

Heritage Care Limited

Hazlemere Lodge

Inspection report

Barn Lane
Hazlemere
High Wycombe
Buckinghamshire
HP15 7BQ

Tel: 01494767800
Website: www.heritagecare.co.uk

Date of inspection visit:
20 February 2017
21 February 2017

Date of publication:
27 March 2017

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 ●

Summary of findings

Overall summary

Hazlemere Lodge is a care home that provides nursing care for up to 64 older people. The home is divided into four units. At the time of our inspection there were 62 people who used the service.

The service has a registered manager in place.

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.

During this inspection we found the provider had made improvements in the areas identified.

We received positive feedback from people and their relatives during our visit. One person told us, "The staff are ever so kind and respectful to us. I can't complain."

People were kept safe at the service. Recruitment processes ensured only suitable staff were appointed. There were sufficient staff to support people. We observed staff treated people with kindness and respect. Relatives told us they were happy with the care their loved one received. Comments included, "The staff never have a cross word" and "[My relative] is safe and the staff are pleasant". One relative told us they had viewed three other homes and that Hazlemere Lodge was by far the 'best' one.

Staff received supervision from their line manager and received training to ensure they were able to support people effectively. We saw evidence of training records to confirm this.

Medicines were administered in line with policy and procedures. Where people required their medicines to be given covertly, this was discussed with the relevant professionals involved in the person's care and best interest decisions were made in accordance with legislation.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's nutritional needs were met and appropriate measures put in place to address any weight loss. People received healthcare support they required. Staff told us, "We are able to support people at the end of their life with additional support from specialist nurses".

People had their needs assessed and this was recorded in care plans. These outlined the support required and people's preferences. Relatives provided specific life history information to ensure staff provided individualised care. Staff responded to people's changing needs. Appropriate action was taken in the event of someone becoming unwell.

Activities were arranged for people to join in as a group or on an individual basis. The service had two activity coordinators to provide stimulation, enjoyment and social contact. We saw an exercise therapist attend on the second day of our inspection. People participated in their chairs. Those who were unable to join in observed and enjoyed the social contact.

The service monitored the quality of people's care. Issues identified were addressed with action plans. Records were maintained effectively and staff had access to policies and procedures to guide their practice.

The service had informed us of incidents and notifications such as when a person died or safeguarding concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risk assessments were in place to identify potential areas of risk.

Staff had the right skills and knowledge because the service followed safe recruitment procedures.

The premises were clean and well maintained to ensure people were protected from harm.

Is the service effective?

Good ●

The service was effective.

People were protected against the risk of unsafe care because staff were supported through training and supervisions.

People's rights were protected because decisions made on their behalf were in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and their privacy was protected.

People had opportunities to share their views and discuss any concerns in meetings.

Families commented on the care and kindness shown by staff.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care that was responsive to their needs.

Care plans reflected individual choice and were regularly reviewed or when people's needs changed.

People had the opportunity to take part in activities to increase their stimulation.

Is the service well-led?

Good ●

The service was well-led.

The provider monitored the service to ensure people's needs were met effectively.

The registered manager reported incidents or serious injuries to the Care Quality Commission to ensure people were protected.

Action was taken in response to events that occurred to protect people from harm.

Hazlemere Lodge

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 20 and 23 February 2017 and was unannounced.

The inspection was carried out by one adult social care inspector and an 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 service.

Before the inspection we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, the regional manager, a visiting social worker, 10 members of staff and 14 people who used the service. We also spoke with eight visiting relatives and the activity coordinator. We contacted a palliative care nurse following our visit.

We checked records including medication administration records (MAR), staff recruitment files, six care plans, training records and other records relating to how the service was run. We observed care practices and people's interactions with staff during both days of our inspection.

Is the service safe?

Our findings

At our previous inspection in November 2015, we rated the service overall, 'requires improvement'. We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people were placed at risk of harm because appropriate care planning did not take place in a timely way. People were placed at risk because systems for managing medicines were not safe. The provider did not have effective systems for controlling and preventing

During this inspection we found the service now met this regulation.

