Ramnarain Sham

Hazelwood House

Inspection report

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Date of inspection visit: 18 June 2015
Date of publication: 11/08/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We conducted an unannounced inspection of Hazelwood House on 18 June 2015. Hazelwood House provides accommodation and care for a maximum up to 15 older people some of whom have dementia and mental health needs.

At our last inspection on 11 October 2014, the service met the regulations inspected.

The service had 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 2008 and associated Regulations about how the service is run.

The atmosphere of the home was relaxed and welcoming. Throughout our visit we observed caring and supportive relationships between staff and people using the service. Staff interacted with people in a friendly and courteous manner. People told us they were content living in the home.

Summary of findings

People were involved in decisions about their care and support, and were not restricted from leaving the home. People told us their privacy was respected and they were supported to maintain good health. People's health was monitored and they received the advice and treatment they required from a range of health professionals.

People were cared for by staff who understood people's needs and had the knowledge and skills to provide people with the support and care they wanted and needed. Staff received a range of relevant training and were supported to obtain qualifications related to their work. Staff told us they enjoyed working in the home and received the support they needed from management staff to enable them to carry out their roles and responsibilities. The staffing of the service was organised to make sure people received the care and support they needed. However the provider did not always follow safe recruitment practices.

Staff understood how to safeguard the people they supported. People told us they felt safe. People's individual needs and risks were assessed and identified as part of their plan of care and support. People's support plans were personalised and contained the information and guidance staff needed to provide people with the care they needed and wanted.

People had the opportunity to participate in a range of activities, and to participate in the local and wider community. People's relationships with family and those important to them were supported.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

Staff had an understanding of the systems in place to protect people who were unable to make particular decisions about their care, treatment and other aspects of their lives. Staff knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There were effective systems in place to monitor the care and welfare of people and improve the quality of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe. While the provider had a recruitment procedure in place, we found that this was not always followed and some staff did not have an up to date criminal record check or two valid references.

Staff knew how to keep people safe and how to identify the signs of abuse and respond to abuse.

The provider had effective systems to manage risks to people who used the service without restricting their activities or liberty.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Staff managed people's medicines safely and encouraged them to be independent with their care when this was possible and safe.

Is the service effective?
The service was effective. Staff were given the training, supervision and support they needed to make sure they had the knowledge and understanding to provide effective care and support.

The service obtained people's consent to the care and support they provided. The manager understood the Mental Capacity Act (MCA) 2005 Code of practice and the Deprivation of Liberty Safeguards (DoLS) and could explain when an application was required.

People's health and personal care needs were supported effectively. Their nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?
The service was caring. During our visit staff were kind and compassionate and treated people who used the service with dignity and respect. When people required staff support they were responded to swiftly.

There were private spaces in the home for people to go if they wanted to be away from other people.

Is the service responsive?
The service was responsive. People's individual assessments and care plans were kept under review and updated as their needs changed to make sure they continued to receive the care and support they needed.

People were encouraged to express their views and these were taken into account in planning the service. There was a complaints procedure and people knew who to talk to if they had any concerns.

Is the service well-led?
The service was well-led. Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home.

The provider monitored incidents and risks, complaints and medicines management to make sure the care provided was safe and effective.

Hazelwood House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 June 2015 and was unannounced.

The inspection was carried out by one inspector, one observer from the Care Quality Commission [CQC] legal team and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the organisation. This included information which the provider had reported to the CQC and other information the CQC had received about the organisation from partner organisations and members of the public.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with five people who used the service, one church volunteer, three care workers, the deputy manager and the registered manager. We looked at four care plans and care records, seven staff records, medicines administration records and other records and documents relevant for the running of the service. These included complaints records, training records, accident and incident records, staff rotas, menus and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

A person who used the service told us "It's all very nice here. I feel safe. Some of the people here used to bother me by walking around and coming into my room, but now I can keep my door open or closed, they don't bother me anymore." Staff told us "If I had any concerns about abuse I would raise these concerns with the manager or the deputy manager although I have never raised any concerns because I have not had any."

