

# Elpha Lodge Residential Care Home Limited Hazelmead Residential Care Home

## Inspection report

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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 caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 17, 18 and 20 March 2015 and was announced.

The home was last inspected in September 2013 when we found the provider was meeting all the regulations we inspected.

Hazelmead provides care for up to five people who have learning disabilities. There were five people living there at the time of the inspection.

There was 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.

# Summary of findings

People told us they felt safe. Staff knew what action to take if abuse was suspected.

We saw that the building was well maintained and clean. We saw that medicines were managed safely. We noted however, that medicines audits did not cover all aspects of medicines management.

Some staff and one relative told us that more staff would be beneficial to enable people to access the local community more. However, all people, relatives and staff said that people's needs were met by the number of staff on duty. We saw that safe recruitment procedures were followed.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager was submitting DoLS applications to the local authority in line with legal requirements. The local authority had approved two DoLS applications.

We noted that it was not always clear whether people's capacity had been assessed and best interests decisions carried out for certain decisions for example the refusal of certain medical checks such as mammograms and cervical smears.

We have made a recommendation that decisions are always sought in line with the Mental Capacity Act 2005.

Staff informed us that there was training available. We noted that staff had carried out training in safe working practices. However, not all staff had carried out training to meet the specific needs of people who lived at the service.

We have made a recommendation about staff training on the subject of learning disabilities.

People told us that they were happy with the meals provided at the home. We observed that people were supported with their dietary requirements.

People and the relatives with whom we spoke told us that staff were caring. People said that they were happy living at Hazelmead. One relative said, "We are perfectly happy with [name of person]. The staff are superb." Another stated, "It's a happy, family environment with very caring staff who are willing to go that extra mile and improve the services."

People were supported to maintain their hobbies and interests and housekeeping skills were encouraged to help promote people's independence. One relative said, "They encourage [name of person] to independent. They are very happy there."

There was a complaints procedure in place. The registered manager told us that there had been one complaint in the past year. We found that informal concerns were not always documented so actions taken could be evidenced. The registered manager told us that she would address this immediately. There were a number of feedback mechanisms to obtain the views from people, relatives and staff. These included meetings and surveys.

The nominated individual was not currently monitoring the service because of an ongoing investigation which was not connected with Hazelmead. A nominated individual has responsibility for supervising the way that the regulated activity is managed. We requested that an interim nominated individual be appointed eight months ago; however this had not yet happened.

While we had no concerns about the registered manager or her leadership; we considered that improvements were needed with regards to the nominated individual situation to ensure that clear and transparent processes were in place for all staff to account for their decisions, actions, behaviours and performance.

# 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 told us they felt safe. There were safeguarding procedures in place.

We found the premises were clean and well maintained. We saw that medicines were managed safely. We noted however, that medicines audits did not cover all aspects of medicines management.

Some staff and a relative told us that more staff would be beneficial to enable people to access the local community more. However, all people, relatives and staff said that people's needs were met by the number of staff on duty.

Good



### Is the service effective?

Not all aspects of the service were effective.

We noted that staff had carried out training in safe working practices. However, not all staff had carried out training to meet the specific needs of people who lived there.

We found that it was not always clear whether people's capacity had been assessed and best interests decisions carried out for certain decisions such as the refusal of mammograms and cervical smears.

People were happy with the meals provided. We saw that people were supported with their dietary requirements.

Requires improvement



### Is the service caring?

The service was caring.

People and the relative with whom we spoke informed us that staff were caring.

All of the interactions we saw between people and the staff were positive. We saw staff spoke with people respectfully.

No one was currently accessing any form of advocacy. The registered manager informed us that there was a procedure in place if advocacy service were required.

Good



### Is the service responsive?

The service was responsive.

People's care plans included their likes and dislikes to help make sure that staff provided person-centred care.

People were supported to maintain their hobbies and interests.

Good



# Summary of findings

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

## Is the service well-led?

Not all aspects of the service were well led.

The nominated individual was not currently monitoring the service because of an ongoing investigation. We had requested that an interim nominated individual be appointed eight months ago; however, this matter was ongoing.

We found that the registered manager had not notified us of the outcome of two DoLS applications, in line with legal requirements.

