

The You Trust

# Hazelgrove & Martingrove

## Inspection report

34-36 Lymington Road  
New Milton  
Hampshire  
BH25 6PY

Tel: 01425611901  
Website: [www.lifeyouwant.org.uk](http://www.lifeyouwant.org.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 06 and 14 November 2018. Hazlegrove and Martingrove provides accommodation and support with personal care to a maximum of 15 people with a learning disability.

Hazlegrove and Martingrove 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.

Hazlegrove and Martingrove can accommodate up to 15 peoples and the service comprises an 11 bedroomed house, which contains a self-contained two bedroomed flat and, on the same site a detached four bedroomed house. At the time of our inspection 13 people were living at Hazelgrove and Martingrove. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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 and associated Regulations about how the service is run.

People felt safe at Hazlegrove and Martingrove and they were very much at the heart of the service. We received positive feedback from people's relatives and health professionals. People received care that was based around their individual needs and that ensured care was personalised.

Staff enjoyed working at the home and understood the needs of people using the service and supported people in a personalised way. Staff knew people well and we saw that care was provided respectfully and sensitively, taking into account people's different needs.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

People were supported to take their medicines safely by suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were taken in the best interests of people. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible.

New staff completed an induction designed to ensure they understood their new role before being permitted to work unsupervised. Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were involved in their care plans and reviews. Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service. They were encouraged to be involved in developing the service and were asked their views and opinions regularly.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. Regular audits of the service were carried out to assess and monitor the quality of the service. Staff felt supported by the registered manager and staff meetings took place.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Hazelgrove & Martingrove

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 06 and 14 November 2018 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience on day one. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this kind of service. On the second day of the inspection it consisted of two inspectors.

Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we met most of the people living at the home and spoke with five of them. We spoke with the registered manager, deputy manager and three members of care staff.

We spent time observing how people were supported in the communal areas of the home and observed how staff interacted with people. We looked at a range of records which included the care records for four people, medicines records and recruitment records for four care staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection, we received feedback from four relatives and friends and five healthcare professionals.

We last inspected the home in August 2016 where no concerns were found. The home was rated as good in all domains.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe living at the service. One person said, "Definitely, I am very well looked after". Another person told us, "I feel very safe". A relative told us, "Very confident with the safe environment which is of generous size and compatible layout for both physically challenged and wheelchair dependant clients like our relative".

People felt there were enough staff. One person told us, "I just have to ask and a member of staff helps me". Another person said, "One of the best things about living here is that everyone is so supportive". There were enough staff deployed to meet the needs of people and keep them safe. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. People and staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access community activities.

Robust recruitment processes were followed which meant staff were checked for suitability before being employed in the service. Staff records included an application form and a record of their interview, two written references and a check with the Disclosure and Barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service. Staff told us that people were involved in the interview process.

We observed people being supported to take risks to enable them be as independent as possible. For example, by being supported to make hot drinks and their lunch. One person told us, "I am being supported to make my dinner and I help preparing the dinner for everyone". Another person said, "I am supported to be very independent, I cook for myself and I go out by myself".

People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. One relative told us, "It has been our experience that when a potential hazard is recognised measures are put in place to avoid an incident occurring". Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed with people. These included environmental risks and any risks due to health and the support needs of the person. Risk assessments were also available for accessing the community.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had Personal Emergency Evacuation Plans (PEEP) in place to provide information on how people would need to be supported in the event of an emergency in the home. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. These covered eventualities in case people had to leave the home due to an emergency.

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. A safeguarding policy had been complied by all the people living at the home in a way that was easy to understand and had meaning to the people living at the service. All the people had got together and it was agreed for the policy to be called, 'how we understand abuse'.

The service had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse. Staff had received training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the area. People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

People were supported to receive their medicines safely. Care plans included specific information to direct care staff as to how people should be supported with their medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Medicine administration records (MARs) confirmed people had received their medicines as prescribed. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct.

The home was holding medicines that required stricter controls called controlled drugs. A spot check of these drugs showed the medicines corresponded with the controlled drugs register which two staff had signed when medicines had been given, in line with current legislation.

There were processes in place to enable the service to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements to safety.

The home was clean and tidy and staff demonstrated a good understanding of infection control procedures. Staff followed a daily cleaning schedule and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons.

# Is the service effective?

## Our findings

People and their relatives felt well cared for by staff that were well trained and understood their needs. Staff and the management knew people well. One person told us, "The staff know what they are doing and the way I like things done". A relative said, "Our relative has some complex needs which have been catered for through training and encouragement by House Management".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff had received additional specific training to ensure they had the skills necessary to meet people's needs, such as diabetes, dementia and end of life training. New staff completed an induction programme. Arrangements were in place for staff who were new to care to complete The Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. For example, through supervisions (one to one meetings) with their line manager and annual appraisals. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a 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 should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. We saw that mental capacity assessments were in place when it had been identified that a person was unable to make specific decisions regarding their health care. The information in people's assessments and support plans reflected their capacity when they needed support to make decisions. People were involved in discussions about their care and staff gained people's consent before they supported them.