We looked at seven staff records and found two people did not have a criminal record check, one person had no references and there was no clear explanation in one file who provided the reference for the care worker. This meant that three out of the seven staff files we looked at had incomplete documentation in place. We discussed this with the registered manager who advised us that he would deal with this immediately and arrange for up to date criminal record checks and references for the staff in question. In the meantime we were reassured that these care workers would l not be working unsupervised.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 19 (3) (a).

People told us they felt safe. There were policies and procedures in place to inform staff of the action they needed to take if they suspected abuse. Staff informed us they had received training about safeguarding people and training records confirmed this. Staff were able to describe different kinds of abuse and the action they needed to take to report any concerns. Staff knew about the whistleblowing procedures, and were confident that any safeguarding concerns would be responded to appropriately by the registered manager and other management staff. A relative of a person using the service told us they were confident the person was safe living in the home.

Care plan records showed that risks to people were assessed and guidance was in place for staff to follow to minimise the risk of the person being harmed and to support people to take some risks as part of their day to day living. Risk assessments had been completed for a selection of areas including people's behaviour, medicines, fire safety, and environment, risk of abuse, tissue viability, manual handling and risks of falls. They had been regularly reviewed. Staff were aware of the details of people's risk assessments.

Through our observations, talking with staff and looking at the staff rota we found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Staff confirmed that they felt there was enough staff on duty to provide people with the care and support they needed safely. The registered manager told us staffing levels were adjusted to meet the changes in needs of people and to make sure people were supported to attend health appointments and participate in activities. One care worker spoke of there being consistency of staff who all knew people well and understood their individual needs. We found that staff were busy but had time to spend talking with people and to provide people with the care and support they needed.

Medicines were stored, managed appropriately and administered to people safely. Records showed the medicines management and administration systems were regularly checked by the registered manager and improvements made when needed. Staff had received medicines training and had received an assessment of their competency to manage and administer medicines to people safely. Within each person's care plan there was detailed information and guidance about each person's specific medicines needs. Staff were aware of this information. Medicine administration records showed that people had received the medicines they were prescribed. A person we spoke with told us about some of their medicines and said they were administered by staff. Records showed that the medicine procedure had been discussed during staff meetings.

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. Improvements in response to these checks were made. Regular fire drills were carried out, so staff and people using the service knew how to respond safely in the event of a fire.

Good

Is the service effective?

Our findings

People who used the service told us "I don't like strong food, staff are good though, they know what I like and don't like and the food I get is very nice. Another person told us "Staff is very good; they know what to do and seemed to have received a lot of training."

Staff working at the home had relevant training to meet people's needs. Staff undertook induction training after recruitment, and their training records showed that most staff had completed all areas of mandatory training in line with the provider's policy, and those who had not had been identified and were due to complete this training. Staff also had training on mouth care, nutrition, dementia, mental health, and managing challenging behaviour. Most of the care staff had attained a national vocational qualification in care. The provider started to implement a training matrix to ensure that training attended and training planned could be monitored more closely

Staff told us that they had a lot of training, and reported having attended recent training in medicines administration, which they had found helpful and very interesting. One of the staff said "Oh yes we have lots of training, it's good here." Another staff member said they had undertaken a pressure area care course at a hospital which was very good. All staff said that if they had training needs identified, they were addressed.

Staff said that they received supervisions and felt well supported by management. However staff records showed that over past months the supervisions had become more infrequent. We discussed this with the registered manager who explained the reason why and assured us that he would recommence monthly supervision sessions for care staff.

People said they were able to make choices about their care. There were assessments available regarding their capacity to make decisions and consent to their care and treatment. Care records made it clear as to whether people had capacity to make specific decisions about their care and treatment, and ensured that care was delivered in people's best interests when they lacked capacity to consent. Staff were aware of the principles of seeking consent and had sufficient knowledge of the legislation relevant to their role. All staff were able to give examples of gaining consent before providing care to people. One care worker said, "If we went to give a wash to one of the residents in the morning and she refused this, we would get a cup of tea for her and explain and come back to her a little later and offer a wash again, we would keep offering, but would not distress her. Sometimes it is better to get another member of staff to offer as it maybe that she doesn't want me to help her today, some of our residents have dementia and we must offer things in different ways."

People had a Deprivation of Liberty Safeguard (DoLS) in place as required following a recent supreme court judgement. The registered manager was aware of the duty to ensure that further applications had to be made for DoLS in the light of this most recent Supreme Court Judgement.

