

# Graham Robert Jack

# Hazelwood

## Inspection report

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### 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?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

Hazelwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hazelwood provides residential care for up to four people with learning disabilities. Accommodation is provided from a large terraced house which has been separated into two distinct parts. Three people live in the main upstairs part of the house and one person lives in a self-contained basement flat. Both units ran independently of each other. There were four people living at the service at the time of our inspection. Most people needed support with communication and were not able to tell us their experiences; we observed that they were happy and relaxed with staff.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The owner is also the registered manager of the home.

This is the third time the home has been rated requires improvement. At the last inspection in December 2016, two breaches of regulations were identified. A requirement notice was issued in relation to Regulation 15 and a warning notice was also issued in relation to Regulation 17. Breaches were in relation to a lack of cleanliness and good governance. Following the inspection we met with the provider to discuss their report. We asked the provider to complete an action plan to show improvements they would make, what they would do, and by when, to improve the key questions in safe, effective, responsive and well led to at least good.

At this inspection the building was clean and had been maintained regularly. Areas identified at the last inspection had been addressed. However, breaches in relation to good governance remained an issue. There continued to be a lack of effective managerial oversight at Hazelwood. The registered manager was not present in the home often enough and had not delegated his responsibilities sufficiently well to ensure all areas of record keeping were kept up to date and reviewed at regular intervals. Systems for auditing were not effective as shortfalls were rarely identified and they had not picked up the shortfalls we identified during our inspection.

There was no PRN (as required) protocol for one person's medicine and the homely remedies list was out of date (medicines bought over the counter rather than prescribed). There were not enough staff employed to ensure there were always two staff on duty throughout the day when all three people were in the main house and to support activities. Although people's weights were monitored there was no analysis of the findings or professional assistance sought when weight was lost. One staff member's training was not up to date in most areas and this had not been addressed.

Despite the shortfalls listed above, most of the staff team had worked in the home a long time and had an extremely good understanding of people as individuals, their needs and interests. Some people attended day centres and people were also supported with daily activities both within and outside of the home. Staff were acutely aware of people's individual needs in relation to activities and supported people in a way that suited them. People were treated with dignity and respect. Staff had a good understanding of the care and support needs of people and had developed positive relationships with people. People responded warmly to this.

Staff meetings were used to ensure that staff were kept up to date on the running of the home and to hear their views on day to day issues. Staff attended regular training to ensure they could meet people's needs.

People had enough to eat and drink and the menus were varied and well balanced. Appropriate referrals were made to health care professionals when needed and people were supported to attend health appointments.

People were encouraged to be involved in decisions and choices when it was appropriate. Mental Capacity Act 2005 (MCA) assessments were completed as required and in line with legal requirements. Staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk.

We found two breaches of the Regulations 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 this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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** ●

The service was not consistently safe.

The provider had not taken steps to assure themselves that some staff were suitable to work within a care setting.

There were not always enough staff deployed to ensure people's safety.

There was no PRN protocol for one person's medicine and the homely remedies list was out of date.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported. Staff understood the procedures to safeguard people from abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

One member of staff's training was not up to date in most areas.

The registered manager and staff had a good understanding of mental Capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were given choice about what they wanted to eat and drink and received food they enjoyed.

People were supported to have access to healthcare services and maintain good health.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with respect and dignity.

Staff knew people well and treated them with kindness and warmth.

Staff talked to people in a way they could understand.

### Is the service responsive?

The service was not consistently responsive.

People's weights were monitored but there was no analysis of the findings.

Decisions made in relation to end of life wishes for one person had not been discussed with their Power of Attorney.

People received support that was responsive to their needs because staff knew them well.

People's support plans contained guidance to ensure staff knew how to support them.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Record keeping did not clearly demonstrate the running of the service.

Systems for monitoring and improving the service were not effective.

Staff in the main house had opportunities to share their views on the running of the home at staff meetings and through supervision.