We observed staff seeking consent when supporting people. They asked consent to support people before moving in close. For example, they asked people if they would like to have help to make a drink. One person said, "The staff always ask me before they help me."

Health care professionals were positive about the service and told us the service had a good understanding of the MCA. One health professional told us, "They provided as much information to the service user for understanding a procedure that he was having and ensure that documentation with the dental practise was complete in order for a procedure to happen".

Everyone we spoke with told us the food was good. One person said, "We choose what we want to eat and



are supported to make it". Another person said, "We all get together and decide what we would like for the week ahead and if I don't want what has been chosen on the day, I can have something different" A third person told us, "I decide what I want to eat and cook it myself. Last week I cooked and ate octopus and enjoyed it". One person wanted to show us how they were supported to prepare and cook their own lunch. They were very proud of what they had achieved and showed us their routine including checking the sell by dates on food to check that it was safe to eat.

Staff were aware of people's dietary needs and preferences and supported them to eat and drink and maintain a balanced diet. Care plans provided staff with information on people's food likes and dislikes. We observed drinks being offered throughout the day. We observed people being supported to make their own drinks. One person said, "I like to make my hot chocolate".

People's health care needs were met. Health care professionals were positive about the support people received. The staff were always very good at communicating concerns or worries regarding people living at the home as well as seeking advice as to the best way forward with providing care for people. One health professional told us, "With client consent they would update me regarding new incidents and relay their actions".

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. Information about people's health needs was included within their care files and health plans including information as to what support people may need in relation to these. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person.

People we spoke with told us they liked living at the home. The environment was appropriate for the care of people living there. People's rooms were personalised. People had their own bedrooms. There was a communal lounge with TV, a separate dining room and a new sensory room. The home also had a private garden.

People's bedrooms were highly personalised to their own tastes and preferences. For example, people had chosen their own colour schemes and décor. People's likes and hobbies were reflected in the pictures and ornaments they had in their rooms.

## Is the service caring?

### Our findings

Everyone we spoke with told us they enjoyed living here and praised staff and told us they were treated with kindness and compassion. One person said, "One of the best things about living here are the staff, they are all great". Another person told us, "The staff are great, they always go the extra mile". Other comments included, "I love it here, coming here was the best decision I made". As well as, "The staff are all very friendly. There is a lovely atmosphere here". A health professional told us, "Staff at Hazelgrove have always conducted themselves in friendly yet professional way. Service users seem to be treated with respect".

Everyone we spoke with were proud of their home and happy to show us around. One person showed us their room and told us that they were supported to keep it clean and tidy. They told us, "This is my room, I have decorated it how I want and I like spending time in here".

All the relatives and friends we spoke with told us staff were extremely caring and were happy with the staff that supported them and went that extra mile for people. Comments included, "Our relative is happy, healthy and confident in himself in the home which indicates good staff interaction". As well as, "The staff at Hazelgrove go beyond the expected to ensure their clients and relatives maintain a good quality of life, excellent support and consistent communications".

We spent time in the communal areas during the inspection. We observed staff providing support in a caring manner. The staff demonstrated that they knew how people liked to be supported by interacting with them when invited. The staff also showed respect at all times and maintained dignity. The staff we spoke with clearly knew the people they supported very well. It was clear that people were confident in the staff. This was evident by the response of people whenever a member of staff came into the room. Staff were greeted with big smiles and throughout the inspection we heard lots of laughter and good-humoured banter amongst people and staff and it was evident that people were at the heart of the service.

We observed staff being respectful at all times, the way they talked to people, coming down to their eye level and ensuring they were facing the person they were talking to. One person told us, "I am never rushed, the staff always support me with a smile". Another person said, "The staff cannot do enough for me, always willing to help me with the things I cannot do for myself".

It was very clear that staff respected the people and the people using the service respected the staff. Staff told us they would knock on people's doors and identify themselves before entering. Staff spoke with us about how they cared for people and we observed that people were offered choices. Choices were offered in line with people's care plans and preferred communication style. Staff told us that information was contained in the person's care plan. They ensured doors were closed and people were covered when they were delivering personal care.

Staff understood the importance of promoting and maintaining people's independence. Staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst

also providing care safely. Care plans promoted independence.

A health professional told us about a person who had really grown in confidence and that the registered manager could see his potential immediately and wasted no time in building on this. They said, "He had not walked further than his garden yet excitedly told me he had a goal to walk to a café, some one mile away, (with supervision), his strength and stamina have noticeably improved. He had never cooked or made a drink and again very eagerly told me, how he makes his cereals, hot drinks and was looking forward to helping prepare and plan meals with the others. He told me he has made friends and attends an evening social club, the cinema and buys his own shopping". They also told us, "Hazelgrove helped him settle and retain his interests, hobbies and support him to spend regular times with his parents. The manager made my client and family feel welcome, reassured and confident in approaching the service with questions and requests. I found staff, both by telephone and on my visit approachable, kind and informative".

The registered manager told us how staff went the extra mile to ensure people were listened to and able to make their own choices. For example, one person was extremely good at drawing and staff supported them to enter their art work into the Hampshire Open Studios and had sold some of their pen and ink drawings. They showed us their artwork which they were very proud. The service was also getting ready to take part in the local winter carnival in the village. People were excited trying on costumes and discussing ideas and art work for the float. All the people were involved and asked for ideas with one person designing their own costume to wear which was very detailed and elaborate.

