

Devaglade Limited

Hazeldown Care Home

Inspection report

21 High Street

Foulsham

Dereham

Norfolk

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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 

Overall summary

This unannounced inspection took place on 1 October 2014. The last inspection was on 6 June 2013 where no breaches to regulations were found.

This home provides residential care and support to people with mental health conditions. It can support up to 18 people and there is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe living at Hazeldown Care Home. They said the staff treated them well and that they did not feel discriminated against. They said that the staff knew them really well and were aware of their likes and dislikes.

Summary of findings

Staff understood what abuse was and knew how to report a safeguarding concern to the local authority if they had concerns. No safeguarding issues had been raised with us or the local authority.

Poor performance by staff was acted upon by the manager to ensure the staff were the correct personnel to be working in the home. The staff were inducted, trained and supported to ensure they were supporting people safely.

People's medication was stored safely and administered correctly. The pharmacist had recently completed an audit of the medication system used in the home to ensure the medication was being managed safely.

Staff received appropriate induction and training to enable them to carry out their roles effectively. They received good support from the management team.

Staff had attended training on the Mental Capacity Act 2005 (MCA) and had a clear understanding of the implications and actions required to support people appropriately.

Arrangements were in place to ensure that people's physical and mental health needs were met..

People said they were happy and supported well. Each person knew their key worker and was complimentary about the role of the key worker and how they had been helped.

Respect and caring attitudes were used when staff spoke with people in the home. People living in this home were offered care and support in a kind, caring and compassionate way that met their individual needs.

People had the opportunity to complain and action was taken to address any concerns or complaints raised. People were asked their views on the quality of the service and involved in any future developments for the home.

Summary of findings

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 safe.

People felt safe and protected by staff who cared for them well.

Staff understood what to do if abuse was suspected.

Medicines were managed safely and given to people as and when required.

Staff were skilled and employed in sufficient numbers to meet the needs of the people living in the home.

Good



Is the service effective?

The service was effective.

Meals provided were offered with choices and enjoyed by people living in the home.

Staff received appropriate induction, supervision and training that was tailored to the needs of the service such as mental health training and Mental Capacity Act training.

The health needs for people living in the home were suitably supported by professionals when required.

Good



Is the service caring?

The service was caring.

Staff knew about and responded to each person's diverse and different needs in a caring and compassionate way.

People told us the staff were kind and caring.

To ensure people were supported correctly when no family or friends were available an advocacy service was accessed to ensure people were supported in the most appropriate way.

Good



Is the service responsive?

The service was responsive.

People told us that their individual needs were met. They were supported to continue with their hobbies and interests.

Regular meetings took place to discuss the likes and dislikes of people and the changes that were needed in the home. People were listened to.

The home had a complaints procedure and action had been taken to address concerns and complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People were asked their views on the quality of the service provided and any actions required were acted upon.

People found the manager and deputy manager approachable.

Hazeldown Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 1 October 2014 and was unannounced.

This inspection was completed by one inspector.

Prior to this inspection we reviewed information we had received before the inspection visit such as the Provider Information Record (PIR) and notifications. The PIR gave us information about how the people using the service were offered care and support. Notifications told us of any deaths, significant incidents and changes or events which had taken place within the service provided.

We spent time talking to five people who used the service, interviewed two care staff and the manager, observed staff working with people in the home and reviewed records. These included two care plans, medication records, risk assessments, staff training records and minutes of meetings.

Is the service safe?

Our findings

We spoke with five people who lived in this home. They told us they felt safe living in this home. They said the staff treated them well and that they did not feel discriminated against. Two people told us they had not felt safe where they lived before but staff had helped them settle and they felt safe and supported well. One person said, “We are all treated well by staff. I have my own room where I feel safe. The staff look after me well.”

We spoke with two members of staff who told us the signs of potential abuse. One staff member talked through the training the staff team had received. They said abuse would be recognised and that they knew how to act on any concerns found. They also said the training was updated regularly and that they would always report any concerns to the manager. The manager told us that any potential abuse would be reported to the local authority safeguarding team. Prior to this inspection we had not received any safeguarding concerns about this service.

Staff members on duty who were supporting people living in the home at the time of this inspection were assessed by the manager as competent and had worked in this home for a long time. The manager told us that staff supported each other if vacancies occurred and that agency staff were not used. This ensured there was enough staff on duty at all times. The manager said if an emergency arose management would cover the rota. All the people spoken with told us that sufficient staff were on duty to support them and that they had the help they needed. We observed that a staff member was attentive to regular demands for cups of tea and a chat.

We were told about an issue of potential abuse raised earlier in the year that had led to the manager taking disciplinary action with a staff member. The notes were available for us to read we could see the concern had been dealt with quickly and the correct action effectively taken

with no ill effects to people using the service. The manager told us that staff had to be suitable, experienced and knowledgeable to support the complex needs of people in this home. People living in the home told us the staff were good and supported them well.

