People's needs had been assessed prior to them moving into the home and their needs continued to be assessed as and when needed. These assessments considered any protected characteristics under the Equality Act 2010, such as religious and cultural needs. The registered manager included the person, family and professionals who were familiar with the care needs of the person in their needs assessment.
- The registered manager was working to deliver care in line with best practice, for example, by supporting and training staff in their caring and ensuring health and safety requirements were met..

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- Care records showed the involvement of health professionals to support people's physical and mental health. A relative told us they were always kept up to date with health issues, another noted that their relative's health issue was "fixed up quickly."
- A health and social care professional told us there had been a "huge turnaround" in one person's mental health since they moved to the service. They also confirmed the staff worked in partnership with them to meet people's health needs.
- We asked people if they were helped to go to the GP or hospital, they told us, "Yes definitely" and "Yeah."

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans contained detailed information to support people to have enough to eat and drink. It also contained information regarding their favourite foods.
- The menu was discussed at residents' meetings and people told us "Yep, it's always there on time" and "Yeah, I like the food."
- Family confirmed the food was varied and of a good quality. One relative told us it was culturally appropriate for their family member.

Staff support: induction, training, skills and experience

- Relatives praised the skills of the staff in caring for their family members. One relative told us "It's the best [home] we have found so far," in meeting their family member's needs. We asked people if they received good care from staff. They told us "Yes I do" and "Yeah definitely."
- A health and social care professional told us the service and staff "were excellent" in the care they provided to people.
- Records showed staff received regular bi-monthly supervision and were up to date with key training. Training covered a wide range of areas including moving and handling, safeguarding, fire safety and food

hygiene. Staff had recently had refresher training in managing epilepsy and oral hygiene. Care records highlighted how to support people with oral hygiene.

- Staff told us "Yes I do have supervision, I can ask if I need help, also given feedback on my performance. Yes, it's helpful as it's busy so I get time to ask other things."
- New staff told us their induction involved both shadowing and training. We were told by one staff member it was "Very comprehensive, they took time to talk to me and go through the whole pack of documents." Care staff were completing the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Annual appraisals took place at the service to enable staff to review their skills and plan for the coming year.

Adapting service, design, decoration to meet people's needs

- The home is on two floors with access via stairs. It met the needs of the people who lived there.
- There was a large garden which people could access. The registered manager told us they were renovating the garden and we could see this was in progress, for completion in summer 2020.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The service had a log to prompt when people's authorisations needed renewal, and we saw there were DoLS authorisations in place for the majority of people living at the service. People's care records noted their mental capacity.
- Staff were able to tell us how they gained consent even if people were not able to communicate verbally. "Five people talk to us; the other people we communicate via body language. We understand the way they act, we get to know people; we have one person who uses pictures to communicate. People can understand even if they don't speak."
- Staff had completed training in the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw staff consistently treated people in a very kind and caring manner. Relatives told us staff were very kind and caring. "The carers and everyone are so nice," and "They really care for him." We asked people if they were treated with dignity and respect. They told us "Yeah, by my key-worker and carer" and "Yes, by staff."
- Each person had their life history recorded within their care records which helped staff to get to know people to build positive relationships with them.
- People were supported with their religious and cultural needs through appropriate foods and support to attend places of worship. A staff member told me one person they were keyworker to enjoyed having the bible read to them. Relatives confirmed this was the case.
- Care records identified people's cultural and religious needs and we asked staff if they were comfortable with people's differing sexualities. Staff told us "We do discuss sexuality in staff handovers; people have choices and we cannot restrict or discriminate against people; staff would be open to this." The staff team were from a broad range of backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us that people who could not verbally communicate could express their views about their care through non-verbal signs and actions. Care plans highlighted the range of ways in which people communicated.
- We asked people if they were supported to make choices in their daily life. They told us "Oh yeah" and "Yes, by staff."
- One person had an advocate to support them in their decision making. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they supported people with dignity and respect, "In the way you give personal care, windows and doors closed. Also, the way you talk with them, way you treat people."
- Staff ensured people had choices in their clothes and meals. Care records noted the preferred gender of care staff to support people.
- People's care records highlighted what they could do for themselves and people told us their independence was encouraged. Staff confirmed "We support people to do the things that they can. And support them when they need it. One person washes dishes after dinner; and comes and helps clean the place."

