

The Regard Partnership Limited Hazelwood House

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 04 September 2015. This visit was unannounced. At our last inspection on 07 January 2014 we found the provider was meeting all of the expected standards of care.

Hazelwood House is a home which provides accommodation and care for 11 people who have a learning disability or an autistic spectrum disorder. The home was fully occupied at the time of our inspection.

The home had a registered manager. 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.

People told us they felt safe living at Hazelwood House. Staff received safeguarding training and knew how to recognise and report concerns within their organisation and to appropriate authorities. Risks associated with the delivery of care had been identified and action taken to minimise those risks. People's needs were assessed and updated along with risk assessments and care plans.

Summary of findings

There were sufficient staff to support people with their care and social activities. Staff received suitable training and support to enable them to deliver the care required for people. Specific training was available to meet the identified specialist needs of people.

Medicines were safely administered and were stored in appropriate secure areas within the home. Staff received appropriate training to enable them to give medicines competently. They were observed and assessed to ensure they were safe to administer medicines.

People received effective care as their needs had been assessed prior to admission. Care plans were written to identify needs of people and contained sufficient information for staff to deliver care accordingly. The care plans were personalised and contained information about each person's likes, dislikes, history and preferences.

People chose their meals and were supported to prepare their own and others meals in safety. The food was nutritious and sufficient. People were supported to maintain good health and had good access to GPs and other healthcare specialists.

There was a good atmosphere in the home and we saw people were happy with the staff who supported them. They told us about good relationships they had and how they could share their concerns with the registered manager and staff. People and their relatives told us they were involved in planning their care and were able to make changes to their care plans if required.

The registered manager sought the opinions of people and staff regularly on aspects of care and improving service delivery and the environment. People regularly gave feedback and identified things they would like to change or new activities they wanted to try. Staff were encouraged to think of ways in which to enhance people's lives and told us they were listened to by the registered manager when they made suggestions.

The service was well led and there was a positive culture which placed people at the centre of care they received. Relatives were kept up to date on events in people's lives and were encouraged to maintain their relationships with people. Auditing systems were in place to ensure high quality care was delivered to people. The registered manager ensured other essential audits were regularly carried out.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People felt safe as the provider had systems in place recognise respond to abuse. Staff received training in the provider's and local authority's policy on safeguarding.

Risks associated with the delivery of care were assessed and steps taken to minimise that risk. Medicines were administered, stored and managed safely.

There were sufficient and skilled members of staff employed to ensure people's needs were met. The provider had safe recruitment practices in place.

Good



Is the service effective?

The service was effective.

Staff received training to give them the skills and knowledge to support people effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interest.

People received sufficient and nutritious food and drinks and received support to plan and prepare their meals. They were able to access appropriate health care when required.

Good



Is the service caring?

The service was caring

Staff knew people well and communicated with them in a variety of ways people understood. People expressed their views on their care to staff and the registered manager, which was responded to.

People were supported to maintain their dignity and privacy. They were encouraged with their independence.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and needs were identified and formed the basis of their care plan. These were reviewed and updated as required.

People and their relatives were involved in the care planning process and said they had been listened to.

People knew how to complain and were confident their concerns would be addressed.

Good



Is the service well-led?

The service was well-led

People. Relatives and staff said there was an open, warm and enabling culture in the home.

The provider and registered manager had suitable systems in place to monitor and improve the quality of the service.

Good



Summary of findings

Staff were involved in the development of new practices to improve the quality of care people received.	
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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 04 September and was unannounced. The inspection consisted of two inspectors.

Before the inspection we asked 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. The form was completed and returned to us within the requested timescales. We looked at the information included in the PIR along with other information we hold about the service. This included notifications that the provider is required to send us by law.

During our inspection we spoke with four people who used the service, two relatives who were visiting the home and four members of care staff. We spoke with one visiting social care professional. We also spoke with the registered manager. We looked at four people's care records including their care plans and looked at the recruitment and supervision records of four members of staff.

We observed medicines being administered and interactions between staff and people as they left and returned from activities outside of the home. We looked around the home included shared facilities and at people's rooms by their invitation. We looked at a variety of records including medicine administration, accident and incident records, records for monitoring the quality of the service, complaints records, fire, health and safety audits and training records for staff.