Medication for each person was stored safely in locked medicines cabinets. The staff member we spoke with told us that all people were supported by staff with medication administration. Three people we spoke with told us they preferred staff to assist them with their medication as they would not remember when to take it. We saw records in individual care plans showing the person had signed a document to say they required assistance with their medication. One person talked to us about a regular medication they had. They told us they originally did not want it but staff had explained to them why it was important to take it so they now took it regularly. They said they felt better and their health had improved.

The staff we spoke with told us the medication training was given to all staff before they became responsible for administering medication. We saw records of that training and noted they were updated regularly.

Prior to this inspection the pharmacist had visited the home to review the homes procedures, audit the medication and ensure the medication was handled correctly and safely. No issues were raised. However, during this inspection we did note that staff were not regularly recording the room temperature where a small amount of stock was stored. The manager was aware of this and had written a note to staff to remind them of the importance of room temperature records for safe storage of medication.

Each person using topical creams had a body chart held with their medication showing where on the body the cream should be applied. This ensured staff had the correct guidance on cream applications. People received their medicines safely.

Is the service effective?

Our findings

People told us the staff supported and involved them in their day to day needs. They said a lot of the staff had worked in the home for a number of years and knew their needs. One person said, “They really know how to support me and encourage me to lead a life I like.” The care plans looked through showed individual needs were written in detail so that staff could be guided to deliver the support effectively.

People told us the food was ‘really good’. We received comments such as, “Plenty of choices.” “Treats, such as take aways or fish and chips.” “Always a choice if we do not like what is on the menu.”

The manager had worked in this home for a number of years and told us that they supported staff with their own experience and knowledge which they kept updated. Staff we spoke with confirmed that the manager would keep the team up to date with relevant knowledge to help them with their role.

We looked through staff files and training records and noted that training was planned and updated regularly for all staff. Staff were trained to support people with mental health conditions and any behaviours that may be a result of their condition.

We spoke with two staff about the induction, training and support provided. They told us about the courses they attended that were provided by designated and knowledgeable trainers within the company. They said they could ask and would be supplied with training that would support their work.

We discussed supervision, appraisals and qualifications with staff. We found that they ensured that staff had the skills and knowledge they needed to support people living at the home correctly. We were told that staff supervisions were held every four to six weeks and an appraisal was completed every 12 months. Staff also told us about the vocational training they were individually completing. One at level two and one at level five. On the day of this inspection a training session took place with one staff

member and their assessor who was supporting the worker with their course work. We were told by staff that the provider and manager supported staff fully with their individual development.

Staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The staff spoken with gave us a clear understanding of that training and how it had an impact on how they went about their work. We found completed mental capacity assessments within each care plan folder we looked at. All the records seen and those people we spoke with had the capacity to understand and give their consent to the care and support provided. The manager told us the home had not needed to refer to the local authority, any person who was deprived of their liberty. One person said they were not happy and felt they were kept at the home against their wishes. However, we spoke in detail with all staff on duty who explained the situation. They were aware of the risks for this person and explained why this home was the best place for them. We read comprehensive records of best interest decisions made in meetings with the person, staff and professionals and saw that risk assessments had been completed following the decisions made. The information showed that this person was supported safely in a way that best met their needs. All the people living in the home had the freedom to come and go as they wished.

All the eight people we saw on the day of this inspection were physically fit and well. We were told no one had an appetite problem and that, although people were weighed no concerns were found with those weights. We noted one person was preparing their own lunchtime snack in the kitchen, which they preferred to do. We saw plenty of drinks and snacks available to enable people to help themselves as they wished. We also noted that people regularly asked the staff for a drink and that it was always provided.

The manager told us the home had a good relationship with the local GP practice. They had support from the nurse who visited to give regular injections and to offer advice. The people we spoke with told us they had support by chiropodists, opticians and dentists when required. We found the records of all health checks and hospital attendances were clearly recorded and easy to find, if a medical history was ever required.

Is the service caring?

Our findings

People being supported in this home said the staff knew them well and knew how to treat them respectfully. Three people told us, “I am happy with the staff.” “They are kind and caring and try to help me with what I want to do.” “I am treated well, listened to and supported kindly with things that I feel unable to do.” One person told us about their key worker and what the role of the key worker was. They said how well this staff member knew them and how they had helped them sort out some issues that worried them.

The manager told us, in the report sent to us prior to this inspection, that, ‘staff know and respond to each person’s diverse and different needs in a caring and compassionate way’. Throughout the day of the inspection this was seen and noted by us as staff and people living in the home went about their day.

Two people living in the home told us that they held meetings every month to discuss, as a group of people, what they would like to do with their time and the meals they would like to have. They also told us that they had

individual reviews to update or check on the care and support provided to them to ensure it was still relevant. We saw that care plans were comprehensive, had been reviewed regularly and that the people the care plans belonged to had been involved in the decisions made.

We observed staff working alongside people. We noted respect was offered when people made their choices. We saw kindness offered to a person not feeling so well. We heard staff asking if they could enter a bedroom, after first knocking on the bedroom door and overheard staff giving information in a respectful manner to another staff member about one person’s support needs.

