J Harrison

Hazelgarth Lodge Residential Care Home

Inspection report

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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 inspection took place on 6 November 2015 and was unannounced. We previously visited the service in November 2013 and we found that the registered provider met the regulations we assessed at that inspection.

The service is registered to provide accommodation and care for up to eleven older people and on the day of the inspection there were ten people living at the home. The property is a detached house set in its own grounds that has been extended to provide single room accommodation with en-suite facilities. All of the accommodation for people who live at the home is on the ground floor.

The registered provider is not required to have a registered manager in post; the registered provider

Summary of findings

manages the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living at Hazelgarth Lodge and we saw that the premises had been maintained in a safe condition.

We found that people were protected from the risks of harm or abuse because the registered person had effective systems in place to manage any safeguarding issues. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

The registered person and care staff had attended training on the Mental Capacity Act 2005 (MCA) and a small number of staff had attended training on Deprivation of Liberty Safeguards (DoLS). Although none of the people who lived at the home lacked the capacity to make decisions, the registered person understood that, when people lacked capacity, any decisions had to be made in their best interests.

New staff had been employed following the home's recruitment and selection policies to ensure that only people considered suitable to work with vulnerable people had been employed. Staff told us that they were happy with the training provided for them. The training records evidenced that most staff had completed training that was considered to be essential by the home and that most staff had achieved or were working towards a National Vocational Qualification (NVQ). We saw that there were sufficient numbers of staff on duty to meet people's individual needs.

Staff who had responsibility for the administration of medication had completed appropriate training. Medicines were administered safely by staff and the arrangements for storage and recording were robust.

People's nutritional needs had been assessed and people told us that their special diets and likes and dislikes were catered for, and that they were happy with the meals provided at the home. We saw there was a choice available at each mealtime, and that people had been consulted about the choices available on the home's menu.

People told us that staff were caring and we observed that staff had a caring and supportive attitude towards people; this was supported by the relatives and health care professionals who we spoke with.

There were systems in place to seek feedback from people who lived at the home, relatives and friends, staff and health care professionals. There had been no formal complaints made to the home during the previous twelve months but there were systems in place to manage complaints if they were received.

People who lived at the home, relatives and staff told us that the home was well managed. The quality audits undertaken by the registered person were designed to identify any areas that needed to improve in respect of people's well-being and safety. We saw that some improvements had been made as a result of people's comments.

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 is safe.

Staff had received training on safeguarding adults from abuse and moving and handling and this helped to keep people protected from the risk of harm.

We saw that sufficient numbers of staff were employed to meet the needs of people who lived at the home.

People were protected against the risks associated with the use and management of medicines. People received their medicines at the times they needed them and in a safe way.

The premises were being maintained in a safe condition.

Good

Is the service effective?
The service is effective.

We found the provider understood how to meet the requirements of the Deprivation of Liberty Safeguards (DoLS).

Staff undertook training that equipped them with the skills they needed to carry out their roles.

People's nutritional needs were assessed and met, and people told us they were happy with the meals provided by the home.

People told us they had access to health care professionals when required.

Good

Is the service caring?
The service is caring.

People who lived at the home and their told us that staff were caring and we observed positive relationships between people who lived at the home and staff on the day of the inspection.

People's individual care needs were understood by staff, and people were encouraged to be as independent as possible, with support from staff.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

Good

Is the service responsive?
The service is responsive to people's needs.

People's care plans recorded information about their previous lifestyle and their preferences and wishes for care and support. Records demonstrated that they received person-centred care.

Visitors were made welcome at the home

There was a complaints procedure in place. People told us that they had no concerns or complaints but they would not hesitate to speak to the registered person if they had any concerns.

Good

Summary of findings

Is the service well-led?

Good

The service is well-led.

The registered provider was also the manager of the home.

There were sufficient opportunities for people who lived at the home, family and friends, staff and care professionals to express their views about the quality of the service provided.

Quality audits were being carried out to monitor that staff were providing safe care and that the premises provided a safe environment for people who lived and worked at the home.

Hazelgarth Lodge Residential 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 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.

The inspection took place on 6 November 2015 and was unannounced. The inspection team consisted of one adult social care (ASC) inspector.

Before this inspection we reviewed the information we held about the home, such as notifications we had received from the registered provider, information we had received from the local authority who commissioned a service from the registered provider and information from health and social care professionals. The registered provider submitted a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the home.

On the day of the inspection we spoke with three people who lived at the home, one visitor, three members of staff, a health care professional and the registered person. We observed the serving of lunch and looked around communal areas of the home and some bedrooms, with people's permission.