We noted that the manager carried out audits on all aspects of the service. This included checks on health and safety; medicines; care plans and social activities. Any actions identified were carried out in a timely manner.

**Requires improvement**



# Hazelmead 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 was carried out by one inspector. The inspection took place on 17, 18 and 20 March 2015 and was announced. 48 hours' notice of the inspection was given because the service was small and the registered manager and people were often out accessing the local community. We needed to be sure that they would be in.

We spoke with four people who lived at the home and one relative during our visits to the service. We contacted two

relatives by phone following our inspection. We conferred with a local authority safeguarding officer and a local authority contracts officer. We also consulted a care manager and dietetic assistant from the local NHS Trust.

We spoke with the nominated individual, registered manager and four care workers on the days of our inspection. We contacted by phone, three staff who worked evening and night shifts. We wanted to know how care was delivered at these times.

We read three people's care records. We looked at a variety of records which related to the management of the service such as audits and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request that the provider complete a provider information return (PIR) because of the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

# Is the service safe?

## Our findings

We spoke with three people who told us that they felt safe at the home. One person was unable to communicate with us verbally. They constantly smiled throughout our visits which appeared to indicate that they were happy. We spoke with three relatives who all told us that they considered their family members were safe. One said, "I feel they are safe and that is necessary."

We looked at questionnaires which had been recently completed by relatives. One stated, "Hazelmead is their home and the other residents and staff their family. This makes it a very safe, warm environment for them to live in."

There were safeguarding procedures in place. Staff were knowledgeable about what action they would take if abuse were suspected. There were systems in place to manage people's finances to help prevent the risk of financial abuse.

We looked around the building and saw that it was clean and well maintained. There was a kitchen, dining room and lounge. Staff informed us that the kitchen was the only area which was in need of refurbishment. The registered manager told us that this was being addressed.

We saw that checks were carried out on gas, electrical and fire safety. The home had achieved the highest rating of "5" for food hygiene. We read their latest report which said, "Excellent standards maintained."

The registered manager told us that health and safety risks were assessed and action taken when any concerns were found. She told us that one person had attempted to move their wardrobe. A risk assessment had been carried out and the wardrobe was now secured to the wall to reduce the risk of any injuries.

We checked medicines management. There were systems in place for the safe receipt, storage, administration and disposal of medicines. We noted that medicines administration records were completed accurately. At our previous inspection in September 2013 we stated, "The provider may find it useful to note that although the manager confirmed she observed staff on an ad hoc basis when they administered medication, there was no documentary evidence available to support this." At this

inspection we saw that documented medicines competency checks were carried out to ensure staff were administering medicines safely and correctly. No concerns were noted.

There were two or three staff on duty through the day from 8am - 4pm. There were always two staff on duty from 4pm - 10pm and one waking night staff member. Some staff and one relative informed us that more staff would be beneficial. One member of staff said that two staff were required to look after one person. These staffing arrangements meant that they could not be as flexible and spontaneous with trips into the local community. One staff member said, "[Names of male people] sometimes liked to go to the pub on an evening, now we can't go because two staff have to be at the home to look after [name of person]." We spoke with the registered manager about this comment. She stated that people could still go out into the local community, but trips needed to be planned in advance to ensure that extra staff could be organised.

There was one staff member at night. The registered manager explained that if assistance was required through the night; the staff member could request support from staff at the provider's other home which was located on the same site.

We checked staff recruitment files. We saw that Disclosure and Barring Service [DBS] checks had been carried out and two written references obtained to help ensure that applicants were suitable to work with vulnerable people. The registered manager told us that they were currently renewing staff DBS checks to ensure no concerns were highlighted, because it was a number of years since some DBS checks had been carried out.

Staff told us that they had undergone a rigorous recruitment check. One staff member said that she had previously worked at one of the provider's other homes. She explained, "I still needed a CRB [now called a DBS check]. I also had to be interviewed by the service users and if they hadn't liked me, I wouldn't have got the job. They all had questions to ask me." Another staff member said, "I had two residents sit in on my interview. They asked whether I knew how to play dominoes and why I wanted to come and look after them. What I liked was that [name of manager] involved them in whether they wanted to employ me. She didn't go above their heads, it was their decision. Good job they liked me!" Other comments included, "I had

## Is the service safe?

to wait about three weeks for all my checks to come through. Fortunately they came just in time” and “I wasn’t allowed to start before my CRB and references from my previous employers came through.”

