Elpha Lodge Residential Care Home Limited

Hazelmead Residential Care Home

Inspection report

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Date of inspection visit:
14 December 2016

Date of publication:
10 January 2017

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

This inspection took place on 14 December 2016 and was announced. This was to ensure someone would be available at the home and to show us records.

Hazelmead Residential Care Home provides care and accommodation for up to five people with learning disabilities. On the day of our inspection there were five people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Hazelmead Residential Care Home was last inspected by CQC on 20 March 2015 and was rated Requires Improvement in two areas, Effective and Well-led. We re-visited these areas as part of this inspection.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and staff and described potential risks and the safeguards in place. Staff had been trained in safeguarding vulnerable adults. Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and training sessions were planned for any due refresher training. Staff received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Hazelmead Residential Care Home. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People who used the service and family members were aware of how to make a complaint however there had been no formal complaints recorded at the service.

The service regularly used community services and local facilities.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People had access to their own kitchen and were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a

polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

The home had a full programme of activities in place for people who used the service.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with the community and other local organisations.

Hazelmead Residential Care Home

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 registered 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.

This inspection took place on 14 December 2016 and was announced. This was to ensure someone would be available at the home and to show us records. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with two people who used the service and one family member. We also spoke with the registered manager and two care staff.

We looked at the personal care or treatment records of three people who used the service and observed

how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe at Hazelmead Residential Care Home. They told us, "Yes, it's quite safe" and "Yes, it's quiet. I feel safe".

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. People who used the service were involved in the recruitment process and sat in on interviews .This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. There were at least two members of staff on duty during the day, in addition to the registered manager, and one member of staff on duty at night. We asked staff how absences and vacancies were covered. They told us they were covered by their own permanent staff, the registered manager, or staff from one of the registered provider's other local homes, and agency staff were not used at the service.

The home is a detached bungalow with five individual, en-suite bedrooms. Entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. People we spoke with were complimentary about the home. They told us, "It's a lovely house. I couldn't ask for anything more" and "It's nice".

The registered provider had an infection prevention and control policy in place. A member of staff at the home was the infection control champion and had completed a level two qualification in infection control. We saw infection control audits were carried out on a monthly basis. These included an audit of a different communal room and one bedroom every month. This meant people were protected from the risk of acquired infections.

Accidents and incidents were recorded and copies of records, including investigations and meeting minutes were kept in the incident file and in the relevant person's care files. A review of accidents and incidents took place each month to identify any issues. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments included use of the kitchen, the external environment, water temperatures, people's bedrooms, wet floors, and fire. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Risks to people's safety in the event of a fire had been identified and managed, for example, emergency lighting checks, regular fire drills and alarm tests, and checks of firefighting equipment were carried out. Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the registered provider's safeguarding policies, which included the protection of service users and staff guidelines on the abuse of vulnerable adults. We looked at the safeguarding file and saw copies of local authority safeguarding procedures, a guide to what abuse is and a protecting vulnerable adults' flowchart. Appropriate safeguarding alerts had been raised with the local authority and statutory notifications submitted to CQC.

People who used the service had 'Understanding what is meant by safeguarding' support plans in place. These showed that the registered manager had carried out a discussion with the person to make sure they understood what safeguarding was and how to report it. People we spoke with told us they knew who to speak to if they were worried about anything. Staff we spoke with were knowledgeable about safeguarding vulnerable people and had received training. We found the registered provider understood the safeguarding procedures and had followed them.

We looked at the management of medicines and saw medicines were stored inside a locked cabinet in a locked cupboard. A small, lockable container was also available for any medicines that required storing in the refrigerator.

Medicine administration records (MAR) we saw were accurate and up to date. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. Each person's MAR included administration of medicines agreement forms, a photograph of each person and a list of the medicines the person had been prescribed.

Medicine audits were carried out monthly and included checks of medicine stocks, administration records, ordering and disposal, and the medicine cupboard temperature. This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People told us, "Oh yes, we've got good staff here", "[Staff member] is nice. She's a great lass" and "I like the staff here. They are fantastic". A family member told us, "They [staff] have done admirably" and "They keep me informed".

The registered provider's mandatory training included moving and handling, safeguarding, first aid, fire safety, food hygiene, infection control, health and safety, administration of medicines, mental capacity and nutrition. Mandatory training is training that the registered provider thinks is necessary to support people safely. Records we looked at showed staff were up to date with their training and the registered manager had a training plan, which identified when training was due and had been booked.

