

Devaglade Limited

Hazeldown Care Home

Inspection report

21 High Street
Foulsham
Dereham
Norfolk
NR20 5RE

Date of inspection visit:
14 January 2020

Date of publication:
24 February 2020

Tel: 01362683307

Website: www.superiorcarehomes.com

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hazeldown care home is a residential care home, at the time of the inspection personal and nursing care was being provided to 13 people living with a mental health condition. The service can support up to 18 people. People living in the home are accommodated on two floors in one period building adapted for the use as a care home.

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

Governance systems required further development to inform and drive improvements in the service. People's risk assessments did not always identify risk or provide enough guidance on how to manage identified risks. Systems to ensure staffing levels were adequate needed further work.

People felt safe living in the service. Risks to people, including from the environment, were managed in practice. People received their medicines safely.

People were supported to eat a balanced diet. Staff were competent and received training in how to meet people's needs. People's health care and needs relating to their living environment were met. 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.

People were supported by kind and caring staff who knew them well and encouraged their independence. People were supported to express their views and be involved in decisions about their support.

People received individualised and person-centred care that met their needs and preferences, this included the provision of appropriate activities. Information on the service was provided to people. People's concerns or complaints were addressed and resolved.

People and staff spoke positively of the management team and their leadership in the service. There was a positive open and person-centred culture in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 3 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hazeldown Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

Hazeldown Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We spoke with six members of staff including, the registered manager, the team leader, three support workers and the chef. We also spoke with three visiting health care

professionals who work with the service on a regular basis.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments did not always identify risk or provide enough written guidance for staff on how to manage identified risks. For example, many people living in the service accessed the community independently but there were no risk assessments regarding this. Another person in the service was displaying distressed behaviour whilst staff had taken action, which had included contacting relevant professionals and increasing staffing, there was no corresponding risk assessment and care plan in place.
- Whilst improvements to risk assessments and care plans were required staff had a good understanding of the individual risks to people and how to manage these. Risks were responded to in practice. A health care professional provided us with an example which demonstrated staff proactively and collaboratively managing risk.
- Environmental risks to people were assessed and responded to. This included ensuring regular checks on water and fire safety were carried out.

Staffing and recruitment

- A staffing dependency tool was completed for each person in the service, however this was not being used effectively to help inform staffing levels in the service. People and staff told us there were enough staff to meet people's needs. One person and a staff member raised concerns that having only two staff on during the afternoons meant there might not be enough staff, should both be needed to support one individual person. The registered manager told us they would review how they assessed staffing levels in the service.
- Whilst safe staff recruitment practices were followed, we found the service did not have set standard interview questions and did not keep a full written record of interviews for prospective staff. Ensuring these actions are in place helps to ensure suitable and appropriate staff are recruited. It also safeguards against any challenge in the event prospective staff were not appointed. The registered manager told us they would put this in place following our inspection.
- People were supported by a stable and consistent staff group, many of whom had worked at the service for many years and knew people very well.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people. There had been no safeguarding incidents in the home since the last inspection.
- Staff had received training in safeguarding people from the risk of abuse. People told us they felt safe and secure living in the home.

Using medicines safely

- Medicines were managed safely, and people told us they received their medicines as prescribed. Guidance for staff on the administration of people's medicines was in place and included medicines prescribed 'when required'.
- People's medicines administration charts were completed accurately, although we identified gaps in the records for the administration of topical medicines. This had already been identified as an issue by the management team and a plan was in place to address this.
- Regular audits and stock checks were carried out on people's medicines which helped to identify errors and check people received their medicines as prescribed. The use of as required sedative medicines was kept to a minimum.

Preventing and controlling infection

- The home was clean and was pleasant smelling. People told us they were happy with the level of cleanliness in the home. Some of areas of the home could benefit from updating and increased the risk of infection control issues. For example, we identified dirty grouting and areas of rust on moving and handling equipment. Following our inspection visit the registered manager confirmed these areas had been attended to.