# Is the service effective?

## Our findings

Staff told us that there was training available. One member of staff said, “I’m doing MiDAS training next week [mini bus training].” Other comments included, “[Name of manager] always looks into any training you want to do,” “I’ve asked to do schizophrenia training, I think it’s good to do training into the conditions which the service users have because it helps you understand them more” and “We’re doing DoLS training soon which is important.”

The registered manager provided us with information about staff training. We noted that staff had carried out training in safe working practices such as food hygiene, moving and handling and medicines management. We saw however, that only the registered manager had completed DoLS training and four out of the 10 staff had completed MCA training. In addition, staff had not completed training to meet the specific needs of people who lived there. We spoke with the registered manager about this issue. She said that she was organising specific training to meet people’s needs.

Staff told us that they felt well supported and had regular supervision and an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or

support requirements. One staff member told us, “Supervisions are useful, they’re a good opportunity to find out how you’re doing and whether you’re okay and meeting expectations and also to discuss any training needs you have.” Another said, “I think it’s important to keep in touch with [name of manager] and find out if there’s anything I need to improve on.”

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The local authority had approved two DoLS applications.

The manager told us that best interests decisions were carried out for important decisions. We noted that a mental capacity assessment had been carried out regarding one person’s dental treatment. A best interests meeting had been organised with the person’s care manager and a decision made that the person should have the dental treatment which the dentist had recommended.

We noted however, it was not always clear whether people’s capacity had been assessed and best interests decisions carried out for certain decisions such as financial decisions and the refusal of certain medical checks.

We checked whether people’s nutritional needs were met. People told us that they were happy with the meals provided. Staff explained that people chose what they wanted to eat. They said that they sometimes guided people to have a healthy and varied diet because sometimes they liked to pick the same meals. One member of staff said, “We have just got recipe cards which have pictures of meals on so we can show the service users what the meals will look like to help them choose healthier meals.”

People told us that they were involved with planning and preparing the meals. One person said, “I make a meal.” Other comments included, “I made the Yorkshires I did and I made a shepherd’s pie” and “When I do the Yorkshire puddings, they were this big; I did the parsnips as well.”

Staff were knowledgeable about people’s likes and dislikes. One staff member said, “[Name of person] does not like orange food like carrots, beans and sweet and sour.”

We spent time with people over tea time on two days. The registered manager sat and had tea with people on the first day. One person required a soft diet and assistance with eating and drinking. We saw that staff supported the individual on a one to one basis.

We noted that one person had lost weight. It was not clear what action had been taken in response to this weight loss. A malnutrition risk assessment was not used. The registered manager told us that they were looking into using a tool called the Malnutrition Universal Screening Tool (MUST). This tool includes management guidelines which can be used to develop a care plan. We spoke with a dietetic assistant from the local NHS Trust. She told us that staff had completed their “Care Home and Nutrition Training.” She explained that during this training they recommend that staff complete the MUST for everyone, so that weight loss can be identified and appropriate action taken.

We noted that people were supported to access healthcare services. We read that people attended GP appointments; visited the dentist, optician and podiatrist. This was confirmed by relatives with whom we spoke. One relative said, “They look after his medical needs.”



## Is the service effective?

**We recommend that the provider finds out more about training for staff, based on current best practice, in relation to the specialist needs of people who have learning disabilities.**

**We recommend that decisions are always sought in line with the Mental Capacity Act 2005.**

# Is the service caring?

## Our findings

We spoke with people who told us that staff were kind and caring. One person told us, “The staff are lovely.” Other comments included, “We’re all a family and we all work together,” “We’re well looked after” and “The staff and residents are very nice.” Comments from relatives included, “They look after [name of person] extremely well” and “They haven’t got a care in the world, they look after [name of person] well.”