We spent time looking at records, which included the care records for two people who lived at the home, the recruitment records for one member of staff and other records relating to the management of the home.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at the home and they told us that they did. One person said, "Oh yes, I feel safe – no worries." We asked staff how they kept people safe and comments included, "Staff would notice any hazards and rectify them" and "Our training in safeguarding helps us to recognise any poor practice."

Training records evidenced that staff had completed training on safeguarding adults from abuse at Level 1, and that two staff had also completed this training at Level 2. The staff who we spoke with were able to describe different types of abuse, and they told us that they would report any incidents or concerns to the registered person. They said that they were confident the registered person would take appropriate action. There had been no incidents at the home that had required an alert to be submitted to the local authority but discussion with the registered person assured us that they understood when alerts needed to be submitted.

Care plans recorded assessments and risk assessments in respect of moving and handling. These included details of any equipment the person used, the risk of falls and any risk posed to staff. Risk assessments were scored to identify the level of risk involved. The registered person told us that none of the people who lived at the home required the use of a hoist to assist them with transfers, although we saw that there was a hoist available at the home. Some people used a wheelchair and others used walking frames or sticks and we saw that this was recorded in their moving and handling assessments. We observed staff assisting people to mobilise on the day of the inspection and noted that this was done safely.

We noted there were no documents in place to assess the risks associated with nutrition or pressure area care. Although we did not see any indication that people had unmet needs in respect of nutrition or pressure area care, we discussed with the registered person how these assessments would evidence that any risks had been considered. They told us they would start to include these assessments in care plans.

The registered person told us that a new fire alarm system had been fitted in July 2014, all bedroom doors had recently been fitted with door closers that were attached to the fire alarm system and that new smoke detectors had been fitted throughout the home. The fire alarm system and extinguishers had been tested by a qualified contractor in September 2015. We saw records to evidence that in-house fire tests were carried out each week and that emergency lighting was tested each month.

There was a personal emergency evacuation plan (PEEP) for each person who lived at the home. These are documents that record the assistance a person would need to be evacuated from the premises, including the equipment they used to mobilise, any cognitive or hearing impairment they had and the level of assistance they would require from staff.

The registered person had recently obtained a fire box to store torches, blankets and other equipment that would be of use should the premises need to be evacuated. We discussed how it would be helpful for information about the action staff should take in the event of other emergencies to be added to the box, such as a power failure or flood. If the telephone numbers for staff and the relatives of people who lived at the home were also added, all emergency information would be easily accessible to staff.

There was an environmental risk assessment in place that recorded any risks associated with the premises and how they needed to be managed to provide a safe environment for people who lived at the home. The bath hoist and mobility hoist had been serviced in September 2015 and portable appliances had been tested in February 2015. The electrical installation certificate was dated 19 January 2009 and was valid for 18 years. The registered person told us that they planned to introduce monthly checks on emergency call bells and bed rails (whenever they were in use).

We checked the accident book and noted that accidents and incidents had been recorded appropriately and medical attention had been sought when required. We saw that no body maps were used to record where on the body the person had injured themselves; a body map would help staff to monitor the person's recovery. The registered person told us that they would introduce the use of body maps immediately. One person had fallen twice and we asked the registered person what action had been taken. They told us that a GP and a specialist nurse had been involved in the person's care and a referral had been made to an occupational therapist to request additional advice.

Good

Is the service safe?

Medicines were stored safely and securely. All medicines were stored in the medication room and administered from that room. The temperature of the medication fridge and medication room were monitored regularly and recorded; this evidenced that medicines were stored at the correct temperature. Medication was supplied by the pharmacy in a 'Nomad' pack; this is a monitored dosage system where tablets are stored in separate compartments for administration at a set time of day. Any medicines that were not stored in the Nomad pack were stored in the medication trolley; we saw that packaging was dated when opened to ensure the medicine was not used for longer than recommended. There were satisfactory arrangements in place for the disposal of unwanted or unused medication.

All staff had completed training on the administration of medication. We checked a sample of medication administration record (MAR) charts and saw recording was satisfactory, although we noted there was no photograph to identify the person concerned. Although this was a small care home where people were well-known by staff, photographs would help new staff to confirm that they were administering medication to the right person. We noted that some MAR charts included handwritten entries and that for the Paracetamol prescribed for one person the required dosage had not been transcribed on to the MAR chart. We discussed with the registered person that it was good practice for two staff to sign handwritten entries as this reduced the risk of errors occurring. They told us that they would ensure staff adopted this practice. We noted that staff recorded on the MAR chart when medication had been stopped; this recording would be improved if the name of the person who had given this advice and the date was added. The member of staff administering medication on the day of the inspection checked that the person had taken their medication before MAR charts were signed.

