

Hazelwell Lodge Limited

# Hazelwell Lodge

## Inspection report

67 Station Road  
Ilminster  
Somerset  
TA19 9BQ

Tel: 0146052760

Date of inspection visit:  
28 June 2017

Date of publication:  
17 July 2017

### Ratings

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

# Summary of findings

## Overall summary

Hazelwell Lodge is a residential care home for up to 35 people. The home specialises in the care of people living with dementia. At the time of the inspection there were 32 people at the home.

At the last inspection in October 2015, the service was rated Good.

At this inspection we found the service remained Good.

This inspection was brought forward due to a high number of safeguarding notifications received from the provider. We therefore wanted to check people were safe and comfortable at the home.

People at the home were living with dementia and some were unable to fully express their views or wishes verbally. During the inspection people looked relaxed and comfortable in their environment. There was good engagement between staff and people and all incidences of people becoming upset or unsettled were responded to promptly.

Staff were able to recognise the signs of abuse and knew how to report concerns. The registered manager and provider worked in partnership with other agencies to make sure all concerns were fully investigated and action was taken to keep people safe.

People had care plans which outlined their abilities and the things they required support with. Care plans relating to people's behaviour which may impact on other people were clear and staff were following the guidelines in these. We found that some improvements could be made to make sure care plans supported staff to be pro-active in monitoring and recording people's physical healthcare needs.

Staff were well trained in meeting people's specialist dementia care needs. The registered manager was experienced and knowledgeable about current practice for people living with dementia. They provided on-going formal and informal training for staff to make sure people benefitted from their knowledge.

People were cared for by staff who were kind and patient. Staff knew people well and used different approaches with different people according to their personalities and likes. There was a warm and happy atmosphere with lots of laughter and good humoured banter. One person told us, "Staff are very patient, they help you and never find fault." A visiting relative said they found all the staff to be "Helpful and kind."

People received care that was responsive to their changing needs and took account of their individuality. People were encouraged to maintain their independence where possible and make choices about their day to day lives. One person said "They don't do everything for you. I can still do lots of things even if I am nearly 100." The staff sought advice from healthcare professionals if they had concerns about a person's well-being.

The registered manager and provider continually monitored the quality of care, the building and equipment to make sure the service remained safe and comfortable for people, staff and visitors. Where shortfalls in the service were identified, action was taken to make sure improvements were made.

## 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.

There were adequate numbers of staff available to make sure people's needs were met in a relaxed way.

People received their medicines safely from staff.

Risk assessments were carried out to enable people to take part in day to day activities with minimum risk to themselves and others.

### Is the service effective?

Requires Improvement ●

The service was not fully effective.

Some improvements were needed in how people's physical health was monitored and recorded.

People received care from staff who had the specialist knowledge and training to meet their needs.

People's legal rights were protected because staff knew how to appropriately support people who lacked the mental capacity to make decisions for themselves.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and patient.

People's privacy and dignity was respected.

People, or their representatives were involved in decisions about the care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which was responsive to their

needs and preferences.

People had opportunities for social stimulation and to take part in meaningful occupation and activities.

People felt comfortable to share their concerns or make a complaint.

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

The service was well led.

People lived in a home where the registered manager and provider constantly looked for ways to improve the service offered to people.

People benefitted from an environment that was well maintained and safe.

There were ways for people to share their views and make suggestions about the running of the home.

**Good** ●

# Hazelwell Lodge

## 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 checked 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

This inspection took place on 28 June 2017 and was unannounced. It was carried out by two inspectors. An assistant inspector carried out a Short Observational Framework for Inspection (SOFI) observation in one area. SOFI is a way of observing care to help us to understand the experience of people who could not talk to us.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and action plans, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we held about the service.

During the inspection we spoke with 14 people who lived at the home, five visiting relatives and one visiting GP. We also spoke with six members of staff The registered manager was available throughout the day.

Some people were unable to fully express their views to us verbally because of their dementia. We therefore spent time observing care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included four care and support plans, three staff files, a sample of medication administration records and records of meetings held at the home.

# Is the service safe?

## Our findings

The service continued to be safe.

We brought forward this inspection in response to a high number of safeguarding referrals made by the provider. These referrals mostly related to situations where people had become physically or verbally aggressive with other people who lived at the home. Staff were trained how to recognise and report abuse. The registered manager had notified the relevant authorities when concerns had been raised and had worked in partnership with these authorities to investigate and minimise the risks of abusive situations re-occurring. On the day of the inspection there was a calm and happy atmosphere in the home.

People at the home were living with dementia and some were unable to fully express their views or wishes verbally. During the inspection people looked relaxed and comfortable in their environment. There was good engagement between staff and people and all incidences of people becoming upset or unsettled were responded to promptly. For example at lunchtime one person became anxious and hastily got up from the table. A member of staff followed them and comforted them. We saw them later sat with a member of staff smiling and drinking a cup of tea. In another situation a person wanted to leave the building with a visitor and staff used distraction techniques to take the person away from the front door.