We observed that staff communicated well and people reacted positively to all interactions. Staff explained to one person who was not able to communicate verbally, what they were going to do, for example when they were going to move their wheelchair. We saw that staff spent time with this person. They told us that the person liked anything shiny and staff had purchased a helium balloon that they liked holding and looking into.

We noticed that staff treated people with dignity and respect. They spoke with people in a respectful manner. Staff knocked on people’s bedroom doors before they entered. Staff gave us examples of how they ensured that privacy and dignity was maintained, such as making sure doors and curtains were closed when personal care was being provided.

The registered manager told us that people were involved in all aspects of the service. This included staff meetings, recruitment, shopping and the planning of social and recreational activities. This was confirmed by people with whom we spoke.

There was a key worker system in place. The appointment of key workers meant that each person had a designated member of staff who helped ensure that their needs were met in a personalised manner. We noted that monthly keyworker meetings were carried out. We read one person’s keyworker meeting and saw that this documented the activities and events the person had attended such as swimming. In addition any visits by health and social care professionals were recorded.

We saw an “About me” document was included in each person’s care plans. This section gave an overview of people’s likes, dislikes, hobbies and interests. This document helped ensure that staff knew about people’s wishes and how they wanted their care and support to be carried out. We read one person’s “about me” document. This stated, “I love being out and about. My favourite things to do are shopping, eating out and going on holiday.” We read this person’s care plan and noted that they went shopping, had meals out and had been on holiday.

The registered manager informed us that no one was currently accessing any form of advocacy. She told us and records confirmed that there was a procedure in place if advocacy services were required. Advocates can represent the views and wishes for people who are not able express their wishes.

# Is the service responsive?

## Our findings

We spoke with two relatives who said staff were responsive to their relative's needs. We read questionnaires which had been recently completed by relatives. One stated, "I believe the staff at Hazelmead are on a learning curve for someone who has such complex needs and as such their care will improve over time as they get to know [name of person] better. Having said this, I appreciate the efforts of everyone caring for [name of person] to date and applaud their willingness to adapt and adjust their working practices to provide a happy, safe and caring environment."

We spoke with this relative during our inspection. She told us that the staff had continued to learn about how best to meet her family member's needs. She said, "They're getting there." She explained there had been a "long introductory period" so her family member could get used to the home and staff. She said, "Everyone has been so wonderful." We checked this person's care plans and saw that they had continued to change as staff got to know her likes, dislikes and needs better.

Staff told us and people confirmed that housekeeping skills were encouraged. One person said, "I clean my room." Another person explained that he was nearly 70 but had "not retired" from housekeeping duties! Other comments included, "I done the dishes and I clean out the budgie" and "I go to Sainsbury's with [name of manager]." Housekeeping skills are important because they help promote people's independence.

Staff explained that one person worked at a local swimming pool and travelled to and from work independently on the bus. We met this person who had just arrived from work. They greeted us by saying, "The worker has returned!" They explained, "I work at Alnwick leisure centre two days a week, I'm a cleaner and get there by bus."

People informed us that they were encouraged to maintain their hobbies and interests. A new mini bus with wheelchair access had been purchased so that all people could access the local community. One person said, "I've got a birthday

party coming up and I'm going to Blackpool in June and I'm going to a pie and peas. I love it." They told us that they enjoyed music and enjoyed listening to the music channel on the television. We saw them tapping their feet to the music which was being played throughout our visits. Another person told us how much they liked Elvis Presley. They gave us a demonstration of their hip shakes and air guitar moves!

People attended a local day service known as the "Pop in." Arts and crafts and games were organised and lunch was provided. People from Hazelmead and the provider's other home, Stonehaven attended as well as people from the local community. One member of staff said, "It's good to have a get-together, they all enjoy it." Staff also explained that people from Stonehaven came over to Hazelmead every Friday for another catch up. People told us that these "get togethers" were appreciated and enjoyed.

Relatives said their family member's social needs were met. One relative said, "They seem to have their week planned. We could never provide what they do for [name of person]. They love going to work at the swimming baths." Another relative explained that her family member had an iPad and staff took photos of what they had been doing because they were unable to communicate verbally. Staff would then show the relative what activities and events the person had been involved in.