Learning lessons when things go wrong

- There were very few incidents or accidents in the service since the last inspection. Several health professionals told us they felt staff knew people well, could identify escalating risk and acted to mitigate against potential incidents. One health professional said, "[It's a] testament to staff that they have been no incidents with [name] and there were quite a lot [in their previous setting]."
- Where incidents had occurred this had been reviewed by staff and appropriate actions taken to try to reduce the risk of re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed and discussed with them. Staff used nationally recognised tools to help assess the risks of skin damage and malnutrition. Staff followed best practice when supporting people to manage such conditions. For example, people with diabetes were supported with their diet and to access additional diabetic screening services.

Staff support: induction, training, skills and experience

- Staff were able to access a range of training which included both face to face training from the provider's own training co-ordinator as well as e-learning. There was a clear programme of annual training which included three days of classroom-based learning covering a range of areas such as mental health, dementia, health and safety, and dietary needs. Health care professionals told us staff were competent and understood the needs of people in the home.
- Staff received regular supervisions, appraisals, and support from the management team. New staff were supported with an induction.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Staff discussed and encouraged healthy eating whilst respecting people's rights to make decisions about what they wanted to eat. One person told us how staff had helped them to consider healthy snacks to buy.
- Staff involved people in planning the menu. One person told us, "I give me views at the menu table." People told us they enjoyed the food on offer. If people didn't like the meals on offer other options were offered. We observed one person discussing how they didn't like the two main meals on offer. The cook overheard them and went to discuss other options they might preferred, this resulted in the person happily receiving a meal they preferred.
- The cook had a good knowledge of people's individual needs and preferences which were adhered to, information on this was also held in the kitchen.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff liaised with other agencies to help ensure people received the care and support required. For example, we saw staff discussed with people concerns they might have about any deteriorating mental health and supported people to discuss this with appropriate services. A health care professional said, "[Staff are] very proactive in looking after patient's needs."
- People's health care needs were assessed, such as regular oral health assessments, and people were

supported to access health care services such as dentists, opticians, and chiropodists.

Adapting service, design, decoration to meet people's needs

- The service was in an older period building. Staff had considered how this impacted on people's mobility issues and discussed with people when they might need to move to a downstairs room where people could move more freely.
- Living space had been arranged to give people privacy and independence. For example, there were two living areas with one designated a quiet area where people could choose to go if they wanted less interaction. There were two kitchens one of which was open and accessible to people, so they could prepare food, make drinks independently, and use a washing machine.
- Staff had supported people to have individual rooms decorated to their taste with items that were important to them. One person told us how they had discussed with staff what changes they would make to their bedroom, this had included changing the colour of the walls. They told us staff had supported them to make these changes, including painting the walls. They said because of this they were very happy with their room and felt at home in the service.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's consent was sought and they were supported to make decisions regarding their care. People's capacity to consent was considered. The registered manager understood the protection the MCA provided to people and the need to make decisions in people's best interests. We saw they had engaged this effectively for one person to help ensure their best interests were considered and protected.
- The registered manager understood when a DoLS might need to be applied for. DoLS applications had been made appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring. People told us they felt cared about and supported. One person said, "Staff are jolly which makes me feel happy." Another person told us, "The staff are brilliant, they go out miles to help me."
- Staff understood and respected people's individuality. A health professional told us they felt staff adapted their approach and support depending on people's individual needs and personalities.

