

Ramnarain Sham

# Hazelwood House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hazelwood House is a residential care home providing accommodation and personal care to up to 15 older people some of whom also need support to maintain good mental health. At the time of our inspection there were 14 people using the service.

### People's experience of using this service and what we found

People living at the service were safe as there were systems and processes in place to safeguard them from abuse. The risks to people's safety were well managed and there were enough staff safely employed to meet people's needs. People's medicines were managed safely, and staff worked in a way that promoted the prevention of infection. The registered manager had processes in place to learn from adverse events at the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management team were responsive and there were effective quality monitoring processes in place to monitor people's care.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update - The last rating for this service was good (report published 20 July 2021)

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to initial inquiries to determine whether to commence a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the good and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Hazelwood House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Hazelwood House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Hazelwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hazelwood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person and three relatives who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care staff and care staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were safeguarded from the risk of abuse.
- Care staff had received training in safeguarding people and knew how to report concerns. They told us they felt confident to raise concerns about poor standards of care.
- The service was aware of their responsibility to report safeguarding concerns to the local authority and CQC. At the time of the inspection two safeguarding concerns around fall prevention had been raised, which triggered this inspection.
- When we asked people if they felt safe in the presence of care staff, one person told us, "I am new here, but so far so good." One relative said, "They [staff] are very good and they make sure that my relative is safe."

Assessing risk, safety monitoring and management

- Risks to people were identified and individual risk assessments were in place for people which included falls, moving and handling and personal care. Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained guidance for care staff to follow to keep people safe.
- During this inspection we particularly focused on risk assessments for people who were at risk of falls. We found that risk assessments contained sufficient details guiding staff to ensure people were safe and the risk of falls were minimised. The service sought external advice and support around the use of appropriate equipment and how to support people safely. This included assessments by occupational therapy and physio therapy to ensure people maintained their independence when walking or being transferred.
- Care staff were trained to support people safely, for example they received training in moving and handling, first aid and fire safety.
- Environmental and COVID-19 related risk assessments were also in place for people.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS

authorisations were being met.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- Care staff had received training in understanding the MCA and DoLS legislation and its implications for people living at Hazelwood House. Training records confirmed this.
- Care staff understood they should seek consent before giving care and encouraged people to make choices for themselves.

#### Staffing and recruitment

- Recruitment and selection processes had been carried out to ensure suitable care staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.
- There were enough care staff to ensure that people received consistent care to meet their needs. Feedback indicated that people had established a rapport and built trust with the care staff who provided their care. One relative told us, "There is always enough staff around when we visit. The staff are very kind and caring and my relative tells me that she likes them very much."

#### Using medicines safely

- The service managed people's medicines safely. People's medicine support needs were clearly documented in their care plan and included a list of medicines prescribed, how and when they should be administered.
- People's medicines administration records (MARs) were completed correctly and medicines stock held by the service was consistent with stock levels documented on the MARs.
- Care staff supporting people with their medicines had received training and their competency had been assessed.
- Some people received medicines prescribed as and when required 'PRN', there was information on how to do this safely documented. However, we discussed with the provider the importance of developing personalised PRN protocols. The registered manager contacted the prescriber on the day of our inspection and started to develop these.

#### Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. While the service had a system in place to test visitors when entering the premises. The service did not ask us for evidence of a lateral flow test. However, we viewed documents which showed that this was done most of the time. We discussed this with the registered manager and were advised that the member of staff was nervous and that is why it was not carried out routinely when we visited the home. We signposted the provider to current guidance arounds safely visiting care homes.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.



#### Visiting in care homes

- The service is open for visiting. Relatives confirmed this and told us that they were usually asked for evidence of a lateral flow test (LFT).

#### Learning lessons when things go wrong

- A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely.
- The registered manager ensured accidents and incidents were investigated and actions put in place to minimise future occurrences. Lessons learned were shared with care staff to improve the service and reduce the risk of similar incidents.
- Care staff were encouraged to discuss any safety concerns and review these at meetings. This was to ensure information was openly shared so that people's care would continue to improve in response to any concerns they may arise.
- Management ensured incidents and accidents were analysed to identify trends and patterns to reduce the likelihood of their reoccurrence.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person centred care from a staff group led by a management team who worked openly and inclusively. There was a positive culture at the service. People, relatives and staff told us the registered manager worked collaboratively and was responsive to people's needs.
- One relative told us, "We as a family are very happy with the care my relative receives, the staff are excellent, and the manager listens to us when we make any suggestions."
- Care plans were person centred and detailed. There was information on how to support people's emotional and mental health needs. Staff were knowledgeable about the people they supported and told us they were happy working at the service.
- The registered manager was positive and enthusiastic about further improvement plans in place for the service. For example, they had plans in place to redecorate and replace the carpets in communal areas.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a duty of candour policy in place and the registered manager and staff's practice supported the policy. Where people had fallen or there had been incidents, there was evidence to show the management team had been open with people, relatives and the local authority.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager undertook their legal responsibility to notify CQC of events at the service via statutory notifications when required.
- The quality of care people received at the service was clearly monitored via the provider's quality monitoring processes. There was regular oversight of areas such as people's falls, weights, care plans and the environment.
- Management had oversight over how the service operated. There was a continuous programme of auditing and responding to emerging or changing care and support needs and about the day to day operation of the service.
- There was clear analysis of any incidents or changes in people's health. Action plans were in place and acted upon to affect good outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- People and their relatives were asked their opinions on the way the service is run. Relatives told us that they received regular updates from the registered manager and discussed areas such as activities and meal choices.
- Staff told us they were listened to by the management team, there were regular staff meetings and their views on the running of the service were listened to. We saw minutes of meetings reflected this. For example, staff raised different ways of working with some people and they told us that their suggestions were listened to.
- Staff told us they felt well supported by the management team. They were provided with regular supervisions and could talk to the deputy manager or registered manager about things which concerned them.

#### Continuous learning and improving care; Working in partnership with others

- The service ensured improvements to care and support were made and people who used the service, relatives and staff were listened to.
- Staff told us that the registered manager was very supportive and took time to explain and listen to staff.
- There was evidence in people's care plans to show collaborative working with external health professionals. During recent concerns raised by the local authority the service worked collaboratively and provided all documentation and information in relation to these concerns.