

Hazelwood Homecare Limited

# Hazelwood Homecare 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

We carried out an inspection of Hazelwood Homecare Limited on 4 and 5 May 2016. This was the first inspection of this service. We gave the service 48 hours' notice to ensure the registered manager would be available when we visited.

Hazelwood Homecare Limited is a domiciliary care agency. The service provides personal care and support to adults with a variety of needs including older people, people living with dementia, people with mental ill health, physical disabilities or a terminal illness. The agency's office is located in Rossendale in East Lancashire. At the time of our visits the service was providing support to 91 people.

At the time of our inspection there was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

During our inspection people told us they felt safe when staff supported them. One person told us, "I always feel safe. The staff always know what they're doing". Staff had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

We saw evidence that staff had been recruited safely. They received an appropriate induction, effective training and regular supervision. Staff told us they felt well supported by the registered manager.

We found that people's medicines were managed safely and people told us they received their medicines when they should. People were supported with the healthcare needs and were referred to healthcare professionals when appropriate.

People told us they were happy with the service they received from Hazelwood Homecare Limited. One person told us, "I'm very happy with the care. There haven't been any problems". People told us staff arrived on time and stayed for the full duration of the visit. People were involved in planning their care. Where people lacked the capacity to make decisions about their care, their relatives were involved.

People told us the staff who supported them were caring. One person said, "I have the same carer and she's very caring. She does extra things that aren't on the list for her to do". People told us staff respected their privacy and dignity when providing care and encouraged them to be independent.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and supported people to make everyday decisions about their care.

People were asked to give feedback about the service they received in annual questionnaires. We saw evidence that the registered manager used the feedback received to improve the service.

People told us they were happy with the way the service was being managed. One relative told us, "The service is well managed. We've had no concerns but I would ring if anything was wrong".

We saw evidence that staff practice was observed regularly and checks were made of the care records they completed. These checks were effective in ensuring that appropriate levels of care and safety were maintained.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

The manager followed safe recruitment practices when employing new staff.

Staff completed training in safeguarding vulnerable adults from abuse and knew what action to take if they suspected abuse was taking place.

Risks to people's health and wellbeing were assessed and reviewed regularly. We saw evidence that risks were managed appropriately.

People's medicines were managed safely and people told us they received their medicines when they should.

### Is the service effective?

Good 

The service was effective.

Staff received an appropriate induction and effective training, which helped to ensure they could meet people's needs.

People's care plans were detailed and individualised. Care plans included people's preferences as well as their needs.

Staff understood the Mental Capacity Act 2005 (MCA) and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives were consulted.

Staff supported people appropriately with nutrition and hydration and people's healthcare needs were met. People were referred to healthcare services including GPs and district nurses when appropriate.

### Is the service caring?

Good 

The service was caring.

People told us staff respected their privacy and dignity and did

not rush them when providing care.

People were involved in decisions about their care. They told us they made choices about their everyday lives, such as what they wore and what they had to eat.

People were given information about the service when they first started receiving care. They received newsletters updating them twice a year, which included information about local events and local services.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care which reflected their needs and their preferences. They were supported by staff they knew and who were familiar with their needs.

People's needs were assessed before the service started supporting them. People told us their care needs were discussed with them. Where people were unable to make decisions about their care, their relatives were consulted.

People felt able to raise concerns with the staff or the registered manager. Where people had raised concerns, they had been resolved quickly and to their satisfaction.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had a statement of purpose which was promoted by the staff and the registered manager.

People were asked to give feedback about the service they received and the registered manager used this information to develop and improve the service.

The registered manager regularly checked staff practice and people's care documentation. The checks being completed were effective in ensuring that appropriate standards of care and safety were being maintained.

# Hazelwood Homecare 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 was 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.

The inspection took place on 4 and 5 May 2016 and we gave the provider 48 hours' notice as we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we had about Hazelwood Homecare, including statutory notifications received from the service.

We contacted community healthcare professionals and the Quality and Contracting Unit at Lancashire County Council for information about the service. Those we spoke with advised they had no concerns about the service.

As part of the inspection we spoke with nine people who received support from the service, nine relatives, three care staff and the registered manager. We visited one person at home who was supported by the service. In addition, we reviewed the care records of three people receiving support. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments and records of checks completed.

## Is the service safe?

### Our findings

The people we spoke with told us they always received safe care. One person said, "The staff help me shower. I always feel safe". The relatives we spoke with also felt people were safe. One relative told us, "[My relative] is always safe. The staff always come on time and they make sure [my relative] gets their medication".

We looked at how the service safeguarded vulnerable adults from abuse. There was a safeguarding policy in place which identified the different types of abuse and listed the contact details for the local authority and the local police. The welcome pack issued to people when the service started supporting them also included information about safeguarding vulnerable adults from abuse and the contact details for the local authority.

