

Elpha Lodge Residential Care Home Limited

Hazelmead Residential Care Home

Inspection report

3 Elpha Court
South Broomhill
Morpeth
Northumberland
NE65 9RR

Tel: 01670761741

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20 December 2023
16 January 2024

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hazelmead is a residential care home providing personal care for 5 people with physical and learning disabilities. There were 5 people living there at the time of the inspection. The home is a bungalow that had been designed to support people with physical disabilities.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: 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. However, the practices around documenting decisions were not in line with guidance.

Staff enabled people to access specialist health and social care support in the community. Staff knew people well and provided person-centred care. Care documentation included clear guidance on how to care for people.

Medicines were managed safely. 'When required' medicines had clear guidance on when to administer these medicines when people might not be able to ask for this themselves.

Right Care: Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse.

Risks to people were assessed and regularly reviewed when people's needs changed. The building was well maintained, and health and safety risks were assessed. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People were supported by staff who had been trained in how to care for their specific needs.

Right Culture: The provider's quality assurance and monitoring systems were not always effective. We could not be assured lessons had been learnt and shared with staff following incidents or accidents. The quality monitoring systems had not identified the issues we found during the inspection.

There was a positive culture in the service. Staff said the management team were supportive. People enjoyed living at the service and felt listened to. People, their relatives, advocates and healthcare professionals were involved in planning their care.

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 good (published 23 August 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Hazelmead Residential Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the need for consent and the governance processes at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Hazelmead Residential 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 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 an inspector and a regulatory coordinator.

Service and service type

Hazelmead 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. Hazelmead 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 20 December 2023 and ended on 16 January 2024. We visited the service on 20 December 2023 and 16 January 2024.

What we did before the inspection

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 reviewed the information we held about the service and contacted the local authority for feedback. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people and 1 relative about their experience of care and support at the service. We made observations around the home during the inspection. We spoke with 7 staff members including the registered manager, operations manager, care staff, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Care records for 3 people were reviewed, along with multiple medicines records, and 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Safeguarding incidents were investigated and reported to the relevant authorities. Staff had received training in safeguarding and whistleblowing.
- When asked if they feel safe a person said, "Yes, [the home] feels safe and happy."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated appropriately. Analysis of falls was carried out regularly, although this lacked information about actions to prevent future falls.
- Lessons learnt were not always evident. There was no formal process for documenting lessons learnt or sharing lessons learnt. However, the service was very small, staff were constantly communicating with each other about people informally. We found no evidence that people were at risk in relation to this.

We recommend the provider reviews their process for recording and sharing lessons learnt.

- Risks to people had been assessed. Appropriate mitigations had been put in place which were person-centred.
- Health and safety assessments had been carried out for the building. At the time of inspection, the provider had contracted with an external partner to improve their health and safety processes.

Staffing and recruitment

- There were sufficient staff to care for people safely. Whenever possible staffing shortfalls were covered by the provider's own staff so people knew the staff caring for them.
- Recruitment was carried out safely. We found one record which was missing a full employment history. The provider had recognised the need for further support with human resources processes and was midway through transferring all recruitment processes to an external partner.

Using medicines safely

- Medicines were managed and stored safely. Medicines records were accurate. Staff had received training to manage medicines safely and their competency was regularly assessed.
- Records for 'when required' medicines were clear and person-centered. Where people were unable to say that they were in pain, clear information about how to identify a person was in pain was given. Medicine audits were carried out regularly.

Preventing and controlling infection

- People were safe from the risk of infection. The service was clean, tidy and in a good state of repair. Two people living at the service helped with the cleaning as this was a task they enjoyed.
- People were able to receive visitors and leave the service in line with current infection control visiting guidance.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support was not in line with best practice guidance.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments and best interest decisions were not always in place. This meant principles of the MCA had not been properly followed to ensure people understood specific decisions, or gave their consent to the care and support they received. For example, restrictions were in place for some people who lacked capacity to consent to their care and treatment without the appropriate legal authority in place.

We found no evidence that anyone had been harmed by this however, the provider's failure to ensure the principles of the MCA were followed was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider confirmed best interest decisions were being put in place for people who needed them.

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

- The provider has not ensured that care was delivered in line within the standard of the MCA. Other aspects of care were delivered in line with expectations.
- Assessments of people's needs were person-centred. People, their relatives or advocates had been involved in producing their care plans. One person said, "I do what I want to, when I want to, and I can do a lot of other things, like activities together."

Staff support: induction, training, skills and experience

- Staff had the skills, experience and training required to carry out care safely. Staff felt that training was effective.
- Training was discussed regularly in staff meetings and training was planned for the year to ensure staff were always up to date. Staff had undertaken Oliver McGowan training which complied the legal requirement for staff working with people living with autism or learning disabilities.
- There were systems in place to support staff. Supervisions and appraisals were carried out regularly by the management team.

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

- People were supported to eat and drink enough to meet their needs. Some people were on modified diets and received their food in line with good practice guidance.
- People were involved in deciding the menu for the week. We observed people being offered choices around their preferences. One person said, "We do the menu and choose the meals." Another said, "We do the menu once a week."

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

- People were supported to access healthcare services whenever they needed support. Staff were vigilant of people who were more at risk, such as one person being susceptible to chest infections.
- People had been referred to services such as the speech and language therapist in a timely manner. Staff were observed to be following advice from healthcare professionals.

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

- The service was clean, bright and in good repair.
- People were able to choose their own décor for their rooms. One person showed us how their walls, bedding and curtains were all decorated to their taste. Another person loved Christmas decorations and had been supported to make their room into a festive wonderland.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements.
- The provider's quality monitoring processes in place were not robust. They had not identified some of the issues we found during inspection, such as the lack of compliance with the MCA. The lack of monitoring meant there was a risk of the service deteriorating further.
- The provider had designed the service structure so the registered manager spent most of their time on caring responsibilities rather than the management of the service. This meant there was limited time for the registered manager to dedicate to the quality assurance of the service.

The failure to assess, monitor and improve the quality and safety of the service is a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and felt they were supported appropriately by the registered manager.
- The provider had recognised some improvements were required across the services it manages. A new role for an operations lead had been introduced 2 months prior to the inspection. The operations lead told us there were plans to improve the quality assurance processes and provide a peer network for registered managers to improve their knowledge.

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

- There was a positive, person-centred culture in the service.
- Staff working at the service knew people well. People commented, "We (staff and people) are a good team," and "Everyone is fab," and "The staff are nice, and they look after me."
- Staff worked with people to achieve good outcomes. One person loved caring for animals so staff worked with them to care for some fish, and in the past, for a rabbit. Another person had been supported to be more confident, they had recently been dancing at a social event, which they would have been too shy to do previously.
- There had been no recent incidents that required the duty of candour to be applied. The registered manager was able to explain what action would be taken if such an incident did occur.

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

- People and their relatives were engaged. A relative said, "They care for [person] really well.... They keep me in touch with everything going on." People were involved in the day to day running of the service and planning for the future.

Working in partnership with others

- Staff worked effectively with other healthcare professionals. Multidisciplinary teams were involved in decisions about people's care when required.
- The staff had built relationships with groups such as MENCAP and the local community centre. People regularly attended and enjoyed events, one person said, "I went over the road to [neighbouring care home's] Christmas party and to see Elvis."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure mental capacity assessments were undertaken, and failed to document best interest decisions. Regulation 11 (1)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance procedures were not robust and had failed to either identify issues we had found during inspection. Regulation 17 (1)(2)(a)(b)(c)