We checked the storage and recording of controlled drugs (CD's). We noted that CD's were stored safely and saw that the stock of medicines held matched the records in the CD book. There were specific instructions for people who had been prescribed Warfarin; people who are prescribed Warfarin need to have a regular blood test and the results determine the amount of Warfarin to be prescribed and administered.

We checked the recruitment records for one member of staff. An application form had been completed, references obtained and checks made with the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. This information had been received prior to the person commencing work at the home. Interviews were carried out and staff were provided with job descriptions and terms and conditions of employment. This ensured staff were aware of what was expected of them.

On the day of the inspection we saw that there was a care worker, a care worker / cook, a domestic assistant and the registered person on duty. We checked the staff rotas for a two week period and these recorded there were always two staff on duty. For one hour each morning (from 08:00 – 09:00) there was an additional member of staff on duty as the shifts 'overlapped'. This meant that there were three people on duty to assist people to get up and dressed and to have their breakfast. The registered person told us that, if they went on holiday, a member of staff slept in the home to provide additional cover; they had prepared a 'sleep in' room for this purpose. They also told us there were low sickness levels as the home and staff were always willing to work additional hours; this meant there had never been a need for agency staff to be used.

A health care professional told us they could always find a member of staff when they needed them. People told us that call bells were answered promptly and we observed that to be the case on the day of the inspection. We spoke with the domestic assistant who told us they had ample time to carry out their duties effectively. This meant that there were sufficient numbers of staff to meet the needs of the people who lived at the home.

We did not assess the control of infection on this occasion but noted that the premises were clean throughout and that there were no unpleasant odours. There was a domestic assistant on duty on the day of the inspection and they showed us the cleaning schedules; these evidenced that all areas of the home were cleaned on a regular basis.

Good

Is the service effective?

Our findings

he Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

The MCA legislation is designed to ensure that when an individual does not have capacity, any decisions are made in the person's best interests. None of the people living at the home has been diagnosed with dementia or a dementia related condition. A person's capacity to make decisions had been recorded in their care plan and at the time of this inspection none of the people had been assessed as lacking capacity to make decisions.

Training records showed that most staff had completed training on the MCA and two staff had completed training on DoLS. The registered person was aware of the principles of MCA and DoLS, how they impacted on people who used the service and how they were used to keep people safe. No DoLS applications had been submitted to the local authority for assessment as the people who lived at the home were not considered to be deprived of their liberty. We noted that the front door to the premises was not locked meaning that people were free to leave the premises if they chose to do so.

We asked people if staff sought consent before assisting them and we were told that staff always asked what support people needed before they provided assistance. One person told us, "Staff wouldn't do anything without asking."

A health care professional told us that there was good communication between themselves and staff. They said that staff asked for advice appropriately and followed that advice. We saw that any contact with health care professionals was recorded; this included the reason for the contact and the outcome.

People told us that they if they rang the GPs surgery in the evening, the GP would visit the next day. They said that the GP would see other people whilst they were at the home if needed, so they never had to wait long to be seen.

We discussed referrals to other health care professionals with the registered person. They told us that they had previously consulted with dieticians and speech and language therapy (SALT) services when nutrition had been an area of concern. They said that in the past, food and fluid charts had been used to monitor nutritional intake but none of the people who currently lived at the home had swallowing difficulties or were at risk of malnutrition. We saw examples of weight records that were used as part of nutritional screening, and noted that these were completed consistently.

The registered person told us that they always employed staff who already had some experience of caring for people, and who had already undertaken relevant training courses. Staff told us that they had induction training when they were new in post and that this consisted of spending time with the registered person to discuss the home's policies and procedures and shadowing existing staff so that they got to know the people who lived at the home and the home's routines. The registered person told us that, in future, all new staff would be expected to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers are expected to adhere to in their daily working life.

Training records evidenced that staff had completed training that helped them to keep up to date with best practice guidance. This included training on dementia awareness, equality, fire safety, first aid, food hygiene, health and safety, moving and handling, medication, end of life care, infection control, safeguarding adults from abuse and the MCA. In addition to this, three staff had achieved a National Vocational Qualification (NVQ) at Level 2 and two staff had achieved this award at Level 3. A further five staff were working towards a NVQ at either Level 2 or 3.

All staff completed the same training so the cook and domestic assistant were able to assist with caring duties when needed. The domestic assistant who we spoke with us told us they had completed training on safeguarding adults from abuse, moving and handling, first aid and the MCA.

