

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 

### Overall summary

This inspection took place on 24 March 2015 and was unannounced.

After our last inspection of 7 July 2014 the provider wrote to us to say what they would do to meet legal requirements for the breaches we found. As part of this unannounced comprehensive inspection we checked that the breaches of legal requirements had been addressed. These breaches related to care and welfare, risk and quality monitoring, consent to care and treatment, and respecting and involving people who use services. At this inspection we found that the service was now meeting all of these standards.

Hazelwood Lodge Limited is a care home providing accommodation and support with personal care for up to ten people with learning disabilities, physical disabilities or mental ill-health. The service is provided in a large detached house in the residential area of Southgate in the London Borough of Enfield. There were nine people living there at the time of our inspection, eight of whom have learning disabilities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the home and safe with the staff who supported them. We observed that staff were patient, kind and respectful.

People said they were satisfied with the numbers of staff and we saw that they didn't have to wait too long for assistance.

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and

treatment in the first instance. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals.

People said they had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

People told us they liked the staff who supported them and staff listened to them and respected their choices and decisions.

People using the service and staff were positive about the registered manager and management of the home. They confirmed that they were asked about the quality of the service and had made comments about this. People felt the management took their views into account in order to improve service delivery.

# Summary of findings

## 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. People told us they felt safe at the home and with the staff who supported them.

People told us and records showed there were enough staff at the home on each shift to support them safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Good



### Is the service effective?

The service was effective. People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act 2005 and told us they would always presume a person could make their own decisions about their care and treatment.

People had good access to other healthcare professionals such as doctors, dentists, chiropodists and opticians.

People told us they liked the food provided at the home and we saw that choices of menu were available to everyone and the menu was discussed with people at each house meeting.

Good



### Is the service caring?

The service was caring and people told us the staff treated them with compassion and kindness.

We observed staff treated people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of people's likes and dislikes and people were involved in their care planning.

Good



### Is the service responsive?

The service was responsive. People told us that the registered manager and staff listened to them and acted on their suggestions and wishes.

We saw that people could take part in recreational activities both inside and outside the home as well as take part in ordinary community activities.

Care plans included a detailed account of all aspects of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members. We saw that staff were following these care plans appropriately.

Good



### Is the service well-led?

The service was well-led. People confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Good



# Summary of findings

The service had a number of quality monitoring systems including yearly surveys for people using the service, their relatives, staff and other stakeholders.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

# Hazelwood Lodge Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook this unannounced inspection of Hazelwood Lodge Limited on 24 March 2015. This inspection was also undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 7 July 2014 had been made.

Before the inspection we looked at the information we held about the service including notifications they had sent us and information from the local authority. We contacted two social care professionals for their views on the service.

The inspection was undertaken by one inspector. During our inspection we spoke with three people who used the service and five members of staff including the registered manager. We also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We looked at documents relating to five people's care and treatment, and other records in relation to quality monitoring including minutes of various meetings.

We also checked the provider's action plan which they sent to us following the inspection we undertook in July 2014.

# Is the service safe?

## Our findings

At the last comprehensive inspection on 7 July 2014, we asked the provider to take action to make improvements in assessing potential risks to people living at the home and to have clear guidelines for staff in reducing any identified risk. This action has been completed.

Since our last inspection care plans had been reviewed and risk assessments had been revised. They now contained more detailed information about any risks people faced and clear guidance for staff in minimising potential risks. For example, we spoke with one person who went out of the home on their own. They told us they felt safe using public transport and that potential risks to their safety had been discussed with them so they only went out to places they knew and had been to before.

We saw evidence from a recent review between the service and a person's funding authority that this person's risk assessment now included how staff communicated with this person so they could be more involved in their own risk assessment. Staff understood about the risks people faced in their day to day life and were able to give us examples of the potential risks to people they supported. We saw that staff had undertaken training in risk assessments, coping with aggression and epilepsy.

We saw from team meetings and house meeting minutes that people's safety was being regularly discussed with them and with staff. Risk assessments and checks regarding the safety and security of the premises were up to date and being reviewed. This included fire risk assessments for the home. The provider had made plans for foreseeable emergencies including fire evacuation plans.

People we spoke with told us they felt safe and had no concerns about how they were being supported at the home. One person commented, "I feel very safe in here." People told us they liked the staff and felt safe with them. One person commented, "Staff look after me. [The provider] and the manager are very good."

Staff had undertaken recent safeguarding adults training, and up to date training certificates were seen in files we looked at. Staff could explain how they would recognise and report abuse and were aware that they could report any concerns to outside organisations such as the police or the local authority.

We saw from minutes of team meetings and house meetings that the topic of safeguarding adults was being regularly discussed, and information about how to report any concerns had been given to all the people living at the home. This information was also on display in the home and was available in a pictorial format.