We heard from the registered manager about one person who was unsettled at the home and staff were liaising with other professionals to make sure they were appropriately meeting this person's needs. There was a clear care plan in place to make sure staff had good information to support this person. Where incidents had occurred the care plan showed appropriate action had been taken. This person was generally settled during the inspection however on one occasion a person complained about a situation with this person which made them uncomfortable. Staff responded promptly in accordance with the care plan which alleviated the person's anxiety.

There were adequate numbers of staff available to keep people safe and provide social and mental stimulation. When people requested help or support it was provided in a timely manner. One person told us, "Staff make sure I have everything I need." Another person told us, "It's lovely here. I feel very safe." A visitor said they never worried when they left the home because they knew their relative was, "Well cared for and safe."

People were able to move freely around the home and pleased themselves where they spent their time. There were risk assessments in people's care plans to minimise risks to people without restricting their freedom of movement. For example the risk assessment for one person to go out stated they required a member of staff, or family member, to accompany them and to use a walking frame. This made sure they could safely access community facilities.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure which ensured all staff were thoroughly checked before they began work. Staff records showed the provider followed their procedures to minimise the risks to people.

People received their medicines safely from staff who had received training to carry out this task. Medication administration records were correctly signed when they were administered or refused. Where people were prescribed medicines on an 'as required' basis there was information to inform staff when medicines may need to be given. For example one person was prescribed a pain killer to be given when needed. The records gave details of how this person may express discomfort or pain. This helped to make sure people received appropriate medicines to maintain their comfort.

# Is the service effective?

## Our findings

People received effective care but some improvements could be made to show how some people's physical health was monitored and risks to their health minimised. For example one person had lost weight and staff were recording the food they ate. We found the quality of these records were variable and did not always give accurate details about the amount of food eaten. There was no clear information about what action had been taken when the person had not eaten well and therefore no indicators for staff about what approaches may be successful in improving their diet. This person was also assessed as being at high risk of pressure damage to their skin but there was no clear and robust plan of care in place to minimise these risks and ensure staff were pro-active in helping them to change position. On the day of the inspection this person sat in a chair for a large part of the day without moving. However another person was being cared for in bed and there was a clear plan in place to make sure they were helped to change position regularly. Although this person had been cared for in bed for some time they had no skin damage which showed the measures in place were effective.

In other situations we found staff were more pro-active in promoting people's well-being and had sought advice from healthcare professionals to make sure people received the correct care and treatment. Care plans showed people were seen by healthcare professionals according to their individual needs. For example one person was being seen regularly by a district nurse to meet a physical healthcare need. A visiting GP told us the home sought advice appropriately from them and they had no concerns about the care and support provided to people.

The home cared for people living with dementia and worked in partnership with other agencies to ensure people's mental health care needs were met. Part of the home was registered with Somerset County Council to provide specialist residential care and was supported by a link nurse from the community health trust. This helped to ensure people's mental health needs were constantly monitored and staff had access to up to date advice and support. Staff told us they found the advice and support from the link nurse really helpful. One member of staff said, "It's really good to be able to talk things over with them. We want the best for people."

People had their nutritional needs assessed to make sure they received meals in accordance with their needs. Where a person was at risk of choking advice about their diet had been sought from a speech and language therapist. They had made recommendations about the consistency of the food required by this person and at lunch time we saw they received a meal in accordance with these recommendations. Some people required physical assistance to eat and at lunch time we saw staff sat with people to help them. Staff chatted to people whilst supporting them which made it a social experience. Where people needed encouragement or prompting to eat staff provided this in a discreet manner.

People were able to choose what they wanted to eat. There were two choices of main meal at lunch time but there was no pictorial menu which may have helped people to make a choice. Staff relied on people understanding their verbal descriptions and using their knowledge of people's likes and dislikes. On the day of the inspection the majority of people had a meal from the menu but some people were provided with

alternatives. One person told us, "Food here is wholesome but boring." Another person said "The food is alright."

People were supported by staff who had the skills required to meet their needs and which was appropriate to their roles and responsibilities. New staff completed an induction programme which made sure they had the basic skills and information to provide safe care. New staff also had opportunities to shadow more experienced staff which enabled them to get to know how individual people liked to be supported.

Once staff had completed their induction they were able to undertake other training including specialist training in the care of people living with dementia and vocational qualifications. The registered manager provided informal and formal training about how to care for people living with dementia and staff were competent in their work. A visitor told us they thought all the staff were very good at supporting the people who lived at the home. They said, "They have the right approach." One person told us, "I have a very bad memory but the staff help me to keep independent where I can."