**Inadequate** ●

# Hazelwood

## 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 checked 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.

We visited the home on the 15 and 21 December 2017. This was an announced inspection. When planning the inspection we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector. We contacted the home the evening before our visit to let them know we would be coming. We did this because staff were sometimes out of the home supporting people who use the service and we needed to be sure that they would be there.

Before the inspection the provider completed 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 also reviewed other information we held about the service. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home, this included staff recruitment files, training and supervision records, medicine records, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises. We looked at people's support plans and risk assessments along with other relevant documentation. We spoke with the registered manager and three members of staff. People were not able to tell us their views of life at Hazelwood so we observed the support delivered in communal areas to get a view of care and support provided. This helped us understand the experience of people living at Hazelwood. Following the inspection we asked the provider for further information regarding staff training in positive behavioural support and this was provided.

# Is the service safe?

## Our findings

At the last inspection in December 2016 we rated the home as requires improvement in safe and there was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured cleanliness and maintenance of the basement flat. We also made a recommendation in relation to ensuring appropriate recruitment checks were carried out on all staff.

Following the inspection the registered manager submitted an action plan telling us the improvements they would make. All the maintenance issues highlighted at the last inspection had been addressed. However, we noted the staff office/sleep in room ceiling had been on the health and safety audit as in need of refurbishment since January 2017 but had yet to be completed.

At the last inspection there were no Disclosure and Barring Service (DBS) checks (police checks to ensure staff were safe to work with adults) or references for some of the long term staff. DBS checks had since been obtained for all staff. Staff recruitment records contained information to help ensure the provider employed people who were suitable to work at the home. Staff files included a range of documentation that included application forms, photo identification and new staff had written references. This included an application form with employment history, references and the completion of a Disclosure and Barring Service (DBS) check.

At the 2015 inspection there were not enough staff to meet people's needs and a requirement notice was served. At our last inspection this had been addressed. At this inspection there were two separate rotas for the main house and the basement. In the basement flat two staff supported the person throughout the day and a staff member provided a sleep in duty at night. There were no staff vacancies for the basement. In the main house we were told there was one staff vacancy. There was a two week rolling rota that was not dated and did not show sickness, annual leave or appointments. The rota did not show the night time staff arrangements from 8pm one particular evening until 12 noon the next day. A staff member from the provider's sister home covered this shift but this was not recorded on the rota. There were a number of shifts where there was only one staff member on duty. At weekends there was only one staff member. Whilst some weekends, people had visits to their family home, there was no procedure for increasing staff levels when this was not the case. One staff member told us, we still go out, I can manage three people. However, another staff member told us they did not take people out if they were on their own, they said, "It's too much." Two staff told us they regularly worked extra hours during the week to support people for activities or appointments, but these were not on the rota. They then claimed time back another time. We were told the home was in the process of appointing a staff member subject to satisfactory recruitment checks. However, at the time of inspection there were not enough staff to meet people's needs and this is a repeated breach of Regulation 18 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person was prescribed medicine on an 'as required' (PRN) basis. The instructions were to give the medicine 'as directed by the prescriber.' There was no PRN protocol and there was no information about when to seek medical advice if the medicine had no effect. This could have left the person at risk of harm. This is an area that requires improvement.

Medicines were stored, administered, recorded and disposed of safely. People's medicines were stored in a cupboard in a locked room. People took these medicines only if they needed them, for example if they experienced pain or were agitated. The temperature at which medicines were stored in the medicine's cupboard were recorded daily to ensure medicines were stored at safe temperatures. The homely remedies lists were last reviewed in 2015.

Staff told us one person had been on long term medicine and with support their GP had reduced their medicine. This had been done effectively initially but then old behaviours resurfaced so the medicine was gradually reintroduced until a safe and appropriate level was reached which was still much lower than the original dosage.