There was a complaints procedure in place. The registered manager told us that there had been one complaint in the previous 12 months. We noted that a record of the actions taken as a result of the complaint were available.

None of the people with whom we spoke said they had any complaints or concerns. One relative told us however, that she had raised a minor concern. We spoke with the registered manager about this issue; she told us that minor concerns were not always documented. She said however, that she would now record any concerns or informal complaints to evidence that all concerns and complaints were encouraged, explored and responded to in good time.

# Is the service well-led?

## Our findings

One of the directors of the company was the nominated individual. There was an ongoing investigation because of events which were not connected with Hazelmead. The nominated individual had not been involved in the supervising and monitoring of the service for nearly a year. We requested that an interim nominated individual be appointed eight months ago; however this had not yet happened.

We asked the registered manager about the support systems in place for her such as supervision and appraisal arrangements. She stated that she had not received any supervision or an appraisal because of the situation described above. She also said, “There could be a lot more collaboration between the homes and sharing of information.”

Following our inspection, we spoke with the nominated individual. She told us, “We have been looking into arrangements for supervision and appraisals and who should be the nominated individual.” She told us that this issue would be addressed immediately.

We spoke with a member of the local authority contracts team. He told us that they had placed a suspension on admissions at Hazelmead and the provider’s other two care homes because of the ongoing investigation. This related to any admissions of people who were funded by the local authority.

While we had no concerns about the registered manager or her leadership; we considered that improvements were needed with regards to the nominated individual situation to ensure that clear and transparent processes were in place for all staff to account for their decisions, actions, behaviours and performance.

Hazelmead had been open as a care home since 2003. The registered manager had worked at the home since January 2006. Staff spoke highly of her; comments included, “[Name of manager] is supportive. She always keeps you up to date and well informed,” “She’s straight to the point and has no hidden agendas,” “She’s very approachable” and “She’s very hands on as a manager, she gets stuck in.”

Relatives with whom we spoke said, “[Name of manager] is on the ball” and “She takes time to talk to you.” We observed that the registered manager communicated well with people and they responded positively during all interactions.

Staff with whom we spoke informed us that they were happy working at Hazelmead. Comments included, “It’s homely, I like working here;” “There’s a relaxed atmosphere at the home. It’s not because they don’t do anything, there’s always something going on;” “This is a life-long job for me here. I just love it” and “We all get on well together, I don’t just mean the staff but the service users too.”

A care manager told us that there had been, “A change in dynamics” at Hazelmead. She said that people who lived at the home had always been very independent. She explained however, that a person with more complex needs had recently come to live at the home. New staff had been employed since staffing levels had increased. The care manager told us that staff and people were adjusting to this change. Staff spoke very positively about how the service was evolving. One staff member said, “We’re learning all the time.” A new member of staff said, “When I started, we all gelled together quickly as a team.”

People, relatives and staff told us that they were involved in making decisions about the running of the service. They explained that there was open communication and their views were listened to and acted upon.

Staff meetings were held. One member of staff said, “They are helpful. We talk about training, working together as a team and doing our jobs properly. We also discuss and share our knowledge about what works with service users. Yes, sharing our knowledge is one of the main things.” We spoke with a member of staff who worked on night duty. She said, “I like to attend staff meetings because I think it’s good to catch up with what is happening on days and what is going on with the residents.”

We noted that the registered manager carried out audits on all aspects of the service. This included checks on health and safety; medicines; care plans and social activities. We looked at medicines audits; we saw that these did not cover all aspects of medicines management such as the receipt, storage, recording and disposal of medicines. The registered manager said that she would look into this issue.

We checked care plan audits. We noted that the registered manager had checked one person’s care plan. She had

## Is the service well-led?

stated, “Can you add in that [name of person] boss took him to a Newcastle [football] home match as he had done a good job.” This information had been added into the care plan.

We found that the registered manager had not notified us of the outcome of two DoLS applications, in line with legal requirements. Notifications are changes, events or

incidents that the provider is legally obliged to send us within the required timescale. We spoke with the registered manager about this issue. She told us that she was now aware of her responsibilities and would ensure that all required notifications would be sent to us in a timely manner. There had been no other notifiable incidents.