We looked at staff training and found all staff had completed up to date training in safeguarding vulnerable adults from abuse. Staff understood how to recognise abuse and told us they would raise any concerns with the registered manager or the local authority. We found that the service had retained records of safeguarding vulnerable adults concerns and the action taken.

We looked at how risks were managed in relation to people supported by the service. Risk assessments had been completed for each person, including those relating to moving and handling, medicines, visiting the community and the home environment. Risk assessments included information for staff about the nature of the risk and how it should be managed and were reviewed regularly. People's care files had coloured stickers on the front if they had specific risks such as allergies or a condition such as diabetes, so that this information was easily accessible to staff. We noted that people's care files did not include information about how they should be evacuated in an emergency. We discussed this with the registered manager who completed a personal emergency evacuation plan for each person shortly after our visits. This helped to ensure that risks to people's health, safety and welfare could be managed appropriately.

A fire policy was available and records showed that all staff had completed fire safety training. This helped to ensure that people were kept safe in an emergency.

We noted that the service kept a record of accidents and incidents that took place. At the time of our inspection there had been four accidents in the previous 12 months involving staff. No accidents or incidents had taken place involving people the service supported. We saw that staff had completed the accidents forms appropriately and the forms had been reviewed and signed by the registered manager. This helped to ensure that appropriate action had been taken and that documentation had been completed appropriately.

We looked at the recruitment records of three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment

history, two forms of identification and two written references had been obtained and a work health assessment had been completed, in line with the policy. These checks helped to ensure that the service provider made safe recruitment decisions.

We looked at staffing arrangements at the service. The registered manager told us that people were supported by the same individual carer or small group of care staff, to ensure that staff were familiar with people's needs and how to meet them. People told us staff always visited when they were supposed to and stayed for the full duration of the visit. They told us that when two members of staff were required to provide support, two staff members always attended.

Staff told us that communication at the service was good. Staff documented the support they provided at each visit as well as any concerns. Staff told us that they always informed the registered manager if they had any concerns about a person's health or wellbeing.

This helped to ensure that all staff were kept up to date with people's needs and risks to people's health and wellbeing were managed appropriately.

We looked at whether people's medicines were managed safely. The registered manager told us that people or their relatives were responsible for the ordering and disposal of medicines and staff were responsible for the administration of medicines. A medicines management policy was available which included information relating to administration, refusal, 'as needed' (PRN) medicines and over the counter medicines. Records showed that all staff had completed training in the safe administration of medicines in the previous 12 months. Staff were observed regularly to assess their competence to administer medicines safely and the completion of medicines administration documentation was reviewed as part of the observations. The staff we spoke with confirmed they had received training in medicines administration and understood how to administer medicines safely.

The people we spoke with told us they received their medicines when they should, including pain relief. Relatives told us that people's medicines were administered safely. We visited one person at home and reviewed their care documentation, including the medication administration records (MAR). The MAR sheets included a description of each medicine and instructions about dosage. We found that staff had signed the MAR sheets to demonstrate that medication had been administered. We also reviewed the past MAR sheets for three people and found that most had been signed appropriately by staff. However, we found that on one person's MAR sheet, staff had not always used appropriate codes when medicines had not been administered. We discussed this with the registered manager who provided evidence that this had been addressed with staff following an audit of the MAR sheets. We noted that this issue was also addressed in a recent staff newsletter.

The service had an infection control policy in place, which provided guidance for staff about effective handwashing, personal protective equipment and outbreaks of illness. All staff had completed infection control training. This helped to ensure that people were protected from the health risks associated with poor infection control.



## Is the service effective?

### Our findings

People supported by the service told us they were happy with the care they received. They told us, "I can't find fault with any of the staff, they're all very good" and "The care's absolutely marvellous". Relatives were also happy with the care. They told us, "The staff are wonderful. We're very happy" and "Hazelwood Homecare are keeping my relative out of residential care".

Records showed that all staff completed an induction when they joined the service, which included training in moving and handling, infection control and health and safety. New staff completed the Care Certificate over a twelve week period as part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This helped to ensure that staff had the knowledge and skills to provide people with safe care.

We saw evidence that new staff shadowed experienced staff when they joined the service. Their competence to provide care was assessed as part of their induction and they were not permitted to provide care to people independently until they had been assessed as competent. We noted that each staff member's practice was observed every six months, when they were assessed in relation to a number of areas including infection control, record keeping and moving and handling. The staff we spoke with confirmed that their practice was observed regularly.

Records showed that staff received supervision regularly. Issues addressed during supervision sessions included their performance, training needs and any concerns. Staff told us they received regular supervision and felt well supported by the registered manager. They told us they felt able to raise any concerns during supervision. Records showed that appraisals were carried out yearly.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. All staff had completed training in food hygiene, food allergen awareness, first aid, moving and handling, challenging behaviour and dementia awareness. This helped to ensure that people received safe effective care. The staff we spoke with told us they felt they had completed all the training necessary to enable them to meet the needs of the people they supported. They told us they could request further training if they needed it. We found that some staff had also completed specialist training to enable them to meet the needs of the people they supported, which included pressure care training and reablement training.