We last inspected the home on 07 January 2014 and there were no concerns identified at that visit.

Is the service safe?

Our findings

People told us they felt safe. One person said, “I feel safe here, if I was worried about something I would talk to staff.” Another person said, “I don’t get on well with one person, but staff know that and are always there to make sure I am safe.” A relative told us, “We know [relative] is safe here and she would soon tell us if she wasn’t.”

The provider had appropriate policies and procedures in place in regard to safeguarding. Staff had all received training in how to recognise abuse and were aware of how they should report any concerns. One member of staff said, “We know one person doesn’t get on well with another and always make sure that we know where each person is in the house. On the rare occasion when they do have an argument we are quick to make sure both people are safe and take them to different parts of the house.” One person said, “I would tell a member of staff if I felt at all threatened by anyone. They’d help to keep me safe.”

The registered manager shared with us the last incident they had reported to the local authority safeguarding team. They had a file which contained all relevant information on reporting concerns and records of individual safeguardings that had been reported to the safeguarding team. We saw that these had been managed appropriately and plans had been put in place to ensure the safety of people following an incident.

The provider’s risk assessment process was comprehensive and identified risks associate with care. These were to support care plans for people. For example one person had an identified medical condition. The risk assessment highlighted that staff needed to be aware of their specific health conditions, how they affected the person and how to support the person accordingly. Staff had attended specific training and implemented the health care plan. The staff files showed all staff had attended this training and we saw all staff had also signed the risk assessment to signify they had read and understood it.

People and staff told us there were enough staff in the home. One person said, “Staff are always around and take me to all of my clubs and work.” Another person said, “There are always enough staff to help me, I never have to wait for them.” A member of staff said, “We are going through a busy time at the moment as a few staff have left

so everyone is pulling together to cover extra shifts.” A visiting professional said, “The person I support has an agreed level of funding and the home have supplied the hours of support required. There always seem to be enough staff to support everyone when I have visited.”

Medicines were ordered, administered and managed safely. Medicines were supplied by a local pharmacy and were counted and recorded when they were delivered. Each person had their own medicine administration record (MAR) which contained information on the medicine and a record which staff signed every time medicines were administered. These were all correctly signed and were up to date. All staff had received training on the administration of medicines and had been observed administering medicines as part of a formal competency assessment by the registered manager. People’s care records contained a medicine administration plan and risk assessment associated to administration of medicines. There were also records containing information about as required (prn) medicines that were prescribed for people. This included guidelines on when these medicines could be given and what they were for.

We found the home was clean and tidy. People were encouraged to assist in cleaning their rooms and some communal areas of the home. One person said “I know when I have got to clean my room as it is every Friday. Staff remind me and help me with the Hoover.” Each person had their own labelled washing basket and had set days to do their own laundry. Staff files showed that all staff had completed infection control training.

A visiting social care professional said, “I was very impressed with the contingency plans they have in place for individuals and within the home should anything go wrong. The person I support knows exactly what to do in an emergency.” All staff had received fire training and knew what to do in the event of a fire. Staff told us they completed e-learning every three years on fire training, and then went to head office once a year for refresher training. Fire drills happened in the home every other month at different times of the day. There was a fire risk assessment in place and each person had an individual personal escape and evacuation plan. This provided staff with essential information on how to support each person to leave the home in the event of an emergency.

Is the service effective?

Our findings

Our observations showed that staff knew and understood the needs of people who used the service. One person told us, “The staff really know me well and know exactly what I like to do.” Another person said, “Staff give me as much help as I need. They help me to do as much as I can for myself.” Another person said, “I can choose what I want to do. I like living here and wouldn’t want to live anywhere else. I’ve got everything I need.” A relative said, “The staff have really got to know [my relative] well and understand how they communicate.”

Staff received training to develop their skills to support people. A member of staff said, “Really good induction which lasted six to seven weeks. This was signed off by my supervisor each week.” Another staff member told us, “The induction was really good when I first started. You get to shadow experienced staff on shift.” This induction was in line with the Skills for Care common induction standards, which are the standards staff working in adult social care need to meet before they can safely work unsupervised. New staff now complete the new care certificate. A senior carer told us, “We are all going to attend a two day training course on the care certificate so we can help new staff on their training.”