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care plans showed that people's mental capacity to make certain decisions had been assessed and where relevant family members had been consulted. Where people had been unable to make specific day to day decisions there was clear information about how and why the decision had been made in their best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate referrals for people to be deprived of their liberty where they needed this level of protection to keep them safe and lacked the mental capacity to fully agree to aspects of their care.

## Is the service caring?

### Our findings

The service continued to be caring.

People were supported by a staff team who were kind and caring. One person told us, "Staff here are all lovely. It's the best place I've ever lived." Another person told us, "Staff are very patient, they help you and never find fault." A visiting relative said they found all the staff to be "Helpful and kind."

Letters of thanks to the staff echoed these comments. One card said, "Thanks for the compassion and care shown to us." Another thanked the staff team for their, "Warmth and kindness."

People were relaxed and content at the home. Although many people were not able to fully express their views they looked relaxed and happy with staff. Staff used physical touch to offer reassurance to people and a number of people approached staff for a cuddle. Staff were polite and respectful of people and always thanked them when they helped with small tasks, such as collecting cups.

People were supported by staff who knew them well. Staff used different approaches with different people according to their personalities and likes. There was a warm and happy atmosphere with lots of laughter and good humoured banter. We heard staff talking to people about things that were important to them, such as family and friends. One visiting relative said, "They know them really well. Although they can no longer say how they're feeling staff know when they are not themselves and always contact me." One person was being cared for in bed and we were told that the door was always left open during the day so they could see people going past. Their relative told us staff always put the radio on for company in the background and said "There's always someone putting their head in for a chat."

The staff told us they hoped to create a homely environment where people were relaxed and content. There were two cats and two rabbits that some people enjoyed cuddling and spending time with. We saw one person sitting with a cat happily chatting away and stroking it. They looked very much at home. To help break down barriers between people and staff there was a no uniform policy within the home. This also provided a talking point for some people and we heard two people complimenting staff on their clothes. The registered manager told us that night staff wore nightclothes to help people to orientate themselves to the time of day. One visitor told us, "I'm comfortable with them being here because it's so homely." One person said, "It's relaxed, I feel safe, it's all lovely." Another person said "This is home, it's very comfortable, I'm happy."

People's privacy was respected and each person had a single room which they could access throughout the day if they wanted to spend time alone. People had personalised their rooms with items of furniture and pictures. Some people had bought double beds with them from their previous homes. One person, who had decided to spend the day in bed said, "Yep I have everything I need here. I'm very comfy."

Staff supported people to maintain their dignity. When people required assistance with personal care staff discreetly helped them to their room or a bathroom to help them. All toilets were well signed which helped

people to find them and maintain their independence.

People, or their representatives, were involved in decisions about the care and support they received. Visiting relatives told us they were involved in discussions and reviews of people's care plans which helped to make sure people received care and attention in accordance with their known wishes and preferences. One visitor told us, "We are kept fully involved with everything." Another visitor said, "They asked us all about hobbies and interests so they could get a picture of the things that will help them to get to know them." Where people lacked mental capacity and did not have representatives to consult about day to day care, staff acted in the person's best interests in accordance with their knowledge of the individual.

Where people were being cared for at the end of their lives care plans were in place to make sure staff knew about the support people wished to receive and the things that were important to them. Care plans contained information about where people wished to be cared for and what interventions staff should carry out if the person was at the end of their life. One thank you card to staff said "You always treated [person's name] with dignity, professionalism and love."

## Is the service responsive?

### Our findings

The service continued to be responsive.

People received care that was responsive to their needs and wishes. The registered manager promoted an ethos of respecting people for who they were and enabling them to continue to live as they chose regardless of their dementia. People had life history books which gave staff lots of information about each person's history and lifestyle choices. This helped to make sure people received personalised care and support.

There was information about people's family, hobbies and interests which helped staff to make connections with people. Discussions with staff showed they had an understanding of how people's lifestyles and occupations may affect the behaviour they demonstrated. For example one member of staff told us about how someone behaved. They said, "They were a farmer so that may be where it comes from." Another member of staff said about someone, "They have always been a busy person and they still are."

People were encouraged to maintain their independence where possible. One person said "They don't do everything for you. I can still do lots of things even if I am nearly 100." Each person had pictures outside their bedroom. This helped people to recognise their own rooms and also provided talking points for staff and visitors. There were also pictures and signposts around the building that helped people to move around independently.

Each person had their needs assessed before they moved in to make sure Hazelwell Lodge was the right place for them to live and to ensure staff had the skills required to meet their needs. One senior member of staff said "When we assess someone we have to think of the people who already live here as well as the person's needs. It's important to have the right mix of people."

From initial assessments individual care plans were devised to show what skills people had and the things they may need help with. They also gave information about any behaviour the person had which may present difficulties to other people. The care plans gave instructions for how people could be best supported in a consistent manner which respected their abilities and choices.