Recruitment files contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered manager made sure that no staff were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

People using the service did not have any concerns about staffing levels. Although they told us they were busy, staff did not raise any concerns about staffing levels. We saw that staff had time to be with people and to sit and chat together. The registered manager confirmed that staffing levels were adjusted to meet the current dependency needs of people and extra staff were deployed if people needed to attend healthcare appointments or recreational activities. We saw that this was the case on the day of the inspection as an additional staff had been deployed to support someone with a healthcare appointment. Staffing rotas we looked at also showed that staffing levels were flexible. One person told us that if they wanted to go out, "there are staff available."

The registered manager showed us records of daily medicine audits and we saw satisfactory and accurate records in relation to the management of medicines at the home. Staff told us they had attended recent training in the safe management of medicines and felt confident in this area of their work. The registered manager recorded competency observations of all staff who were responsible for the administration of medicines and highlighted possible extra training requirements.

At the last inspection of this service on 7 July 2014 we found that some areas of the home, particularly the kitchen, were not cleaned to a suitable and safe standard and some furniture and equipment was in poor repair.

At this inspection we saw that the management had revised the infection control policy and procedure and all areas of the home were clean. Infection control and

## Is the service safe?

maintenance audits were now being undertaken on a regular basis and we saw, for example, that new garden furniture had been purchased and air hand drying units had been fitted in the toilets to reduce the risk of cross infection.

People told us that the home was always clean and one person commented, "I used to have worries about cleanliness but staff clean better now."

# Is the service effective?

## Our findings

At the last comprehensive inspection on 7 July 2014, we asked the provider to take action to make improvements to obtaining and acting on people's consent to care and treatment. This action has been completed.

People told us that the staff, registered manager and provider now listened more to what they had to say about their care and treatment. We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they did not want them to do.

The management and staff had undertaken training in the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had undertaken a lot of training and this helped improve both their understanding and how they supported people. For example, staff told us they had more confidence in working within the Mental Capacity Act 2005 and ensuring individual choices and decisions people made about their care were thought through and upheld.

Staff told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals.

Staff told us it was not right to make choices for people when they could make choices for themselves. Staff told us how they communicated information to people, in the form of pictures with some people who could not speak, and gave us examples of how they understood individual's responses, for example, through people's facial expression and body language. The registered manager had reviewed the home's policy and procedure in relation to the DoLS. These safeguards are put in place to protect people's liberty where the service may need to restrict people's movement both in and out of the home. For example, if someone left the home unaccompanied and this would be unsafe for them, the home would have to provide a member of staff to take them out.

Care plans showed that decision specific capacity assessments were being undertaken for each person who used the service to make sure their decisions and choices about their care were recorded, respected and acted on.

We also saw, at the last inspection, that CCTV cameras had been fitted both outside and inside the home. This had been undertaken without the consent of people using the service and one person had complained because of the intrusion this had caused by staff monitoring the lounge area. After our last inspection the CCTV had been removed from the lounge area.

People were supported by staff who had the skills to meet their needs. We saw records of regular staff supervision. Staff confirmed they met with the registered manager to discuss working practices and that they felt supported by this process. The management and staff had undertaken a number of relevant training courses including medicines management, safeguarding adults, MCA (2005), equality and diversity, coping with aggression, safe eating and drinking and infection control.

Staff told us that, since the last inspection, the management were, "much more responsive". One staff member commented, "The management are approachable and they listen to you." Staff told us that the training and regular supervisions they undertook meant they felt more involved in people's care.

People told us they liked the food provided at the home. One person told us, "All the food is nice." We saw that choices of menu were available to everyone and the menu was discussed with people at each house meeting. Everyone who could was being consulted about the menus. The registered manager had provided pictures called PECS (which stands for Picture Education Communication System) so people who could not verbalise very well were able to point to the food they wanted. Staff told us that the provision of these pictures had improved choice for everyone. One person we spoke with told us, "They have listened to us a lot."

The home had a four week pictorial menu on display which also contained additional information for people regarding the approximate calorific content of each meal so they could check for healthy alternatives if they wished.

We saw that people's weight was being monitored and discussed both in management and staff meetings and action taken if any concerns were identified. Records



## Is the service effective?

showed that people had been referred to appropriate health care professionals such as GPs and dieticians. We saw that care plans included information and treatment advice from these healthcare professionals including the use of fortified food and drinks.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. Each person had a healthcare passport. These are documents that people take with them if they have to go into hospital. These passports contained important information for the hospital about that person's needs.

People's records also contained information from health professionals on how to support them safely, such as hoisting guidelines developed by an occupational therapist. We saw that assistance from medical professionals was sought quickly when people's needs changed. People confirmed they had good access to health and social care professionals. One person told us about recent appointments they had with the optician and dentist.