Supporting people to express their views and be involved in making decisions about their care

- Systems were in place to support people to express their views and make decisions. Each person had a key worker who was responsible for reviewing their care and could be a point of contact if the person wanted to talk about any concerns they had. Staff told us the registered manager tried to match people up with key workers according to personality and interests.
- There were regular joint meetings with people to discuss topics such as meals and activities as well as one to one meetings with people to discuss their individual support. People told us they valued the relationship they had with their key workers and felt listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. For example, we observed one staff member discussing with a person what support they might like with their physical appearance and ensuring this support was provided. A person told us, "[Staff] knock on the door before they come in, they don't just walk in your room."
- Staff encouraged people to be independent. There was a gentle and sensitive approach to enabling independence. Staff recognised that small steps towards independence should be recognised and encouraged. The management team provided us with several examples that demonstrated people had increased their independence since living in the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People were involved in discussing and reviewing their care plans. Care plans included information about people's social history and preferences.
- Staff knew people well, there were established relationships between people and staff which helped them to deliver care that was responsive and individual to people's needs. People told us they had freedom and choice in how they lived at the service.
- No one living at the service was receiving end of life care. People had end of life care plans in place, these provided basic details on people's wishes but needed further development to include people's spiritual wishes. Staff were able to provide examples of how they had provided end of life care to people who had lived in the service. It was clear from these examples that staff knew how to support people's wishes and had celebrated people's lives by helping to organise people's memorial services.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. Information for people on the service was provided. The menu for the week was on display and we saw people making use of this to help inform their choices. There was a notice board by the front door and information, such as resident meeting minutes, were accessible to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew people well and this included their hobbies and interests. Activities were discussed with people at regular resident meetings. We saw regular trips were arranged as well as annual holidays. Staff told us they discussed individual activities with people and tried their best to make any individual requests happen. Most people told us they were happy with the activities on offer, although one person felt the service would benefit from a more structured framework of activities. The registered manager told us this had been tried in the past but had not been successful due to low participation. They said they had found offering activities on a more ad-hoc basis and working individually with people better suited most people's needs in the service.

Improving care quality in response to complaints or concerns

- There was a system in place for complaints. The registered manager also kept a 'grumble log' which detailed minor issues that people had raised with them. We saw there had been no formal complaints and only three 'grumbles' in 2019. These were largely to do with issues around sharing communal living spaces between people. The management team had been proactive around resolving these issues and supporting positive relationships between people living in the service.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Systems in place did not always support the delivery of high-quality, person-centred care.

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

- There was a lack of effective quality monitoring systems in the service. Whilst audits were in place these were often in a tick box format which did not provide a detailed quality monitoring framework or support analysis. For example, care plan audits were in place but these were a tick list of what documents had been completed. We found this had not been effective in helping to ensure care plans contained sufficient and accurate detail on people's needs.
- Some systems and processes, such as those around the MCA and staffing needed strengthening to help the service evidence it was meeting its regulatory requirements.
- Records relating to people's care needed some improvements as they did not always fully detail people's needs and how to meet them. Some records had not been updated to ensure accurate information.
- Whilst improvements to the service's governance system was required we found there was little impact on the overall quality of the service people received. People and health care professionals were positive about the service provided. One person told us, "This place is absolutely amazing."
- The registered manager and team leader were closely involved in the running of the service and had oversight of the service delivered. A stable staff group as well as strong communication between everyone in the service helped to ensure the service delivery was monitored. People and staff spoke positively of the service's management.

Continuous learning and improving care; Working in partnership with others; 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 management team had worked with other stakeholders to implement changes in the service. They were aware of other learning and development forums and participated in these, as well as other external conferences in health and social care.
- There were good working relationships with external professionals. Health care professionals told us communication was good and information they needed was provided when required.
- The duty of candour had been met. Health care professionals told us the registered manager was open and honest.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive person-centred culture in the service. Several systems were in place to ensure people were able to express their views and be involved in the running of the service. Staff had positive expectations of people and this helped support positive outcomes for people in the service.
- Regular staff meetings were held. There was good team work and communication between staff and the management. Staff felt supported and told us morale was good in the service.
- The service was integrated within its local community, there were links to local amenities, for example, a local service visited the home to run craft and sewing sessions. People were supported to access local transport and reach wider community resources.