Medicines were managed safely and effectively. We observed medicine administration on three units of the service. We saw that medication administration records (MAR) were signed when medicines were given. When medicines were not given, an explanation was recorded on the back of the chart. There were clear procedures for giving medicines in line with the Mental Capacity Act 2005. Covert medicines were administered in accordance with the National Institute for Health and Care Excellence (NICE) guidelines. Covert medicine is the administration of medical treatment in a disguised form. This usually involves disguising medicine by administering it in food or drink. As a result the person is unknowingly taking medicines. People who live in care homes and have been assessed as lacking capacity are only administered medicine covertly if a management plan is agreed and after a best interest meeting. We saw that best interest meetings with relevant professionals had taken place.

Staff understood their roles and responsibilities in relation to infection prevention and control. The service followed policies and procedures in line with current relevant national guidance. We spoke with the member of staff responsible for cleaning duties. They told us they followed a cleaning schedule to show areas to be cleaned and areas in need of cleaning. We saw a cleaning schedule in place to reflect daily, weekly and monthly tasks. We saw the service was clean and free from odour and noted the provider had decorated areas of the home. People told us, they thought the home was cleaned to a high standard.

We checked recruitment files for staff and found documentation required was in place. The provider followed robust recruitment procedures. The recruitment process included a checklist for each applicant. The required documents were in place including references and disclosure and barring service (DBS) checks. The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involve vulnerable adults.

Staff were aware of how to protect people from potential abuse. Safeguarding information was available to assist staff in reporting any concerns. Staff told us they received safeguarding training during their induction and regularly thereafter. We saw the training matrix to verify this. Through discussions with staff it was evident they were knowledgeable about what constituted abuse. Staff told us they would not hesitate in reporting any concerns they had. In addition, the registered manager notified us of any allegations of abuse.

People and relatives we spoke with told us they thought the home was a safe place to live in. Comments

from relatives included, "My [mother] is safe" and, "She's safe and the staff are pleasant".

Risk assessments were in place to protect people from the likelihood of harm or injury. For example, we saw assessments about supporting people to reduce the risk of falling or developing pressure damage. We saw one person who was recently admitted to the home had a specific risk assessment and management plan in place to address and prevent their wound from deteriorating. The person was admitted to the home with a pressure area. Staff told us how this was managed. We saw care plans in place to confirm this.

The number of staff on each unit was dependent on the level of care required. At the time of our inspection, we saw the numbers of staff deployed were adequate to meet the needs of people who used the service.

Is the service effective?

Our findings

During our previous inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not act on information received when people became unwell.

During this inspection we found the service now met this regulation.

During this visit we found staff acted upon information received when people became unwell or their needs changed. This was supported by people we spoke with who told us the service had acted promptly when they required a doctor to visit.

People were supported to have their assessed needs, preferences and choices met by staff that had the appropriate skills and knowledge. Staff received effective support, induction, supervision and training. One member of staff told us, "You never feel a problem is insignificant. The whole home is friendly; you can go to any of them". A new member of staff told us, "Everybody is equal. I feel supported by everyone".

Staff received training in areas such as infection control, dementia, manual handling as well as others. We saw the training matrix to confirm staff had attended training. The service had links with organisations that provided sector specific guidance and training linked to best practice. We received positive feedback from a visiting professional on the second day of our visit. They told us the home was well run and they had no concerns.

People were supported to have a balanced diet that promoted healthy eating. We spoke with the chef who told us the service had several deliveries a week of fresh meat vegetables or frozen food and they told us they were happy with the quality of the food. People's dietary requirements were recorded in a folder in the kitchen. Comments from people were, "I think the food is very good, especially Sunday roasts and the trifles are marvellous" and "The food is quite tasty and as good as you get in a place like this". Relatives told us "The food is favourable. My [mother] eats it all".

