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Hazeldene Residential Home

Inspection report

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Date of inspection visit:
21 January 2016
29 January 2016

Date of publication:
09 March 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 and 29 January 2016 and our first visit was unannounced. At our last inspection in June 2014 the provider met the regulations we inspected.

The home had a registered manager who was also the registered provider. 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.

One person was using the service at the time of this inspection. They told us that staff spoke to them politely and treated them with dignity and respect. They liked living at Hazeldene Residential Home and were positive about the support being provided to them. Records showed that staff helped the person to access treatment from health professionals when required.

The registered manager had known the person living there for a long time. We saw there were positive relationships between staff and the person using the service. The person told us they were involved in choosing their meals and participated in shopping.

There was a system in place for dealing with concerns and complaints. The person felt comfortable in speaking to staff and the registered manager if they had any issues.

Improvements were found to be required in certain areas. The provider had not carried out all necessary recruitment checks to ensure staff were suitable to support people in the home. Fire Safety checks were being carried out inconsistently and a fire risk assessment required completion by a suitably qualified person.

Staff were not always being provided with adequate training and supervision to help them carry out their role effectively. We also found the provider had not acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Effective systems were not in place to assess, monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Some aspects of the service were not safe.

There were enough staff to meet people's needs and to ensure their safety and welfare. Identified risks to individual safety and welfare were being managed appropriately.

Fire Safety checks were carried out inconsistently.

Appropriate recruitment procedures were not fully in place.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective.

Improved levels of training and supervision need to be provided to staff to help them carry out their role and provide effective care.

People's rights may not be protected because the provider had not acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Individual privacy and dignity was respected.

Relationships between staff and the person using the service were positive.

Is the service responsive?

Good ●

The service was responsive.

The registered manager and staff were knowledgeable about people's care and support needs. Individuals were supported to lead an active life and to maintain contact with people who were important to them.

People felt able to raise concerns or complaints and knew how to do this.

Is the service well-led?

Some aspects of the service were not well led.

There was a registered manager in post who was visible and approachable.

Improvements were required to effectively monitor and assess the quality of the service provided.

Requires Improvement 

Hazeldene Residential 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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 21 and 29 January 2016 and our first visit was unannounced. One person was using the service at the time of this inspection.

The inspection was carried out by one inspector. We spoke with the person who used the service, the registered manager and one member of staff. We observed care and support in communal areas, spoke with the person in private and looked at the care records kept for them. We reviewed how medicines were managed and the records relating to this. We checked two staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including health and safety records.

Feedback was provided by one involved health professional and a family member following our inspection visits.

Is the service safe?

Our findings

The service did not have effective systems for keeping equipment safe and fit for purpose. Regular safety checks were taking place for hot water and fridge / freezer temperatures however records showed that weekly fire alarm tests had not been taking place since June 2015. There were no available records of fire drills involving people using the service and the fire risk assessment was incomplete.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person using the service told us that they liked living at Hazeldene Residential Home, felt safe there, and that the staff treated them well.

People were protected from the risk of abuse. The staff member spoken with understood their responsibilities in relation to safeguarding people and the importance of taking action including alerting external agencies, such as the local authority safeguarding team. Records showed that staff had not completed safeguarding training since 2014. This was discussed with the registered manager who said they would try to arrange refresher training via the local authority. Financial systems were in place to ensure any monies received by people using the service were recorded by the registered manager and available for audit.

There were sufficient staff available to meet individual needs. A person said there were staff available to support them when they required it. The registered manager was available to support people using the service out of normal working hours and in the event of an emergency. Staff were provided with a contact number in the event of an emergency or if they required advice or support. The staff member gave us an example of a recent out of hours event where the registered manager had supported them effectively.

Care files seen included assessments of risks associated with people's care, daily routines and activities. The person told us that they were supported to undertake activities outside of the home environment including attending a day centre and going shopping.

We saw that the home had procedures for reporting and investigating accidents and incidents. We saw an example where the registered manager had reviewed the support provided to the person using the service following an incident. This documented the action taken by staff and any necessary changes to help keep the person safe.

The person using the service told us that staff gave them their prescribed medicine each day and we saw that the storage and recording of medicines was safe. There were no gaps in the Medicine Administration Record (MAR).

Recruitment checks took place before staff started work. The two staff files seen included checks with previous employers and identity checks however the Criminal Records check kept for one staff member was

from their previous employment. The registered manager told us they had applied for an up to date check following our first visit.

Is the service effective?

Our findings

A person using the service said they were supported by staff each day to complete their daily activities including personal care and going out into the community. They said they helped do the shopping and staff would support them to keep their room clean and tidy.