- People's rooms were personalised.
- The service ensured people's care records were kept securely. Information was protected in line with General Data Protection Regulation.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to go to the shops or for a drive in the minibus. In the summer they went to the park and used the garden extensively.
- Some people were supported to a day centre which they attended several days a week.
- We noted that people attended a limited number of events in the community on an individual basis, for example shopping or to the hairdresser. We also found that some activities on the activity planner were not always taking place.
- A number of people's activity plans centred on activities at the service, for example, doing exercise classes by watching a video, or dancing or singing or playing games.
- We discussed activities with the director and the registered manager. They told us people did not always want to attend outings, but acknowledged people's activity plans could be more personalised to promote individual hobbies or interests.
- We asked people if they went out, they told us "Yeah in the bus I love it" and "Only in the minibus, that's the only time I go out." Another person said, "Yeah, the small minibus to the day centre." One relative who was very happy with the service overall, noted their family member no longer went swimming or played tennis.

We recommend the service continue to review people's activity plans to promote and encourage personalised and individualised social and leisure activities.

- Not all people living at the service had family or friends. Those that did, were supported to maintain relationships with family and friends. Relatives told us they were always made welcome.
- The service facilitated people to go on holiday every year which was very positive, and there were group outings planned periodically. For example, a group were going to a show in the week following the inspection. We were aware there had been a BBQ in the summer and the service held a Christmas party.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were personalised, comprehensive, up to date and had detailed information on how they liked their care to be provided. They covered a range of needs including personal care, dignity and respect, finances, communication skills, mental health and behaviours and social and leisure activities. People's needs and preferences including areas of risk were identified and addressed.
- People's care plans were written with people and their family's input as much as possible. They were reviewed when a person's needs changed, and people and their families were involved in the review process.

- People and their relatives made very positive comments about the support provided.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place. There were no complaints since the last inspection. People were asked at residents' meetings if they were happy with the staff and the care. We asked people if they knew how to make a complaint and they told us "Yes, wait for the [registered manager name]," and "Yes." Relatives told us the registered manager was very responsive if there were any issues raised.
- A health and social care professional told us the registered manager was responsive to any issues that arose and worked in partnership with them.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured people had access to the information they needed in a way they could understand it and complied with the Accessible Information Standard. Care records detailed any communication support needs. For example, staff used a pictorial card system with one person to aid communication, and had learnt from others how they preferred to give their views.

#### End of life care and support

- There was no one receiving end of life care at the time of our inspection, but the service had recorded people's end of life wishes and what was important to them. This included arrangements on their death.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager, deputy and director had developed effective systems to manage the service and ensure the quality of care was good. Records showed staff supervision and training were all up to date. Audits were extensive and covered a broad range of areas including care plans and infection control. This showed us the management team were clear about their role and responsibilities.
- We had no concerns regarding the transparency of the service as staff were open with relatives if issues occurred.
- Staff told us a member of the management team was always available to offer support to them, and they valued the guidance provided by the management team.

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

- Many aspects of the service provided were person-centred, and staff clearly understood the needs and preferences of the people they supported.
- A health and social care professional gave us examples of two people whose mental health had improved significantly since moving to the service, achieving better outcomes for people.

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

- The service worked proactively in partnership with other health and social care organisations to provide a quality service and to ensure people they supported were safe.
- A health and social care professional was positive about management team and staff and confirmed the service worked in partnership with them. In their view the service appears to be well-led.
- The service gained the views of the people they supported, families and health and social care professionals they worked with through surveys. We saw 24 of these completed by family, professionals and people who lived at the service and they were positive about the care provided. The registered manager told us they captured the views of people who were less articulate on a more informal basis and would consider how to improve this further.
- Staff told us their views were valued and they could influence the way the service was run. We saw that staff meetings took place regularly and best practice issues were discussed. Staff also had the opportunity to discuss people's needs and any other issues of importance to them.

#### Continuous learning and improving care

- The service was keen to improve their service. They had introduced an electronic care recording system to support staff.
- It was clear that the service learnt from accidents and incidents and the management team was accessible to people, families and staff.