We were given details of how the service would support people with an advocacy service. We discussed the need for an Independent Mental Capacity Advocacy (IMCA) for one person who required support in 2013. We heard how this support service had helped the person and how staff would use the service in the future, as and when required. The contact information for an IMCA was readily available in the home for people or staff to access.

Is the service responsive?

Our findings

The majority of people had lived in this home for a long time. The people we spoke with told us that their individual needs were met. We heard about the different ways people spent their days such as, helping at the local place of worship, shopping in the city or working on a local farm. People were supported to live different lives by the home and staff.

We spoke for some time with one person who told us the staff involved them in all their care and support needs. They said, “We can have a meeting and talk about concerns or plans for the future.” They told us they knew about their care plan and could contribute to it when they wanted to. We looked through two care plans in detail and found the care plans were comprehensive and gave a picture of the needs of the individual person. However, the staff told us how difficult it was for many of the people to talk about their history and family life. They said they had limited involvement with family members and those spoken with either did not want family involvement or had lost contact with them. People were involved in the planning of their care needs and could involve their families and friends if they wished.

We saw staff supporting people in an individual way to meet specific needs. For example, a person we spoke with

wished to do things for themselves in a specific and orderly way when planning their meals. This was supported by staff who ensured the items and food required were available as and when they were needed.

The manager informed us prior to this inspection that areas of need for individual people were identified and supported by staff to enable those people to reach their full potential. For example, by working part time or carrying out volunteer work. Throughout our inspection we noted that all efforts by the staff team were used to encourage and support people to achieve their goals. Arrangements by the staff team were made to enable them to pursue things important to them.

People told us that a meeting with those living in the home took place monthly. We saw the minutes of the last meeting which talked of events, trips planned and the choice of meals for the coming month.

People’s concerns or complaints were managed appropriately. We looked through the complaints records and noted only one complaint had been received in the past twelve months. We read what the complaint was about, what action was taken and the conclusion. This had led to a best interest meeting with a team of professionals and the person involved. Other people we spoke with told us they could talk to any staff member or the manager and the concern would be dealt with.

Is the service well-led?

Our findings

People we spoke with were positive about the care and support provided. They told us the manager was approachable and would spend time listening to them. One person said, “I feel included and involved in my life in this home. I can always speak to the staff or manager when I need to.”

Through our observations we noted how staff and people in home interacted. Communication was clear and appropriate conversations were heard. We were told by the people how they were involved in the plans for any changes within the home and that ideas were listened to.

We read questionnaires that had been issued to people and family members in July 2014 asking for their views on the quality of the service provided. The comments on the questionnaires were similar and contained limited actions required for improvement. However, people told us that any issues were acted upon quickly. One person said, “I do not need to complete a questionnaire as staff know me and support me. We discuss what we could do to make things better all the time.”

The registered manager had worked in the home for a number of years and knew the staff team and people living in the home well. The people we spoke with told us that the manager was easy to talk with and would take an interest in them. They said that they were encouraged to speak up and be involved in the development of the service provided. Minutes of meetings were seen to evidence this. It showed topics discussed were about their lives, where to go, how to celebrate events such as birthdays and choices of meals. People said they could approach the manager and deputy manager at any time and that they would always listen. We observed interactions between the people in the home, deputy manager and manager that showed respect, honesty and openness.

The care staff members on duty told us that the manager supported and encouraged them throughout their work. We were given examples of the support offered by two staff members who were aiming for qualifications to aid them with their knowledge and development.

We saw minutes of staff meetings in May, June and August where relevant topics, feedback to staff and support for staff were recorded. The staff told us that meetings were used as a method of communication to improve the service provided.

Support to develop and improve both the service and the staff team was offered by the provider of the organisation. They supplied regular training and ensured updated information was available for staff regarding how to deliver a quality service. We read the training planner and saw that relevant training had been provided on a regular basis to update staff. The manager and provider worked together to develop and improve the training and support to the staff team that would ensure they were skilled and able to do the job required.

The process for handing over information to staff was communicated in detail. Staff were allowed time to share that information with the staff next on duty. This, we were told was to ensure all staff were up to date with each person’s needs. Staff members told us they were aware of the expectations of their role when on duty and the need to be accountable for their actions. They said the manager would regularly attend the shift handover to ensure they were up to date with any changes within the service and to ensure staff were up to date with relevant changes.

The manager had records available that showed that building quality checks had been completed on a regular basis. We saw up to date records of fire prevention, fire drills, fire risk assessments, food hygiene audits, moving and handling equipment and staffing records. Prior to this inspection we had received information sent to us by the manager of a concern within the home. We read how the manager acted on the concerns and how the best outcome for the person involved had been achieved.

The manager had recently contacted the Health and Safety Executive (HSE) due to the safety concerns of a property attached to this home. We read the information of the concern and the action taken, to ensure the issue had been managed appropriately. We saw that contact had been made with other organisations, such as the fire officer, for advice when concerns were raised. This ensured suitable experts or professionals were sought for the best advice to support the management of the home safely.