Staff files seen contained evidence of training attended around person centred care, equality and diversity, nutrition and dignity and managing continence up to April 2015. There was no evidence that staff had attended further training after that date or had up to date training in important areas such as safeguarding, fire safety and handling food safely. The registered manager and one staff member spoken with both stated that they had attended further training but certificates had not been issued for these courses.

We found that staff were not receiving documented formal supervision sessions and annual appraisals. The last available records of formal supervision for one staff member was August 2014 and for the other staff, June 2014. The registered manager told us they talked to staff regularly given the size of the service and staff team. This was confirmed by one staff member who felt supported in their role however a more formal documented system needs to be implemented to fully ensure staff training and supervision are being adequately managed.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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).

We saw that staff had received training in the Mental Capacity Act (MCA) 2005. There was, however, no record of any application for a DoLS authorisation from the local authority who act as the supervisory body. We informed the registered manager that an authorisation may be required and we alerted the local authority following our visits.

The person told us they were involved in choosing their meals and participated in shopping but not meal preparation. Menus were planned with the person ensuring their personal preferences were met and they had the main meals they preferred. The care plan recorded information about people's the person's food and drink preferences.

Records showed the person was supported to access their GP and other healthcare professionals including the dentist and optician. They had a health action plan to help make sure these needs were being fully addressed.

Is the service caring?

Our findings

The person using the service said they were happy with the support provided at Hazeldene Residential Home. They said staff treated them with dignity and respect saying that they were "Very nice." The person showed us their bedroom which was comfortably furnished and personalised with pictures and photographs of family and friends on their wall.

An external health professional reported positively about the relationships between the person using the service and the registered manager who knows them very well. This view was echoed by a family member who felt that the person was well cared for.

We saw staff had received training around dignity and person centred care from the local authority. Information about the importance of dignity in care was available to staff on the office notice board.

Assessments were undertaken to make sure the person's needs were known and these were updated to reflect any changes in the support required. The person's care file included information about their preferences and 'things you must know about me'.

The registered manager and one staff member we spoke with had a good knowledge of the person's needs. They talked about how they supported them providing assistance and encouragement when required. For example, when supporting the person out in the community or with personal care. During our second visit, we observed a staff member giving the person information about what was happening that day and supporting them with their plans to go out shopping. The person told us that staff supported them to go to Church on a Sunday.

Is the service responsive?

Our findings

The person using the service said the service was meeting their needs. They told they enjoyed going on holiday with staff and would like to go to the cinema with staff.

The person had their own timetable of activities including attendance at the day centre along with activities of daily living such as cleaning and laundry. The person told us they were able to access the local amenities with staff support. They talked about planning their next holiday with the staff and records seen included references to the person going out, seeing relatives and friends and the support given with daily activities and personal care tasks.

Feedback from an external health professional and family member was that they would welcome further development of the daily activities and increased engagement with others outside of the home environment. This was with particular reference to the fact that the person was currently the only person living at the home and there was a danger that they could become socially isolated.

The person had a care plan addressing areas such as their mental and physical health. This included the day to day support required for the person, their mobility and health needs, cultural and spiritual needs and individual preferences. The registered manager had documented their own review of the support provided in 2015.

The person using the service said they would talk to the manager if they had any concerns and were comfortable to do so. Due to the small size of the service, the registered manager had on-going feedback about the service through day to day contact. A complaints policy was in place and we saw that no complaints had been made in the last 12 months.

The person was supported to maintain contact with family members and friends. They told us they saw their relatives periodically and we saw records of their visits.

Is the service well-led?

Our findings

The person using the service was positive about the registered manager and the staff who worked with them. They said they felt able to speak to the manager and staff if they wanted information or had any issues or concerns.

Formal systems were not in place to assess, monitor and improve the quality of the service provided. The provider obtained feedback from people using the service informally. We saw the registered manager was in regular contact with the person using the service and demonstrated an in-depth knowledge of them. The staff member we spoke with said the registered manager was available when they needed him.

We saw that some quality assurance systems were in place but these were being inconsistently applied. For example, some health and safety checks were being carried out regularly but others had not been completed for a prolonged period without this shortfall being addressed. The systems to ensure staff training and supervision were up to date also required improvement.

There were no systems to get feedback formally from the person using the service, involved professionals and other stakeholders. The registered manager stated that he was setting up regular internal reviews with the person using the service where their feedback would be documented. We discussed the need to implement systems reflecting the five key questions as used by CQC including more formal plans for future development of the service linked to goals for people using the service.

Records kept by the service were sometimes difficult to locate during our inspection visits and the filing systems in place may benefit from review to ensure information is easily accessible. This was discussed with the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that the premises used by the service provider were safe to use for their intended purpose and had not taken reasonable steps to mitigate the risks to service users receiving care.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were not receiving care and support from staff who were appropriately trained or supervised to effectively carry out their role.</p>