New staff completed an induction to the service, which included an introduction to staff and the people who used the service, a tour of the premises, policies and procedures, the rights and responsibilities of the people who used the service, the supervision process, and first aid.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff had signed supervision contracts to say they agreed with the supervision process and also had the opportunity to state how often they wanted supervisions. We saw supervisions took place four times per year and included discussions on job role, personal development, health and safety, and any concerns. Staff we spoke with confirmed they received regular supervisions. This meant staff were fully supported in their role.

People had access to their own kitchen, where they were supported by staff. People completed a menu planner on a weekend and went shopping with staff during the week. People's weights were monitored monthly and if any loss of weight was identified, a malnutrition universal scoring tool (MUST) was used to identify any nutritional risk. One person who used the service required full support whilst having food and drink. An assessment of the person's needs had been carried out by a speech and language therapist (SALT) and their guidance was included in the person's support plan. For example, the best position for staff to sit to assist the person and the person's food was to be liquidised to a soft blended consistency. This meant people were supported with their dietary needs.

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. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for people who used the service. One application had been authorised and another application was still in progress. A notification of the authorised application had been submitted to CQC.

Mental capacity assessments had been completed for people and best interest decisions made where necessary for their care and treatment. Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. This meant the registered manager and staff were aware of the MCA and were following the requirements in the DoLS.

We observed that the service had sought consent from people for the care and support they were provided with and people's consent was also sought for permission to enter the person's bedroom, the administration of medicine, treatment and procedures, and the sharing of information.

None of the people who used the service had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

People who used the service had access to healthcare services and received ongoing healthcare support. People had hospital passports in place, which recorded important information staff should know if the person was admitted to hospital. Care records contained evidence of visits from and to external specialists including GPs, SALT, opticians, podiatrists and dentists.

Good

Is the service caring?

Our findings

The service was caring. We saw and heard how people had a good rapport with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity.

All the staff on duty that we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. People were provided with choices and this was evidenced in the care records. For example, "Staff will ask me if I wish my hair to be dried with the blow dryer", "I can make a choice of which clothing I wish to wear" and "I like to choose whether to wear perfume or body spray".

Staff respected people's privacy and dignity. We saw staff knocking and waiting for permission before entering people's rooms and closing bedroom doors. Care records contained examples of how people's privacy and dignity was to be respected. These included, "Staff will tactfully suggest for me to spend a little longer in the shower to ensure that a high standard of personal hygiene is maintained", "Dry me off as much as possible then place a towel over me" and "Staff will ensure that bathroom and bedroom doors are closed at all times".

We asked people and family members whether staff respected the privacy and dignity of people who used the service. They told us, "Yes, they definitely treat with dignity and respect" and "They give me my privacy". This meant staff treated people with dignity and respect.

People's independence was promoted. For example, one person had a support plan in place for using public transport independently. The support plan described how staff were to support the person with some aspects of the activity, for example, to ensure the person had their bus pass and mobile phone before they left the home. However, the overall aim of the plan was to maintain the person's independence whilst using public transport. A daily rota was on the dining room wall and we saw people who used the service took it in turns to carry out tasks around the home. These included emptying the kitchen bins, washing the dishes, folding the laundry and setting the table.

Care records contained other examples of how people were supported to be independent. For example, "I sort out all my dirty laundry for staff to put in the washing machine, and when washing is dried I fold ready for me to iron", "Staff offers advice and encouragement when I am cleaning my bedroom" and "Staff will verbally prompt me to put toothpaste on my toothbrush independently". One person who used the service told us, "I do most of it [personal care] myself. They [staff] just prompt me." They also told us, "We've got a rota for the kitchen and we take it in turns to look after the budgie."

Staff we spoke with told us, "We try to boost their independence by giving them tasks to do" and "We don't do the dishes, we let them" and "You have to respect people's choices". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

People's bedrooms we saw were individualised, some with their own furniture and personal possessions.

We saw many photographs of relatives and social occasions in people's bedrooms.

None of the people who used the service used an independent advocacy service. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

People's end of life wishes had been recorded. For example, whether the person wanted to remain at the home at their end of life, their wishes regarding resuscitation, and funeral wishes. This meant people had been able to be involved in their end of life care.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were reviewed and evaluated on a monthly basis.