Care plans were regularly reviewed to make sure they were reflective of people's changing needs. Staff told us some people's needs varied from day to day, and depending on the time of day. They therefore adjusted the support they provided according to each person's changing needs. One visiting relative said, "They just seem to go with the flow. Sometimes they are more alert than other times but the staff here are marvellous." A visiting GP told us they thought staff were very skilled at recognising and responding to changes in people's needs.

People were encouraged to make choices about their day to day lives including what time they got up, when they went to bed and how they spent their day. One person said, "You can do what you want at home can't you." Another person told us, "I usually go out in the garden but not today as it's raining." We saw some people stayed in bed late and others returned to their rooms for a nap during the day. Staff respected

people's wishes and no one was forced to do anything they didn't want to. This all created a very easy going homely environment for people.

People were supported to take part in meaningful occupation. People at the home were often unable to concentrate or take part in activities for any length of time so the staff provided people with social interaction for short periods of time. There were some organised activities but these were mainly musical events and trips out which did not pressurise people to concentrate on a task.

People were animated and cheerful. Staff interacted with people and conversed about everyday things. One member of staff sat helping a person with their knitting, another was reading to a small group and others were joking together.

People were supported to keep in touch with friends and family and visitors were made welcome at any time. One visitor said, "Whatever time I come the girls [staff] always seem happy to see me." We saw staff welcomed visitors into the home by chatting and offering refreshments.

The registered manager and senior staff were very visible in the home and had an excellent knowledge of the people who lived there. This enabled them to constantly monitor people's well-being and seek their views. Staff knew people well and said they would recognise if someone was unhappy about any aspect of their care. One member of staff said, "You just know when people are out of sorts. Sometimes it's trial and error but you usually get to what's bothering them."

When we asked people what they would do if they weren't happy one person pointed to a member of staff and said, "I'd talk to her." Another person told us they would speak to the manager and it would be "Made better."

Visitors knew how to make a complaint and said they would be comfortable to do so. One visitor said, "I can always say what I want to say. I couldn't fault anything here but I could certainly speak to staff if there was anything worrying me." Another visitor told us, "One of the nice things is you always feel involved and you can talk about anything with [registered manager's name] or any of the staff."

Where complaints had been made there was evidence to show these were fully investigated and outcomes were shared with the complainant.

## Is the service well-led?

### Our findings

The service was well led.

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 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.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. People and visitors told us the registered manager and provider were very approachable and they would be comfortable to talk with them about any concerns. Where incidents had occurred in the home the provider and registered manager had co-operated fully with investigations and worked in partnership with relevant organisations to make sure people were protected from avoidable harm.

The registered manager and provider had a commitment to high quality care and were constantly looking at how they could improve the care and environment for people who lived at the home. At the time of the inspection the provider was in the process of building an extension. They had carried out extensive research into buildings that promote independence for people living with dementia and incorporated these into the design.

People benefitted from living in a home that consistently provided a high standard of care and were innovative. This ensured people received support in accordance with current best practice in caring for people living with dementia. They had been recognised for these standards by various local awards over the years. In 2014 they won the Somerset Care Focus 'Quality in Dementia Care' award. In 2016 they won Somerset Care Focus 'Outstanding care organisation of the year.' And this year a member of staff was awarded the best 'New to care' award.

The provider took action to address shortfalls in the service. There were quality assurance systems in place which monitored standards and sought people's views. Where audits had identified shortfalls action had been taken to address these. For example monthly audits of medication records showed how practice could be improved. Action was taken, including meetings and supervisions with staff responsible, and the recent audits showed a marked improvement in practice. Results of the last resident and relative survey had resulted in some changes including the re-introduction of carers meetings, some redecoration and improvements to the car parking for visitors.

Incidents and accidents which occurred in the home were analysed and where these highlighted areas for improvement these were acted upon. These included putting in place a new recording tool to make sure anyone who had a fall with no apparent injury was checked hourly for the next 24 hours.

People lived in a home that was well maintained and safe because there were systems to ensure equipment was regularly checked and serviced in accordance with current health and safety guidelines. A maintenance person was employed to make sure that day to day maintenance was carried out in a timely way.

The registered manager was supported by the provider to share their knowledge of good practice through local networks and national initiatives. These included regular meetings with other registered managers and working with educational institutions to design courses for staff and carers of people living with dementia. The registered manager told us this helped to keep them up to date and allowed them to share ideas with staff which led to an improved quality of life for people.

There was a clear staffing structure in the home which meant there were always senior staff on duty to monitor people's well-being and support less experienced staff. One member of staff said, "You can always ask for advice." There were regular meetings for staff where information about people and practice was shared and discussed to ensure people received the most appropriate care and support to meet their needs.

The registered manager had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.