All staff had a personal training record and received regular training updates which included subjects such as moving and handling, health and safety, safeguarding, food hygiene and fire safety. The registered manager monitored staff training and their records identified when staff required these updates. These were all up to date and where staff required an update these had been booked. Staff had received training specific to the needs of people. These included; dementia awareness, learning disabilities, Makaton (a communication sign language), epilepsy, autism, down’s syndrome and Prader-willi syndrome. A member of staff said, “The training on people’s conditions has really helped me to understand their needs better and has made me more aware of how to support people appropriately.” Another staff member told us, “The Makaton training was very good and I am able to put it to good use, as lots of service users use it.”

Staff competencies were checked by observations and regular supervision meetings. These meetings gave staff the opportunity to discuss their role, reflect on their practice, talk about training and receive feedback on their

performance. Staff had an annual appraisal which set them goals for learning and development for the following year. One member of staff said, “Supervisions are fine, I feel really listened to.” Another member of staff said, “I have just completed a year in the home and I have my appraisal booked for next month.”

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. The registered manager was working within the principles of the MCA and all staff received training. For example one person’s care plan stated they could have a key to the front door and a key to their bedroom. The person said, “I like to go out on my own but staff are worried about me.” The person’s care plans highlighted the person had the capacity to make this decision. A risk assessment was written which showed they could go out without staff support and plans were in place for the person to maintain contact with staff from the home when they were out.

People can only be deprived of their liberty to 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). The care records contained a screening tool to assess if applications were necessary for the authorisation of DoLS. These highlighted that this was not necessary for the people we looked at. The registered manager confirmed that no applications had been placed as people had the capacity to make decisions around their liberty.

People told us they received meals they liked and were nutritious. One person said, “The food is great here.” We saw people had access to snacks and drinks throughout the day. Some people could prepare their own drinks in their rooms, whilst others could have access to drinks in the kitchen. People were involved in choosing their meals. One person said, “We all get to choose the menu, and we all usually have a favourite meal each week. If we don’t like something we can choose something else we like on that day.” Staff responded to people’s preferences by preparing meals to different people tastes.

Is the service effective?

Some people enjoyed cooking, and helped to prepare meals. Other people sat in the kitchen and watched the meals being prepared and others liked to lay the tables in the dining room. Most people liked to eat in the dining room but one person preferred to sit in the lounge and that they liked staff to sit with them.

An area of the garden was used to grow vegetables by some of the people, which they looked after. People told us quite often the produce was used for Sunday lunch especially runner beans. Some people also grew vegetables at the day centre they attended and often brought these home with them that were used in cooking.

Care plans contained a medical and health appointment form. This contained information on the date and time of each appointment, why the appointment had been made and what further action was needed. Each person was registered with a local GP and they chose to have staff attend medical appointments with them. One care plan for one person gave instructions on foot care which was very detailed. This also stated how often they should visit the chiropodist and contained information from the chiropodist. People were able to access other health professionals and were seen by members of the learning disability team for advice on epilepsy and other known conditions.

Is the service caring?

Our findings

People told us the staff were kind and caring. We observed how comfortable people were with staff and enjoyed jokes and light conversations with them. One person said, "I am so happy here. The staff are more like my friends and I really get on well with the other people." Another person said, "I can talk to all the staff and they are all so helpful. They take me to the places I want to go to and always help me with my chores." A relative said, "The staff and manager are lovely. If you ring the home they have always got the time to speak to you. They really do care for the people who live here."

Staff all told us they loved working at the home. One member of staff said "I love working here, I'm so lucky to have this as a job, it is such fun." Another told us, "I really enjoy my job, and it's hard not to get attached. When you walk in the door, you are welcomed by about 10 people who are all really pleased to see you; I can't imagine doing anything else."

We observed staff treating people with dignity and respect, at all times. Staff knocked on doors and waited for an answer before entering. One member of staff said, "I always knock, before entering a room. No one else goes into in each other's rooms unless invited." Another member of staff said, "We always offer a choice of a bath or a shower, and make sure the bathroom door is closed when we assist them. We always knock before going in to the bathroom. People can choose to wrap up in a towel or wear a dressing gown before going back to their rooms. We then help people to choose what they want to wear."