People's needs were assessed before they started using the service. Assessment records included details of the person's religion, GP and next of kin. Each person's care record included an 'About me' section, which included details of the person's history. For example, school, employment and family history. We saw these records had been written in consultation with the person who used the service and their family members.

Support plans included using public transport, domestic chores, medication, skin integrity, social contacts, finances, showering, health care needs, family contact and involvement, religion and end of life care. Support plans described the person's need in that area, the aims and objectives of the support plan, and staff interventions required. For example, one person had a support plan in place for skin integrity due to lack of mobility and incontinence. The support plan described the support staff were to provide to the person. For example, maintain a high standard of hygiene, talk through procedures with the person, freshen the skin, wash and dry the person, and assist with dressing. The care records we saw were up to date and reflected people's care and support needs.

Monthly meetings took place between the person and their key worker. These discussed any changes to the person's care plan or medicines, appointments, activities and events taken part in and proposed activities and events. A family member we spoke with told us they were involved in their relative's care and were kept up to date. They also told us, "If they are concerned about anything, they speak to me."

A daily notes book was maintained for each person who used the service. These included a record of activities the person had taken part in, general notes and comments, details of appointments, medical notes and monitoring charts. Staff also completed a communication book to pass on any important information to other staff at the home. Staff told us this was read by every staff member at the start of each shift to ensure they were up to date with everything at the home.

People were supported to take part in activities and attend local facilities. For example, a hydro pool, shopping, community centre and pub visits. One person who used the service worked at a local leisure centre two days per week. People were taken on holiday and one person told us they were looking forward to their holiday in Blackpool next year. We heard and observed staff interacting with people, singing along to music, watching television and playing dominoes. People who used the service told us about the activities they took part in. One person described the work they carried out at the leisure centre and told us they enjoyed attending the community centre, where they played dominoes and met other people. This meant the registered provider protected people from social isolation.

A copy of the registered provider's complaints policy was made available to people in the statement of purpose and in the service user guide. The policy described the procedure for verbal and written complaints, the responsibilities of management and staff, and contact details for CQC and the local government ombudsman. An easy read version of the policy was also available and displayed on the dining room wall.

There had not been any complaints at the service in the previous 12 months however people we spoke with were aware of how to make a complaint. The registered manager maintained a record of minor concerns. This was in place to record any concerns raised by people, visitors and staff, and also helped to prevent issues from developing into a formal complaint. This showed the registered provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. They told us, "There's an open door policy if I have any concerns", "If I've ever had an issue, [registered manager] has resolved it straight away" and "I have no concerns with raising any issues". A family member told us they had an "Excellent" relationship with the management at the home. People who used the service told us they had regular meetings where they could express their opinions. One person told us, "If we are not happy about anything we say. If they can put it right, they do."

Staff were regularly consulted and kept up to date with information about the home and the registered provider. We saw records of staff meetings, which took place approximately every two months. The most recent meeting had taken place on 24 November 2016 and the agenda included staffing levels and cover, monitoring of temperatures, menus, training and control of substances hazardous to health (COSHH).

The service had links with the local community. People who used the service visited local pubs and shops. Local facilities were used, such as community and drop in centres.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. The registered provider's nominated individual carried out an audit of the home every three months. The most recent took place in September 2016 and included interviews with people who used the service and staff, an inspection of the premises and records, an interview with the registered manager and a review of the outcome of the previous visit. The conclusion to this visit recorded, "Home is running smoothly and without any concerns."

The registered manager carried out an audit of the home every two months with one of the people who used the service. This looked at the quality and décor of all the rooms in the home, and included an action plan for any identified issues. For example, the most recent audit had identified that one of the bedrooms and the dining room needed decorating. We saw in the home's refurbishment plan that this was planned for 2017.

Monthly audits included a review of accidents and incidents, complaints, infection control, health and safety, staff training and supervisions and medicines. These were up to date to 30 October 2016 but had not been completed for November 2016. The registered manager was aware they were overdue and would complete them as soon as possible.

We saw records of residents' meetings, which had taken place every two months. Subjects discussed at the most recent meeting included Christmas, haircuts, keyworkers and excursions.

Annual questionnaires were sent to people who used the service, family members and visiting professionals. These asked questions on the quality of the service, for example, the staff, cleanliness, quality of care, food and activities. An evaluation was carried out of the responses and an action plan was put in place if required. This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.