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identified people who were important to the person. People and their families confirmed that the registered manager and staff supported their relatives to maintain their relationships.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

## Is the service responsive?

### Our findings

People received personalised care and were supported to follow their interests and make choices about how they spent their time. One person told us, "I love living here, I get to do what I want and have what I want". A relative and friends told us, "The service our relative has had since becoming a resident of Hazlegrove has improved his quality of life both mentally and physically". As well as, "Activities are arranged in accordance with our relative's capacity and house resources".

People were involved in their care planning. People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of their care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. There were also plans for end of life care which provided details and people's preferences at the end of life.

Care plans were reviewed regularly by their keyworker. One person told us, "My keyworker is brilliant, they support me to do the things I like and make sure everyone else knows how I like things done". All the people living at the home had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members.

Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. Behaviour management plans were also in place where appropriate and were detailed and advised staff on how best to support the person for example if they became anxious or distressed. For one person there were detailed guidelines for staff to support them to attend matches at a local stadium so they could watch their favourite football team.

People were supported to access the community and choose their activities they wished to pursue. One person told us, "The best thing about living here is being supported to go to my clubs and meet my friends and making friends with everyone who lives here". Another said, "I am learning to go to places on the bus". Other comments included, "There are always activities being offered but they don't force you to participate". Organised activities included, day centres and friendship groups, arts and crafts, musical activities, shopping and days out.

People also had the opportunity to attend holidays away from the service either in the United Kingdom or abroad. One person told us, "I have booked a holiday on the Isle of White for December. I am very excited. It is my first holiday without my parents". We saw photographs around the service and in people's care plans about holidays they had taken with the support of staff which showed people had enjoyed these holidays and held special memories. For example, we saw photographs of one person visiting Lapland one year.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand

information they are given. We spoke to the registered manager about how they ensured information was accessible for all people living at the home. They told us they had pictorial information and easy read documents in place for people. We saw this information was displayed around the home.

Residents meetings were held monthly and were attended by people living at the home. These were typed up in picture format and minutes showed people were encouraged to speak out if they had any concerns or felt something was wrong.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. A resident and relative survey was sent out annually. The feedback from the latest quality assurance survey, showed people and those important to them were happy with the service at the home and the responses were positive about the care and support they received. Comments received included, 'staff are nice, kind and they listen to me and help me'. 'I am very happy with where I live'. 'I have nice support workers that help me with all I need support with but I try to be as independent as possible'. 'I don't want to move. I am happy here'.

People and their relatives knew how to make comments about the service and the complaints procedure was prominently displayed. One person told us, "If I am worried about anything, I talk to the manager and they sort it". The home had a complaints procedure which was also produced in an 'easy read' format. Many compliments had been received about the service and recent feedback from a health care professional stated, 'Nice house and lovely residents'.

## Is the service well-led?

### Our findings

People, relative and friends felt this was a well led service and people were clearly happy living at the service. One relative told us, "Management is very approachable and proactive. They listen to our relative and his family, providing guidance if needed". A health professional told us, "Whilst I don't spend a great deal of time at Hazelgrove from what I have experienced I have always thought it to be a well-run residential service. Staff appear to closely support clients making a safe, homely environment whilst also enabling choice for the client. My clients seem to be very happy living at Hazelgrove and when new residents have arrived they seem to settle in and feel at home very quickly". Another health professional said, "Good communication within team and with health team. Good moral and happy environment within the home".

Staff were positive about the support they received from the management. Staff felt they could raise concerns, make suggestions on improvements and felt supported in their role. One staff member told us, "I feel supported in my role. If I have any problems I can have a chat and get some help about it". Another staff member said, "Management very good [registered manager name] brilliant manager get on very well, listens to feedback. Wants us to say something if not doing right, and the best we can do".

During our inspection at the service, we observed several staff who all appeared relaxed, confident and happy working in the home. There appeared to be a good relationship between the staff and with management and they appeared to support each other. On the day of the inspection the registered manager continually interacted with people and it was clear that the registered manager and their staff team were well liked by both staff and people.

Staff meetings were held regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. This helped staff to improve outcomes for people. One staff member told us, "We have staff meetings every month, open forum have an agenda and ask if anything to share".

The service had produced a wellness action plan. This supported staff to keep mentally well at work, by identifying triggers and warning signs that could impact poor mental health. Support was then offered, with steps the staff member should take to manage own mental health and support needed to facilitate these actions.

The registered manager and the deputy manager used a system of audits to monitor and assess the quality of the service provided. These included care plans, medicines, infection control and health and safety. Where issues were identified, remedial action was taken. In addition to the audits a registered manager from one of the providers other services visited the service every other month to review the service's progress against the Care Quality Commission's key lines of enquiry.

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. The provider had

appropriate policies in place which were supplied by the provider as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm.

The registered manager informed us they kept up to date by attending training. The registered manager also supported other managers by attending managers meetings to share best practice and share with the providers other homes.