# Is the service caring?

## Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. One person told us, “This is my home, I like it here.” Another person commented, “I’m always treated properly.” People told us that staff listened to them and respected their choices and decisions.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. We saw that people had commented and had input in their care plans. Staff told us about regular key worker sessions they had with people and how the introduction of a more formal pictorial system had meant that there were now “better choices for people.”

Information about how to access advocacy services and a clear statement that people have the right to access advocacy services were set out in people’s contract

There were now regular house meetings between people using the service, staff and management. People told us these meetings were very useful and that they had “better involvement” now. One person told us, “I didn’t used to attend these meetings but I do now as I feel listened to and things get done.”

We saw that staff had discussed people’s cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to attend places of worship. We also saw that people’s cultural preferences in relation to food and diet had been recorded and menus we saw reflected the diversity of people living at the home.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people’s privacy. These examples included keeping people’s personal information secure as well as ensuring people’s personal space was respected.

# Is the service responsive?

## Our findings

At the last inspection on 7 July 2014, we asked the provider to take action to make improvements in responding to people's changing needs and to improve the methods that people could feedback any concerns or complaints about their care. This action has been completed.

People told us that the service was responsive to their needs and preferences. We talked with one person about their key worker who is the staff member specifically chosen to work closely with them and review care needs and preferences. This person told us that their key worker "understands my needs". They went on to say that their key worker regularly met with them to update any changes in their care needs and preferences.

We saw that people's care needs and preferences were discussed with them and this was recorded in their care plan. Staff told us that there had been a real improvement in the way the management encouraged better communication with people including the use of PECS and Makaton. This improved communication had led to a more detailed care plan and a clearer focus on the outcomes and goals that people wanted to achieve.

The registered manager confirmed that everyone had been assessed before moving into the home, to ensure only people whose needs could be met were accepted. We case-tracked three people's care plans in detail. These plans covered all aspects of the person's personal, social and health care needs and reflected the care given.

We saw that people could take part in recreational activities both inside and outside the home as well as take

part in ordinary community activities. On the day of the inspection there were nine people residing at the home. One person was away visiting their family, three were still at the home and five people had gone out in the mini bus. These people were attending a chiropody and GP appointment or attending regular day centre places. One person had gone out in the bus just for the ride.

We saw that staffing levels were flexible to make sure people could undertake activities of their choice. For example more staff had been deployed so people could attend a regular disco night.

Since the last inspection there had been improvements in the way people were encouraged to provide feedback or raise any concerns. The home's complaints procedure, which was easy to understand and also included pictures, was on display in the entrance hall as well as being part of an information pack available in everyone's room. People told us they had no complaints about the service but felt able to talk to staff or the management if they did.

We saw, from minutes of monthly meetings with people using the service, staff and the registered manager, that concerns and complaints were a standing agenda item as was reminding everyone of the way they could make a complaint. We saw that any concerns were recorded and included in the action taken section, which the registered manager completed and fed back at the next meeting. For example, we were told by a person using the service that new bed sheets and towels had been purchased by the management as a result of these meetings. They also confirmed that people had chosen their own styles and colours.

# Is the service well-led?

## Our findings

At the last comprehensive inspection on 7 July 2014, we asked the provider to take action to improve the way the quality of the service was monitored and how suggestions for improvement were acted on. This action has been completed.

The registered manager and provider had developed a number of quality monitoring systems. These included quality monitoring surveys that were given to people who used the service, their relatives and representatives, staff and other stakeholders twice a year. We saw the results from the last survey which included very positive views about the home.

Staff and people who used the service told us that the home was well-led. One person told us, "I've seen improvements in the service since last year. I'm really impressed. I didn't used to attend meetings but I attend now as I feel we are listened to. [The manager] speaks to me every day to see how things are." Other people we spoke with were also complimentary about the registered manager and the management team.

Staff told us about the improvements they had seen since our last inspection and that the management were "much more responsive". They told us they felt supported by management and that they were often given positive feedback about their work.

We asked staff how the home's visions and values were shared with them. Staff told us this was discussed in meetings and during supervisions. Staff understood the ethos of the home which they told us looked at everyone as a unique individual with different care, social and cultural needs and preferences. We saw that staff had also undertaken training in this "person centred" approach to care. A staff member told us, "This is their home. Their preferences come first."

The management had implemented systems to audit various health and safety and treatment monitoring within the home. For example, we saw that fire safety and infection control were audited on a regular basis and environmental risk assessments were reviewed as part of this audit and changes made where required.

The registered manager was aware of the recent changes in the regulation and inspection of care services as well as the implications of legal updates to the MCA (2005). He was able to demonstrate knowledge about the needs and preferences of people living at the home.

We saw that a three monthly quality assurance system has been set up which reflected the "Fresh Start" approach to inspection that the Commission had developed.

The aim of the quality assurance system was to implement improvements to the home, based on feedback from house and staff meetings, quality surveys and reports and recommendations from other agencies including the Commission and placing authority reviews.