We observed lunch in one dining room. Meals were served by two members of staff from a heated trolley to seven people sitting at two tables. We saw the meals were served in a quite orderly manner. Care plans captured people's nutritional requirements, people who had weight loss or swallowing difficulties had specific information for staff to follow. For example, monitoring of weight and food intake. Appropriate referrals had been made to health care professionals such as speech and language therapists for people who had swallowing difficulties.

People were supported to receive ongoing healthcare support and had access to healthcare services. We saw a visiting nurse attending to one person in the residential unit. Staff maintained records of visits from outside agencies and recorded the outcome of the visits. We saw comments from one visiting professional. The record stated, 'I came to Hazlemere Lodge to carry out an assessment for one person. I was impressed by the good staff attitude between people and their families'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw appropriate referrals were made to the local authority to deprive people of their liberty. We saw best interest meetings were present in people's files when appropriate. Consultations took place with others acting on behalf of people who lacked capacity.

We saw areas that catered for people living with dementia had memory boxes outside their rooms. We saw the home had tactile objects such as 'Twiddlemuffs', which were soft knitted sensory objects that had been adorned with ribbons, buttons and textured fabrics for people to hold in their hands. The items provided a source of visual, tactile and sensory stimulation at the same time as keeping people's hands warm.

Is the service caring?

Our findings

We received complimentary comments from people and their families about how staff treated them. People told us, "The staff are very good and take care of me and get me every little thing I ask" and, "The staff are ever so kind and respectful to us. I can't complain". Relatives told us, "Mum is happy and content and the staff are caring and respectful" and "My [wife] is very well looked after and I've no complaints". We observed good interaction between people and staff and could see that good relationships existed.

People told us staff were respectful and treated them with dignity. One person told us, "They always knock, are kind and treat me with respect". We observed staff knocked on people's doors and waited for a response before they entered. People had en suite facilities to promote privacy and dignity.

People's rooms were personalised with items such as pictures, ornaments and whatever they wished to bring in. We saw one room which was particularly homely and displayed photos of family and friends. The person told us, "It's home from home".

People's wishes were documented in their care plans about how they wanted to be supported with end of life care. We spoke with the deputy manager who told us if additional support was required they would contact the palliative care nurses to support the person. We saw one person who was receiving end of life care. They looked comfortable and peaceful and staff attended to them at regular intervals throughout the day offering mouth care.

We saw good interactions between staff and people who lived at the service. One person was helping a member of staff clear the dining room table. This made the person feel they were involved. The member of staff told us, "They like to be busy". We saw other members of staff spent time with people and not rushing them. One person was still eating their lunch long after everyone else had left the table. A member of staff sat at the table with the person so they were not alone.

People were involved in making decisions about their care. Review meetings took place and views were sought and recorded in people's care plans. Staff involved people in day to day decisions such as meals and what activities they wanted to attend.

Relatives were encouraged to visit and people invited friends and relatives to attend activities within the service. There were no restrictions on families visiting people. We saw several visitors during our inspection. Permanent staff and agency staff were knowledgeable about people's life history and what was important to them.

Is the service responsive?

Our findings

During our last inspection we found the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not ensure that care planning took place in a timely manner to ensure the health, safety and welfare of the people who used the service.

During this inspection we found the service now met this regulation.

People and their families contributed to the assessment and planning of their care as much as they were able. We spoke with one family whose family member had recently been admitted to the service. The family told us how pleasant the staff were and they had been involved 'every step of the way' in formulating their family member's care plan. The person told us, "First class, no question about it". We saw evidence of the person's requirements and daily needs. We spoke with the deputy manager who told us most of the person's care plan was complete and there were only a small number of areas that required completion. We saw staff were completing the person's remaining care plan during our inspection.

Care plans we saw showed evidence of regular reviews of people's needs and any changes to their circumstances were documented. For example, people's requirements for fortified foods due to weight loss were documented.

Information about people's health and well-being were communicated effectively at the service. Handover between shifts took place to ensure any updates could be shared and any actions needed were carried out. Daily progress notes were completed by staff to provide a summary of the support the person had received. We spoke with two people who told us they needed visits from the doctor and the service had arranged this promptly.