Staff who we spoke with told us they felt well supported by the registered person. Personnel records evidenced that staff had an annual appraisal meeting with the registered person. We saw that staff were given a self-assessment form to complete prior to the meeting where they scored their performance. The registered person then added comments to the document so that the views of both parties were recorded.

Good

Is the service effective?

People told us they enjoyed the meals at the home. One person said, “They are very good – lots of choice. I like good English food.” There was a five week menu on display on the notice board in the dining room, with the current menu clearly displayed. This recorded the alternatives to the menu that were always available. One person told us that they were allergic to some foods and that they were always provided with an alternative when it was on the menu.

We spoke with the care worker / cook about people’s likes and dislikes and special diets. They told us that these were recorded in people’s care plans and known by all staff. We discussed whether it would be helpful to have these listed in the kitchen and they agreed that a laminated list would be prepared so it could be easily cleaned.

The home had achieved a rating of 5 following a food hygiene inspection undertaken by the Local Authority Environmental Health Department. The inspection checked hygiene standards and food safety in the home’s kitchen. Five is the highest score available.

The premises were suitable for the needs of the people who lived at the home. There was one step at the front door and the remainder of the accommodation was on one level. We asked people if they had any difficulty finding their way around the home or mobilising around the home and no-one expressed any concerns. We observed that people who used a wheelchair were able to propel themselves around the home without difficulty.

Bedrooms had room numbers on them and the people who were currently living at the home did not require further signage to assist them to locate their bedroom, bathrooms or toilets. We discussed with the registered person that clearer signage might be required if people with more severe cognitive difficulties were admitted to the home and this was acknowledged.

Good

Is the service caring?

Our findings

People who lived at the home told us they felt staff cared about them. One person told us, "It couldn't be better" and another said that staff were kind and added, "I'm very well looked after – you only ask for something and you've got it." A visitor told us, "It's like a big family." A health care professional told us that staff seemed to genuinely care about people who lived at the home, and were always helpful.

On the day of the inspection we observed positive interactions between people who lived at the home, visitors and staff which demonstrated staff were caring and compassionate. We noted that staff spoke with people in a respectful manner.

People who lived at the home and a health care professional who we spoke with told us that the registered person "Employed the right kind of people to do the job." One visitor told us, "Most staff have been here for a long time; (the registered provider) must be doing something right." This meant that people were supported by a consistent group of staff who understood their individual and diverse needs.

The people who lived at the home and relatives who we spoke with told us that staff always knocked on the door before entering and were respectful of people's privacy and dignity. On the day of the inspection we saw that staff knocked on doors before entering, even when the doors were open.

One person told us that the volume of the call bells was turned down during the night so the noise did not to disturb people's sleep, but that the call bells could still be heard by staff. They felt that this showed staff respected their need for a quiet environment to sleep in.

People who lived at the home and relatives told us they were happy with communication between themselves and staff. A visitor told us that they were always kept informed about any concerns regarding the person they visited. It was clear that staff knew people's family and friends and we heard staff discussing forthcoming visits and outings with people's relatives.

Most staff lived locally and we heard them and the registered provider chatting to people who lived at the home about events and people they knew in the village. The registered person and their family lived on the premises and it was clear that people who lived at the home took an interest in the family; this created a family atmosphere within the home.

We saw that staff encouraged people to be as independent as they could be; staff supported people rather than 'doing things for them'.

The registered person told us that previously a person who lived at the home had been supported by an Independent Mental Capacity Advocate (IMCA); the Mental Capacity Act 2005 states that anyone over the age of 16 who lacks capacity and has no family or friends able to speak for them and who is the subject of a decision regarding serious medical treatment or a long-term move to accommodation arranged by the local Authority or NHS must have an IMCA. The registered person told us that none of the people who lived at the home required the assistance of an IMCA or any other advocacy service, and that they would contact a solicitor if anyone needed independent advice.

Good

Is the service responsive?

Our findings

The care plans we saw included care needs assessments, risk assessments and care plans. A pre-admission assessment was completed prior to the person moving into the home, and this information was developed into an individual plan of care. Areas covered included general health, moving and handling, sleep and rest needs, communication needs, skin care, personal hygiene, nutrition, continence, mental health status and social / recreational needs.

The registered person told us in the PIR document that the information used to develop care plans came from the person themselves, their family and friends and health care professionals. We saw that care plans included a document called "A Day in the Life Of". These contained information about the person's routines, life history, preferred name and their hobbies and interests. Staff told us that they read people's care plans and that the information they contained about the person helped them build up relationships and enabled them to support the person to live their chosen lifestyle. A person who lived at the home told us, "There are no rules. You can get up when you like and go to bed when you like."