People's care plans included information about their needs and how they should be met, as well as their likes and dislikes. Each care plan contained detailed information about how care should be provided by staff during each visit. Where it was felt that people lacked the capacity to make decisions about how their care was delivered, their relatives were consulted.

The staff we spoke with told us they completed daily records every time they visited people in their homes, which documented the care provided on each occasion and any concerns. The people we spoke with and their relatives felt that communication from staff was good. We reviewed the daily records for three people

and found that information documented by staff included the support provided, people's mood and any concerns.

We looked at how the service addressed people's mental capacity. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A Mental Capacity Act 2005 policy was in place, which included the principles of the MCA and the importance of making decisions in people's best interests. Records showed that 92% of staff had completed MCA training. The staff we spoke with understood the importance of seeking people's consent about every day decisions, even when they lacked the capacity to make decisions about more complex aspects of their care. Staff were also aware that people had the right to refuse care regardless of their capacity and where people lacked capacity, their relatives should be involved in decisions about their care.

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary preferences, and risks assessments and action plans were in place where there were concerns about a person's nutrition or hydration. The people we spoke with told us they were happy with the meals staff prepared for them. Staff understood the importance of supporting people appropriately with nutrition and hydration. They told us that some of the people they supported needed encouragement to eat and drink. We noted that the service had introduced a carer's cookbook, which listed a number of meals that could be prepared within 20 minutes. The cook book had been produced following a 'bake-off' which involved a number of staff preparing meals that could be included. The registered manager told us the purpose of the cook book was to give staff ideas and to introduce some variety into people's mealtimes.

We looked at how people were supported with their health. The people we spoke with felt staff made sure their health needs were met. Care plans and risk assessments included information about people's health needs and guidance for staff about how to meet them. We saw evidence that the service had referred people to a variety of healthcare services including their GP, the local district nursing team and the occupational health service. Visits from health care professionals were documented by staff in people's daily records.

## Is the service caring?

### Our findings

People told us the staff who supported them were caring. They said, "The staff are lovely, very caring. They treat me as one of their own" and "The girls who come are always polite and respectful". Relatives told us, "The staff are great. They do anything [my relative] needs to be done" and "The staff are so caring. It's such a relief to know [my relative] is well looked after".

People told us they were generally supported by the same carer or small group of care staff. This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs. People told us that staff were rarely late. They told us that if staff were going to be late, for example due to severe weather conditions, the service telephoned them to let them know.

The staff we spoke with told us they knew the people well that they supported, both in terms of their needs and their preferences. They felt they had enough time during visits to meet people's individual needs in a caring way.

We saw evidence that people received detailed information about the service. The registered manager showed us the welcome pack that was provided to each person when the service agreed to support them. The pack included information about the different types of support available, care plans, medicines management, data protection and how to make a complaint or provide feedback about the service. The service issued newsletters to people twice a year, which included updates about the service, information about local events and the contact details for local services.

We noted that information about local advocacy services was included in the newsletters. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members.

The people we spoke with told us their care needs had been discussed with them and they were involved in their care plan reviews. Where it was felt that people lacked the capacity to make decisions about their care, relatives told us they had been consulted. They felt that communication from staff and the registered manager was good and told us they were updated by staff if there were any concerns or changes in people's needs.

The people we spoke with told us that staff respected their dignity and privacy. They told us that staff did not rush them when providing support and were discreet when providing personal care. People told us they could make choices about their everyday lives and how they received their care, such as what they had to eat and the clothes they wore.

People told us that staff encouraged them to be independent. One person told us, "I do what I can and staff help me when I need it". Staff told us they encouraged people when they were able to do things for themselves but were reluctant.

## Is the service responsive?

### Our findings

People told us their needs were being met by the staff who visited them. They said, "The staff are well trained and they know how to care for me properly" and "The girls are lovely. They always know what they're doing". One relative we spoke with told us, "My mum knows the staff well and they know her well. They know her needs and her likes and dislikes".

Records showed that an assessment of people's needs was completed before the service began supporting them. The initial assessment documents were detailed and individual to the person. They included information about people's personal history, mobility, communication, medicines and personal care needs.

The care plans and risk assessments we reviewed were detailed and personalised and explained people's likes and dislikes as well as their needs and how they should be met. Care plans documented in detail the support that should be provided by staff during each visit. They included information about how support with personal care, food and drink preparation and domestic tasks should be provided to reflect people's preferences.