Whilst people were not able to tell us if they felt safe, we observed people to be content and noted that when one person needed support the staff member provided regular reassurance and guidance. Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. Most of the staff had up to date training in safeguarding and were able to tell us that if an incident occurred they reported it to the registered manager who was responsible for referring the matter to the local safeguarding authority. Staff told us they were told about any safeguarding concerns and this included what actions had been taken to ensure improvements were made and lesson's learned to prevent a reoccurrence.

Risk assessment documentation in care plans had been updated at regular intervals and where new risks to people had been identified, assessments had been carried out to manage the risks whilst protecting people's freedom and maintaining their independence. There was specific guidance and advice for one person who occasionally needed support with a health issue. Advice was detailed and clearly stated the actions required by staff to keep the person safe.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Monthly assessments had been carried out to determine if there were any actions that could have been taken to prevent accidents and incidents or to minimise the risk of a reoccurrence. Therefore we were assured lessons were learned and improvements made when things went wrong.

People were protected from the risk of infection. All staff had received training in food hygiene and all but one in infection control. The main house was clean and cleaning schedules were kept that demonstrated the cleaning tasks completed each day and night. The basement was also clean and it was evident the cleaning tasks specified had been completed but not all were documented. The registered manager confirmed this would be addressed. We observed staff washing their hands regularly and ensuring surfaces were cleaned after food preparation.

All but one staff member had received fire safety training. However, they had taken part in fire evacuation drills. People had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. Regular fire evacuation drills were carried out to ensure that people knew what to do in the event of an emergency. However, the records did not include an evaluation of staff performance.

People lived in a safe environment because the home continued to have good systems to carry out regular health and safety checks. All of the relevant safety checks had been completed, such as gas, electrical appliance safety and monitoring of water temperatures. There were procedures to make sure regular and ongoing safety maintenance was completed. The business continuity plan had been reviewed and provided detailed advice and guidance to assist staff in a range of emergencies such as extreme weather, infectious



disease, damage to the premises, loss of utilities and computerised data.

## Is the service effective?

### Our findings

At the last inspection the home was rated requires improvement in effective and there were two recommendations. One recommendation was in relation to the establishment of clear lines of accountability of people's legal status in regard to advocacy. The second recommendation was in relation to staff completing training that was specific to people's needs.

At this inspection we found that some improvements had been made. There were clear recording systems in the home of all money managed on behalf of people. Arrangements had been made to transfer appointeeship for the management of people's monies to their relatives or to the Local Authority.

Staff had the skills and knowledge to meet people's needs. A record was kept of staff's individual training needs and the senior staff member ensured that when updates were needed staff were given timescales for completion. However, one staff member had started working in the home in March 2017 but had yet to complete training in moving and handling, epilepsy, fire safety, Deprivation of Liberty Safeguards (DoLS), confidentiality and infection control. We were told the staff member only worked part time and was also employed elsewhere and had completed training in their other employment. However, they had not yet provided evidence that training had been completed. The senior staff member told us they had been reminded in supervision that the training courses needed to be completed. They told us the risk was mitigated within the home environment as the staff member always worked with another staff member. However, as the staff member also supported people outside of the house on their own, they would ensure the shortfalls in training were addressed. This is an area that requires improvement.

Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, moving and handling, health and safety and infection control. The training plan showed three staff were due to attend refresher training in equality and diversity. However, there was a detailed policy on this subject and all staff were able to tell us how they ensured people were treated equally and their very different needs accommodated and respected. A staff member told us that one person could be quite loud at times and the others liked quietness so it was important to ensure that people had space from each other to do the things they each liked to do. There were some days when an extra staff member was on duty to enable this and a staff member told us that when relatives took people out they used these opportunities to do activities with the others. Within the home one person liked to spend time in their sensory area within their bedroom.