One person said, "Staff really do understand me and know what I like. Sometimes they do get on at me to clean my room, but I don't like to do it." We saw staff reminding the person to clean their room and supporting them to get the Hoover and cleaning products they needed. Staff observed and assisted the person when required and they enjoyed the company of staff whilst they were carrying out the tasks. We heard lots of laughter and conversations occurring during this activity. One member of staff said, "We really try to help people to be as independent as they can be. Sometimes it would be easier to do the job for them but we are there to make sure they maintain the skills they have."

People were able to give feedback on the service through a regular questionnaire they completed with a member of staff. They could also review and identify changes to their care and support. For example one person had identified that they like to 'go out and play snooker and have a beer.' The person's care records showed they had been able to do this twice in the last month and staff had arranged for the person to join a local snooker club as they had enjoyed this activity. People attended a monthly residents meeting where they could talk about the service, any changes they would like and communicate with the registered manager and staff. One person said, "I can talk to the staff and manager at any time about my care plans and know they will change them if possible."

People could maintain relationships with their families and friends at any time. Some people had their own mobile phones or tablets that they used to ring or skype them. Other people could use the main phone at the home or the computer in the office to talk to their families and friends.

Is the service responsive?

Our findings

People told us they had care plans and were involved in writing them. One person said, "I love living here. I get to choose what I want to do and staff help me to do the things I like." Another person said, "I sit down with my key worker and we talk about how my care plan is working. I can change it if I am not happy with it." A relative said, "We were fully involved in [relative's] care plan and the reviews that have happened. The care plan is very person centred."

Care plans we looked at were personalised. An assessment identified the person's principle care needs. They also identified a full list of the person's interests, likes, dislikes and aspirations. People and their relatives were involved in supplying information about the person's past history. One member of staff said, "It's great that we have so much information on people's lives. It helps us to understand the experiences each person had and what makes them tick now." This was noticed in care plans and activities that were based around each person's preferences.

The care plans had clear guidelines for staff about what each person could do for themselves and identified the type of assistance they required. The communication care plan contained a vocabulary on words people used and understood. A care plan for one person on personal care gave clear step by step instructions on how to support the person to brush their teeth. A member of staff said, "It's so important that all staff follow the same guidelines when helping people as it helps them to maintain their skills."

A relative spoke about their experiences of the service as their relative had recently moved into the home. They said, "[relative] has changed their GP and had a thorough check up. They have been to the hairdressers and have a new hairstyle and seen the chiropodist." They said the person enjoyed the garden and liked to sit in the garden when they visited. They said, "Staff are well trained and have taken so much time to find out what [relative] likes and needs. The care plan is constantly reviewed and updated. The staff actually listen to [relative] and have made things happen for her. She loves the theatre and she has been twice already." The person's care plan said they liked cooking. We observed them helping in the kitchen and was really enjoying it. Staff told us the person helped to prepare everybody's lunch boxes when they were out for the day.

The relative said, "[Relative's] needs are definitely being met here. We are so relieved to have found somewhere like this. [Relative] is happy to stay here and they have made a friend already."

The daily record sheets were detailed and completed each day by staff. These records gave a description of events that had happened for people. For example one person's daily record sheet was concerning their morning activity. This showed the person had chosen two activities and described how they had participated in each one and how much they had enjoyed them. People attended a resident's house meeting once a month. Here they discussed what they enjoyed in the week and what they were looking forward to. This was also used to update people on health and safety, fire procedures and maintenance required in the home.

People were able to access a wide range of activities. One person's activity program contained a picture of each activity for that week. On a Monday night people met together and took turns in choosing a group activity which they all might enjoy, for example bowling, pictures or a meal out. Staff told us, all the people attended a Christmas pantomime at the Mayflower theatre. To some people this was the highlight of their year and they enjoyed talking about it. Some people attended the phoenix project day services, where they enjoyed a range of activities such as woodwork, gardening and singing. They also visited other people in their care homes or held social activities such as barbecues and parties.