We checked the care plans for two people who lived at the home and saw that they were reviewed and updated in-house each month. In addition to this, more formal reviews were completed periodically by the local authority to check that the person's needs continued to be met by the home. This resulted in care plans that were up to date and were a true reflection of the person's current needs.

People who lived at the home told us about activities they could take part in. Some people preferred to stay in their room and watch the TV or read, and others enjoyed taking part in activities with other people who lived at the home, such as skittles, dominoes and reminiscence exercises. One person told us they borrowed books from the local library and two people told us about meals out they had planned with their families. People had patio doors leading from their bedroom into the garden and they told us that they enjoyed being able to look at the trees and birds in the garden. We saw that activities people had taken part in were recorded in daily diary sheets.

People told us their visitors were made welcome and that their family and friends were also impressed with the care provided at the home.

We saw that the complaints procedure was displayed in the reception area of the home. There was also a suggestion box and a suggestions, compliments, complaints and enquiries book in the entrance hall, where people could leave their comments. Although it was clear that people were given the opportunity to raise comments and complaints, the registered person told us that no complaints had been received during the previous twelve months.

People who lived at the home told us that they would speak to the registered person if they had any concerns. They said, "He would listen and would try to put things right." People told us that they chatted to the registered person most days so they did not need to arrange to meet with him if they wanted to discuss concerns.

A visitor told us they would not hesitate to speak to the registered person and that they were certain they would get a positive response. They also said that the registered person regularly asked them if they had any concerns.

Good

Is the service well-led?

Our findings

The registered provider also managed the service. We spoke with staff about how the home was managed. Staff told us that the registered person was extremely approachable and listened to the views of people who lived at the home and staff, and was "Very fair."

The home did not have any written visions and values but there was a notice displayed in the reception area listing the home's aims and objectives. The registered person told us that he aimed for the culture of the home to be friendly, family orientated and for issues to "Be open, with nothing hidden." A health care professional described the home as "Home from Home" and said they often recommended the home to people who were looking for residential care.

Staff told us that they had 'handover' meetings from one shift to the next and that the registered person regularly joined them for handover meetings. Staff told us that there was open discussion between themselves and the registered person and that any incidents or concerns were talked about and analysed so that events were not repeated.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered person had informed the CQC of anyone who had died whilst living at the service but told us they were not aware they had to inform us of serious injuries. However, following the inspection they submitted a notification to inform CQC of an injury to a person that had resulted in them being admitted to hospital.

The registered person told us in the PIR document that they conducted a survey each year for people who lived at the home, family and friends, staff and health and social care professionals. People who lived at the home and the visitor who we spoke with confirmed they had completed satisfaction surveys. We looked at the responses to surveys that had been collated by the registered person. Eleven people who lived at the home were sent surveys and nine responded; they all said that they had confidence in the skills and abilities of staff and management, that there was enough choice at mealtimes, that they received good quality food and that the overall atmosphere of the home was comfortable. One person said they thought staff did not have enough time to assist them with their needs, but the other eight people were satisfied with staffing levels. In addition to this, people were asked for their favourite and least favourite meals so that the menu could be amended.

Ten surveys were sent to relatives and friends of people who lived at the home and eight were returned. All respondents expressed their satisfaction with the service provided and they all stated that the registered person was always available to discuss any concerns.

Surveys had been sent to twelve members of staff and ten had been returned. Responses had been collated and a report produced that also recorded staff comments and suggestions. For example, staff had suggested that the menu should be displayed. On the day of the inspection we saw that the menu was displayed on the notice board in the dining room. New dishes had been suggested such as prawn cocktail and bacon sandwiches, and we saw that these had been added to the tea-time menu.

The registered person told us they would like to introduce 'residents' meetings but they had consulted with people who lived at the home and there was little interest in attending meetings. However, people told us that they felt consulted about their care, as the registered person was "Always around" and they had a ample opportunity to discuss things with them.

We saw visitors at the home on the day of the inspection, including the vicar from a local church and people's family and friends. Most staff lived locally and we heard them and the registered person chatting to people who lived at the home about events and people they knew in the village. Some people went out into the local community with family and friends.

The registered person lived on the premises and spoke with people who lived at the home and staff almost daily. They audited the safety of the premises and the well-being of people who lived at the home continually, but not all of these audits were recorded. Audits needed to be recorded so there was evidence that these checks had been completed and any areas for improvement had been identified and actioned.