People had mixed although mostly positive feelings about the food served at the home. One person praised the food, noting that the staff knew their dietary needs and, "goes to a lot of time and trouble for me." Others said, "The food's good most of the time," and "It's OK, it's not too bad." One person told us they didn't like some of the food served, but staff supported them by providing a range of soups and other items of their choice instead. We observed this being carried out during the visit.

Throughout the day, people were offered tea and coffee at regular intervals. There was a tray with juice available in the main lounge area and we observed one person helping themselves to a drink. Others were offered juice or asked for it and care staff responded immediately. Breakfast was served around 9 am, but people were provided with refreshments before this time.

The lunchtime atmosphere was relaxed and unhurried, but people were served promptly. We observed that people had a choice of a vegetarian or a meat dish at lunch. They had been asked to choose earlier in the day. Staff told us that it was possible to get an alternative meal choice and they would always find an alternative if somebody didn't like the food. However there were no menus on the tables or the walls and not all staff told people what they were getting when they served them. There was also some inconsistency in approach by the staff to those who were reluctant to eat, with some people offered more assistance and prompting than others. These issues were reported to the registered manager, who told us he would address this.

Staff had a good knowledge of people's dietary requirements and had a clear chart available for quick

Good

Is the service effective?

reference with regards to people's dietary needs. Special diets provided included diabetic, soft, low fat, low sugar, vegetarian and fortified meals. Staff were able to describe how each of these meals were prepared and had a detailed knowledge of the likes and dislikes of each person The kitchen appeared clean and well organised. People's weights were monitored monthly, and where people who were assessed as requiring food and fluid monitoring this was carried out.

People told us that they had the support they needed to access health care professionals such as their GP. Within the care plans there was a health professional communication log, and we were able to track how recent health issues had been managed, such as a person who had needed recent dental care. These demonstrated that health professionals were contacted promptly, and documented clearly the outcomes of each appointment and care instructions. Health professionals consulted included community nurses, community psychiatric nurses, dieticians, dentists, opticians and chiropodists. Risk assessments were in place describing preventative measures to protect people from identified health risks such as developing pressure sores.

Staff said that there were no difficulties accessing health care professionals and a GP visited every week. A senior care assistant said that they "would call the GP in hours, and out of hours they would call 111. If it was an emergency they would phone an ambulance."

Health and social care professionals told us that communication with the home was good, the registered manager always found time to spend with them, and staff would call if there were any problems. One professional said it felt like they were "working together."

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were well treated. One person commented, “I am really happy there.” Another person told us, “I feel quite lucky, staff are nice and do understand me.”

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home. Staff told us that the registered manager always explained the ethos of the home and that they were to “put the client first”.

We saw that people had commented and had input in their care plans. Staff told us about regular key worker sessions they had with people and how they looked at what the person wanted to do and how they followed the person’s needs and wishes. Staff felt that these one to one sessions enabled people to be more independent and to make their own decisions and choices about their care. One person we spoke with told us the staff were “easy to talk to”.

There were house meetings between people using the service and staff and management. We also saw that people were able to express their views and make choices about their care on a daily basis. For example, when we arrived at the home everyone was chatting about what they wanted to do that day and staff were organising themselves in response to people’s decisions and choices.

We saw that staff had discussed people’s cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to attend places of worship. We spoke to a volunteer from the local church who told us “I remind people of their faith if they show any interest and they do remember to do the sign of the cross. I think the residents look forward to me coming and they get engaged with me each week. I see the care workers speaking very nicely to the residents and they are always very friendly with the all.” We also saw that staff understood peoples cultural and language needs. For example one person who did not speak English, staff had been given by the family simple phrases which were used to communicate with this person. One care worker went on to say “We know the person very well and also use some sign language to communicate.”

We saw that people were supported to maintain relationships with their family and friends as well as make new friendships. Staff had attended training in equality and diversity. Staff understood that racism and sexism were forms of abuse and told us they made sure people at the home were not disadvantaged because of their disabilities.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people’s privacy. These examples included keeping people’s personal information secure as well as ensuring people’s personal space was respected.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and preferences. One person told us the registered manager "keeps us updated about things" and "deals with issues straight away". Another person said "Staff talks to us about everything, but sometimes there could be a little bit more to do."