We saw evidence that people's care plans were reviewed regularly and any changes in people's needs were documented and communicated between staff. The staff we spoke with were clear about the importance of taking action when people's needs changed. They told us that all concerns were discussed with the registered manager and they would contact the person's GP if they were unwell and would ensure their relatives were updated.

The people we spoke with told us they were involved in planning and reviewing their care. One person told us, "My care needs were discussed with me before my care started. I have the same carer every day and they know what I need". Where it was felt that people lacked the capacity to take part in planning their care, their relatives had been consulted. One relative told us, "The care plan was discussed with me and [my relative] and we're both involved in the reviews".

Information about how to make a complaint or provide comments about the service was included in the service user guide. The information included timescales for an acknowledgement and a response. We reviewed the concerns and complaints received by the service and found that they had been addressed in line with the policy. The manager showed us a large collection of thank you cards, letters and emails that had been received. Comments included, "Please pass on my thanks to your carers. We would recommend you to anyone" and "Thank you to your carers. Their help was invaluable and helped me make a good recovery".

We saw that the service was signed up to the Dignity in Care Charter, which promotes the importance of respecting people's dignity when providing them with care. A poster advertising the Charter was displayed in the office.

People told us they felt able to raise any concerns with staff or with the registered manager. One person told us, "I've never had any concerns but I have the manager's number if anything was wrong". Two relatives told us they had raised minor issues in the past and they had been addressed very quickly and to their satisfaction.

## Is the service well-led?

### Our findings

People told us they were happy with how Hazelwood Homecare Limited was managed. They told us, "The service seems very organized, I've had no concerns" and "The staff and manager are all very approachable". Relatives told us, "The management are very nice people" and "You feel that if you had any concerns you could raise them and they'd get sorted out".

The service had a statement of purpose which focused on providing 'a high quality of service with the client at the very heart of our planning'. We saw evidence during our inspection that the statement of purpose was reflected in the care and support provided by the service.

We looked at whether people were involved in the development of the service. We saw that the registered manager sent out annual satisfaction questionnaires to people and their relatives. We reviewed the questionnaires from March 2016 and noted that 96 questionnaires had been sent out and 46 had been returned, which was a response rate of 50%. People reported a very high level of satisfaction with the service including the number of staff who supported them, the times of their visits and the flexibility of the service. We noted that everyone who responded would recommend Hazelwood Homecare Limited to others. We saw evidence that where people had expressed dissatisfaction with the service, they had been contacted and improvements had been made.

Staff told us the registered manager and the rest of the management team had an open door policy and they could speak with them at any time. Staff told us, "The manager is very approachable. I've raised minor issues with them in the past and they've been sorted out quickly" and "The whole management team are approachable. I don't think we'd be where we are without them". We saw that the registered manager, the operations manager, the managing director and the finance director were all based in the same open plan office and were all actively involved in the day to day management of the service. We saw them communicating with staff and each other, in person and on the telephone, and noted that they were respectful and supportive. The management team told us that being based in the same office promoted openness and transparency and helped to ensure that any issues regarding the service or the people being supported were identified and addressed quickly.

We noted that staff meetings took place twice each year. Areas addressed included staff rotas, training, staff observations and health and safety issues. In addition, newsletters were issued to staff throughout the year and included information about new staff, training and confidentiality. The staff we spoke with confirmed staff meetings took place and told us they were able to raise any concerns and identify training needs during the meetings. They told us they received newsletters regularly.

The registered manager told us that staff received an annual questionnaire to gain their views about the service. We reviewed the report resulting from the questionnaires issued in March 2015 and noted that all 38 staff had responded. The registered manager told us that the report had been shared with all staff. We saw that staff had reported a high level of satisfaction with training, being updated about everyday matters and the support received from management. We saw evidence that suggestions for improvement had been

considered and action taken. Where action had not been taken, the reason for this was explained in the report. The registered manager told us that she planned to issue a further staff questionnaire in June 2016.

We noted that the service had been awarded the silver Investors in People Award in February 2016. Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework.

Information about whistleblowing (reporting poor practice) was included in the staff handbook and encouraged staff to raise concerns. The staff we spoke with felt confident they would be protected if they informed the manager of concerns about the actions of another member of staff.

We found that staff practice was observed regularly to ensure that staff were delivering safe and effective care. Care documentation was checked as part of these observations. In addition, medicines administration records were reviewed monthly when they were returned to the office and any issues were addressed with staff. We found that the checks being completed were effective in ensuring that appropriate levels of care and safety were maintained.

We noted that the service had a business continuity plan in place, which provided guidance in the event that the service experienced disruption due to a fire, flood or the loss of staff or utilities such as water or information technology. This helped to ensure that appropriate action could be taken if the service experienced difficulties that could affect people receiving care.

The registered manager told us that a number of improvements were planned for the service including further staff training in areas such as pressure care, improved communication with community healthcare professionals and improving the service's information technology systems.