Care plans identified how people liked to receive care and included individual preferences such as ensuring people had as much choice and control as possible. For example, we saw one person's care plan that stated how the person liked to sit out in the sun and staff had advised they wear sun screen. However, we saw the comments from the person who had told staff they never applied sunscreen and did not want to. This demonstrated the person had choice and control over their life.

People were able to take part in social activities and follow their interests. We saw activities took place during our inspection. One of the activities consisted of chair-based exercises carried out by an external exercise therapist. People took part and joined in as much as they were able. People told us they enjoyed the activities. Comments included, "I do all the activities and I like skittles" and, "I do quizzes and bingo and we went to the pub for lunch". Relatives told us, "[My mother] goes to sing-alongs and likes listening" and, "The staff are attentive and have good humour".

The service employed two activity coordinators and there was a weekly timetable of events and activities for those who wished to take part. One of the activity coordinator brought their dog into the service. People were able to interact and pat the visiting dog. In addition the registered manager recently began writing a

newsletter for the service. People and their families commented positively and have said they are eagerly awaiting the second issue.

We looked at how the service encouraged, received and investigated complaints. Comments and complaints were acknowledged and acted on in a timely way. We did not find any complaints made in the last 12 months. There were comments boxes displayed in areas of the service for people and relatives to make suggestions and comments. People told us, "I've got nothing to complain about". Numerous compliments had been received thanking staff for the care and support they gave.

Is the service well-led?

Our findings

The time of our previous inspection, the registered manager of Hazlemere Lodge was also responsible for the management of a second service, which meant they were not always present. However, this was no longer the case and the registered manager was present at the service on a regular basis.

Staff were supported through supervision. Staff told us they felt supported and they could speak to management at any time. Several people said they knew the registered manager and her deputy and had seen them on their rounds. Relatives we spoke with told us they had attended regular meetings at the home. We received comments such as, "I see the manager most mornings" and "The manager and the deputy come round". Relatives told us, "The management are attentive and know what's going on" and "It seems to be well run and they are methodical in their approach and are approachable. My [mother's] previous home was not as good as this one".

Regular meetings were held with people and their families. Everyone was encouraged to attend and contribute where possible. Minutes of meetings showed that feedback was valued and acted upon to ensure the service could work to constantly improve. We saw regular staff meetings were held in each department. For example meetings were held with staff who worked as activity coordinators, bank, housekeepers, night staff and nursing. Within the nurses' meetings there was a 'message of the day'. For example, if someone had refused medicine on a regular basis, this was stated at the meeting. The meetings outlined the actions needed for staff to address any concerns.

Registered persons are required to notify us of certain incidents which have occurred during, or as a result of the provision of care and support to people. The registered manager had informed us about incidents and notifications within the required timescales.

The registered manager clearly promoted openness and transparency throughout the service. When incidents occurred there was support for staff to learn from these events for example, in relation to medicine errors. We found that staff were stopped from administering medicines until they had undertaken revised training and were assessed as competent. This demonstrated that management encouraged an open culture that enabled staff to feel they could report any concerns they may have with confidence in the knowledge that they will be fully supported in doing so.

The service had systems in place to monitor the quality of the care provided to meet the needs of the people. This included internal audits of key activities such as the support provided and accidents and incidents. Regular visits from senior managers were in place to carry out audits of the home.

The vision and values of the service were dignity, respect, choice and independence. We saw that staff demonstrated these values when they interacted with people. For example, one member of staff told us, "You have to ask them what they want. It's up to them at the end of the day".

The home had links with the local community, for example we saw that church services took place at the

home and outside therapists provided exercise routines for people. In addition a mobile shop visited the home to enable people to have the opportunity to browse and buy their own clothes.

The service and staff worked collaboratively with other professionals to ensure people's health needs were met. We saw comments from a local GP. The GP wrote, 'Extremely well looked after, very decent and honourable people'. We spoke with a palliative care nurse who told us, "I have no concerns with the service. They are responsive when people need support at the end of their life".