People received support to manage their behaviours from staff and professionals outside of the service. This was recorded in their care plans where this had been identified as essential for staff to know how to support them when they were anxious. There were clear steps for staff to take to assist the person to become calm and guidance on how to support the person following an incident. This information was personal for the individual and identified their personal preferences and interests which could be used to change the person's mood.

Every six months staff would talk with people about how they could make a complaint, and what they could do if they were unhappy with anything. They could also talk about concerns in the house meetings or with their key workers. One person said, "If I was worried about something, I would talk to staff and I feel happy that they would help me." A key worker is a member of staff who

Is the service responsive?

takes a lead role in care planning and support for a person. One keyworker said, “We are in the process of getting new furniture for the person’s room with lower shelves so that they could access their possessions more easily. The persons chose the furniture they wanted from a catalogue and ordered it on-line for home delivery.

One person had their own motability scheme car. Although they could not drive it themselves they took pride in the car. Staff assisted them to take it to the car wash, which they enjoyed. They said, “I love having my own car and staff to drive it for me. I can go out anytime and know I will be safe and not have to rely on the bus or walking.” They spoke about the car as truly being their own and were very proud to have it. When they discovered we had walked to the home from the ferry they were insistent that they could give us a lift back in their car.

The provider has a comprehensive complaints policy in place which identified how complaints should be managed and the timescales for response to complaints at each stage of the process. The registered manager shared with us a recent complaint and how they had managed their response to this. The complaints records showed these had all been achieved within the timescales and we saw action had been taken in response to the complaint that was acceptable to the person making the complaint. Accidents and incidents were reviewed each month to identify themes and identifiable causes. The registered manager discussed these within staff meetings and used them as learning opportunities for staff to identify how they could prevent or lessen the impact of these accidents and incidents for people.

Is the service well-led?

Our findings

People said the registered manager was always available for a chat and they could talk to them at any time. One person said, “[Registered manager] is the boss. They help me and all the staff know what to do.” Another person said, “We have great staff here. They all work together to make my life happy.” A relative said, “It is a really well run home. Nothing is too much trouble for [registered manager and the staff team. They have worked so hard to get to know [relative] and all of them treat her the same way.”

The registered manager was accessible to people and found time to talk to them if they were not in the office. They regularly supported people with their activities, both within the home and outside of it. The registered manager said this was important to do as they could see if changes to care plans were required and had found out how some people’s independence skills had improved. We observed how comfortable people were with the manager and how relaxed they were in their company and accessing the office.

The positive culture within the home was identified by staff and people as being person centred and this was the people’s home. One member of staff told us, “This is the people’s home and we are guests who they have invited in to help them.” We saw where people were able to ask prospective staff questions as part of the recruitment process. They could also say if they wanted that member of staff to work in the home and the registered manager respected that choice. Another member of staff said, “People are encouraged to do as much as they can for themselves. Our job is to support them to be as independent as possible.”

Staff told us they attended a staff meeting every three months or when needed. For example they had a meeting brought forward when a new person was due to move in. A

member of staff said. “It was good to learn about the new person as we could identify what their likes and interest were. We could also look at which staff shared those interests and agree how they could help them.

Staff said they were able to bring ideas to the home and felt listened to by the registered manager. For example, one support workers wanted to set up Pictorial Exchange Communication System (PECS) books for all the service users. This is a system where people with limited vocabulary could use pictures or photos of objects they wanted. When they showed these to staff they could do the activity in the pictures. There was a cost which the registered manager agreed to and the member of staff was able to purchase and set up the books for people who needed this to assist their communication

Monthly checks and audits were carried out by the manager and senior managers within the provider organisation to monitor the quality of the service. A report was produced from the provider audit which identified actions required of the registered manager to improve elements of the service. The last provider’s audit stated, “The service is run well, with a lovely homely feel to it.” We saw a fire officer’s report following their visit to the home. Recommendations included updating fire doors and the fire detection panel to show where the fire was. This work had been carried out as required.

Other checks concerning health and safety, fire systems and water temperatures were carried out each week. Records were maintained of these checks, which were current and consistently completed. The registered manager also monitored care plans and records for their consistency and when reviews were required. Medicine audits were carried out each month which looked at MAR sheets, stock checks of medicines held and use by dates for as required medicines and creams. Checks were made of cleaning schedules and task sheets and control of infection audits.