The registered manager and staff responded appropriately to people's changing needs. For example, one person's has lost weight over the past two months, the registered manager told us that this had been discussed with the GP and the home was currently waiting for a visit from a dietician.

We saw that the registered manager had thought about the possible future care needs of people. As people using the service were getting older, staff told us they had attended dementia training so they knew what to look out for should this begin to affect people at the home.

We saw that, following an assessment by the speech and language therapist, a person's care plan had been updated to reflect the advice given as a result of this assessment. Staff told us that the registered manager kept them updated about any changes in needs of the people using the service.

Staff had a good understanding of the current needs and preferences of people at the home.

The registered manager confirmed that everyone had been assessed before moving into the home to ensure only people whose needs could be met were accepted. We looked at three people's care plans in detail. These plans covered all aspects of the person's personal, social and health care needs and reflected the care given. The registered manager had made sure people's care plans clearly described what the person could do independently and where they needed help in order to maintain their independence as far as possible.

We saw that people could take part in recreational activities, on the day of our inspection a pianist visited to play music and we saw people singing to the music. However we did see very limited evidence of structured activities provided to people who used the service. We discussed this with the registered manager who advised us that staff were responsible for providing activities. We were also told that new activities were currently planned and discussed with people and a new activity plan would be introduced.

The home's complaints procedure was easy to understand by people who used the service and visitors. People told us they had no complaints about the service but felt able to talk to staff or the management if they did. The home had not received any complaints in the past twelve months.

One person we spoke with told us that the registered manager "talks to me [he] listens". A care worker we spoke with told us that the registered manager "deals with issues straight away".

Staff told us that people were encouraged to raise any concerns with the registered manager and that he was "fair with everyone". One member of staff told us that the registered manager was "very good at conflict resolution" and "nips things in the bud."

Good

Is the service well-led?

Our findings

People told us they were kept updated of any issues that affected them. They said the registered manager and the staff team were open and honest. One person said, “He is a good manager, any problems that come up, he deals with and he always gets back to me”. “The care staff and the manager seem to have the right approach”. There was a general feeling from people that the registered manager and care staff had made real attempts to promote a family type environment, where people felt safe and they could be themselves.

Staff told us they felt well supported by the registered manager and able to contact and talk to him about any issue that arose. One said, “We’re never on our own, we can always call and someone will come straight way”. We saw this in the interaction between the care workers and the registered manager, although we saw a professional relationship there was openness and transparency displayed.

Staff described an ‘open door policy’ from management, and were very positive about the working environment. During the inspection we observed the registered manager engaging with people, and providing encouragement to people and support to staff during lunch time, demonstrating leadership by example.

There were policies and procedures in place to ensure staff had the appropriate guidance required and were able to access information easily. Policies and procedures we saw each had a review date to ensure information was appropriate and current.

The registered manager had monitoring systems in place to measure quality and to ensure high standards of service delivery. Fire equipment was checked regularly, an asbestos survey was carried out, and maintenance issues were documented and responded to swiftly. Staff told us if any concerns were identified, they were dealt with immediately by the registered manager and the handy man.

The service promoted clear visions of promoting people’s independence and the registered manager spoke to us about the homes practices to enable for people to move around safely.

Incident and accidents were recorded with details about any action taken and learning for the service. Staff said that learning from incidents was discussed at staff meetings and in their training.

The provider had a system to monitor and ascertain people’s views of the quality of the care and support they received. The most recent feedback forms from 2014, returned by stakeholders in the home, were very positive about the service including comments such as, “They are excellent,” “I found the staff very professional and friendly,” and, “Record keeping is excellent and client centred.”

Staff attended team meetings approximately quarterly. Minutes of recent meetings included discussion of rotas, personal care, cleaning, nutrition, key working, record keeping, maintenance, mental capacity and deprivation of liberty safeguards.

A programme of redecoration was underway in the home at the time of our inspection visit. The provider informed us that he planned to build a conservatory to create more communal space for people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider did not follow recruitment procedures effectively and did not ensure that satisfactory evidence of conduct in previous employment was obtained relating to working with vulnerable adults Regulation 19 (3) (a).