Staff received training in supporting people with behaviours that challenged. All of the staff in the basement flat had completed positive behavioural support training and two staff from the main house had completed the training. A staff member told us mornings could be difficult for one person. They said they used music as a mood changer. For example, bird song was known to help the person relax. They also said they used distraction as the person loved stories and had a wonderful sense of humour. Staff told us that incidences of behaviour were kept to a minimum because staff knew people well and knew how to distract and support people when they were unhappy.

Staff completed an induction when they started working at the service and 'shadowed' experienced

members of staff until they were competent to work unsupervised. A staff member told us, "I had the best induction. The registered manager is so good and the staff all know people very well. I feel so happy working here."

Staff told us they felt supported in their role. Records confirmed staff attended supervision meetings every two months. The registered manager supervised the basement staff team and the senior carer supervised staff in the main house. Staff told us, we support each other. Another said, "Yes, I feel supported and I know I can phone or text if I need help."

People were supported to maintain good health and received on-going healthcare support and staff supported people to attend a range of healthcare appointments. If people needed specialist advice and support or monitoring in relation to specific conditions for example epilepsy, appointments had been made. Advice had also been sought from the speech and language therapist for one person in relation to food issues. Everybody had a health action plan (HAP) that identified the health professionals involved in their care for example, the GP, optician and dentist. One person refused to attend health appointments but arrangements had been made for their dentist, GP and chiropodist to visit them as needed, in their home. The HAPs contained important information about the person's health needs. People also had care passports that would be used if they needed to go into hospital. Care passports were used to describe information that might be needed if the person were to go into hospital. This included, "Things you must know about me," "Things that are important to me" and "My likes and dislikes." One person had a specific condition that affected their gait. There was advice and support within their care plan that explained the condition and how it affected them.

Staff asked people's consent before providing support. Staff had assessed people's abilities to make decisions. There was information within care plans about how each person communicated their needs and wishes and staff described how each person made their needs known. People's capacity to make decisions on a range of different matters had been assessed. For example, their individual capacity to receive medicines, to understand their finances and to consent to care and treatment. Staff knew if people were unable to make complex decisions, for example about medical treatment, a relative or advocate would be asked to support them and a best interests meeting held to ensure all proposed treatments were in their best interests. This had been done when one person needed dental treatment that involved having a general anaesthetic.

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 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. Referrals had been made for standard authorisations for those who required them and the home was awaiting the outcome.

People had enough to eat and drink. There was a weekly menu that was varied, nutritious and well balanced. Staff told us it was easy to prepare an additional meal if someone did not eat their meal. People were offered a choice of drinks throughout the day. One person had complex needs around evening

mealtimes. Guidance had been sought from the Speech and Language Therapy team to find a way of communicating with the person in a consistent way and in a way the person understood. There was a pictorial chart used by staff to help reduce the person's anxieties and staff said the guidelines used had worked in reducing what was a very stressful time for the person.

People in the main house had access to all areas of the house and garden. They could choose where to spend their time. Bedrooms had been personalised to reflect as close as possibly known, each person's individual tastes and interests. The lounge and dining areas were homely and decorated with photographs of various activities people had participated in. The basement flat had recently been refurbished with all areas having been painted and new carpet fitted. The person told us they had a new bed and staff told us they had involved the person in all decisions regarding the refurbishment. This person had access to a small patio area to the rear of their flat.

## Is the service caring?

### Our findings

People were supported by staff who knew them well as individuals. Staff had worked in the home for a long time and they were able to tell us about people's needs, choices, personal histories and interests. Some of the staff had worked with one person before they had moved to Hazelwood. Staff knew what people liked doing and how they liked to be supported. They talked with people and in a way they could understand and people responded positively to them.

Staff gave us examples of how they maintained people's privacy and dignity. They told us they knocked on people's doors before entering. They said they always ensured curtains were drawn and doors closed when personal care was given. Although one person's speech was not always very clear, a staff member understood what they were saying, repeated it back to them to confirm this and they responded to them in a way they could understand.

People were treated with kindness and compassion. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. In one person's care plan there was advice about how they liked to be supported. For example, it stated, 'I like the bathroom light to be left on at night.' People's bedrooms had been personalised to reflect each person's individual tastes and interests. There was a daily planner on display with pictures that showed people the activities that were planned each day for them.

In the dining room there were photographs of people that were important to each person. There were games and books, a keyboard and an exercise bike. One person had a sensory area that had been created in their bedroom. We were told they liked to spend time there when they returned from their day centre.

Within one person's care plan there was advice for staff which stated, 'Don't assume I cannot do things for myself unless you observe my difficulties.' A staff member told us, "We always encourage people to be as independent as possible." We saw this when we arrived at Hazelwood and one person indicated they wanted more cereal. The staff member directed the person to the cupboard and the person was able to help themselves. Help was only given when the person needed it.

Records were stored in the office and only made available to those with a right to see them. Staff told us they had regular opportunities to read through care plans. They felt the care plans reflected people's current needs.

People's relatives and representatives were encouraged to have an active involvement in people's lives. Two people's relatives visited the service on a regular basis. Staff told us they communicated with people's relatives regularly to keep them up to date and they were invited to attend reviews. One person did not have any relatives in the area but their advocate was invited to reviews. Staff said the advocate was sometimes unable to attend so they discussed in advance what they wanted to raise and this was then raised on their behalf. Feedback was then given to the advocate after the meeting.

## Is the service responsive?

### Our findings

People received appropriate care and support which met their individual needs and preferences. Staff responded to people's changing needs and they provided support and care in a way that suited people. People's care plans had been reviewed which ensured they identified when changes in people's needs occurred. However, there was no analysis of people's weights to ensure they remained within a safe range. Decisions regarding the use of one person's money in the event of death had not been discussed with their Power of Attorney (PoA).

Peoples' weights were regularly monitored and documented in their care plan. One person's weight was very low and there had been a small but consistent weight loss in the past three months. The person's Body Mass Index (BMI) had not been calculated. No referral had been made for professional advice or support and the person was not taking any supplements. Another person had also lost weight over the past three months and there was no BMI completed. Whilst there were no concerns about this person's weight, no analysis had been carried out in relation to both people and this could leave them at risk of harm. This is an area that requires improvement.

The home's End of Life policy stated that staff training would be arranged if this was appropriate. As far as possible, people's wishes in respect of end of life had been assessed. One person had a draft end of life wishes form in place. This was a very personal document with specific requests, for example the type of service to be held, the type of music to be played at the funeral and what should happen to the person's belongings and savings. As the person would not have been able to make specific contributions to the discussion we were told the detail had been discussed with the person's advocate but had yet to be discussed with the person's appointee who had power of attorney for their finances. This is an area for improvement.

There were procedures to enable people to make a complaint if they wanted to. There was a detailed complaint's policy. There was also an easy read complaint procedure with symbols to assist people if they wanted to make a complaint. People's care plans contained information about how people expressed if they were unhappy or in pain. Staff also confirmed how they knew if people were unhappy and were able to give examples of how they supported people to assist them in expressing why they were unhappy. Staff told us that as the majority of staff had worked in the home so long they knew people well and knew the types of things to avoid and what made people happy. There had been no formal complaints to the home.

Care plans contained information about people's needs in relation to personal care, mobility, nutrition, health and personal preferences. There was information within care plans that was personal and specific to each individual. For example, there was a personal history page for each person that described the person's life before coming to Hazelwood.

Keeping track forms were completed that showed what each person had done and if applicable, how much support they needed. These related to household tasks such as hoovering, laundry and making drinks. These demonstrated people were involved in household tasks and staff supported people to become more

independent. We were told one person liked to spend time in their room with a rummage box and singing along to their radio. People were supported to attend the theatre. For example, one person had been to see a Bee Gee's tribute band and another, a Carpenter's tribute band.

People attended a range of activities to suit their individual needs. Two people attended a day centre throughout the week. One person's advocate/long term friend took them to a monthly family church service. We were told people made use of their local amenities and were well known within their local area. One person referred to the local pub landlord as their friend and told us they enjoyed going there. They also enjoyed daily trips to their local shops. Staff told us another person enjoyed regular trips to a café in Hastings and they were well known by the staff who chatted to them. This person was a member of the National Trust and loved visiting castles. They showed us photographs of places they had visited either on holiday or locally. Along with photographs of holidays, DVDs had also been made of recent holidays which they enjoyed watching.

A staff member told us, one person's world was smaller by choice. They listed the numbers of activities they had tried and the person had rejected. They said eventually they had to face that projecting what they thought the person should be doing on them with incentives was wrong as the person was always happy doing the same activities each day. We saw that a staff member was successful in taking this person shopping for a new coat and staff said they would continue to try to expand this person's activities but in a more measured way.

We asked a staff member about equality and diversity. They told us, "We know people's habits and preferences and respect their differences. We know that, 'No' can mean 'Yes' and the opposite. We always double check to make sure we know what the person is actually saying. " They also said, "Whilst people need consistency in approach I can see that each staff member has a different rapport with individual people and this reflects people's characters and is lovely to see."

People's preferences in relation to going to bed and getting up were recorded. For one person there was specific information about pre-sleep rituals they needed. For example, they liked the radio to be on in their bedroom. There was also specific information about their preferred choice of colour for clothes. It was clear what tasks they could do for themselves and what areas they needed staff support with.

People's care and support was tailored to their individual needs and preferences. One person liked to keep the bath water running whilst they were in the bath. To enable this without overflowing the bath, there were guidelines to fill the bath to a set amount and, once done, to change the plug to a plug with small holes. This meant the person did not get cold as there was always enough water in the bath and they could keep the water running.

## Is the service well-led?

### Our findings

At our last two inspections we rated the home requires improvement in the well led domain. There was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the 2015 inspection we issued a requirement notice and in 2016 a warning notice as the provider did not have effective systems in place to assess, monitor or improve the quality of services provided. Following our inspection the provider sent us an action plan stating how they would meet the requirements of the regulations. At this inspection we found that whilst some improvements had been made the provider continued to be in breach of Regulation 17.

Hazelwood has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen

There was no statement of purpose (SoP) for the basement flat. A SoP sets how the home will operate. The senior staff member in the main house told us they wrote the SoP for the main house. The document contained inaccuracies in relation to the registered manager's qualifications and the regulated activity provided. For example, it stated the registered manager had a nursing qualification in mental health when they had a nursing qualification in learning disabilities. The regulated activity related to personal care rather than accommodation and or personal care.

There was no clear oversight of the service. The registered manager worked mainly in a sister home but was present in the home every morning and evening when they took people to and from their day centre. We were told they also worked occasional shifts if there was sickness or annual leave to cover. Whilst we were told the provider met with a senior staff member weekly to discuss the running of the main house we were told these were informal meetings and were not recorded. There were no similar arrangements for the registered manager to have meetings with staff who worked in the basement.

There was only one senior staff member who worked part time in the service. They were able to describe their role and how this differed from care staff. We asked if they had a job description but they said they did not. We noted on some documentation that they were referred to as deputy manager and that a care staff member was referred to as a senior staff member but we were told this was not the case. The senior staff member told us they continued to complete a lot of the record keeping side of their role in the evenings when they were on a sleep in as they did not have time on shift to fulfil the duties of this role.

We were told the registered manager was supportive but, "Could be better at passing on information about the service." We asked a staff member if they felt valued. They said, "I don't feel valued but I value myself and the contribution I make to the people living at Hazelwood." They told us staff had worked in the home a long time and knew each other and the people living there well and they supported each other well. Staff knew what was expected of them in relation to their individual roles but had no understanding of the wider role in relation to the management of the service. A lack of consistent managerial presence in the home



contributed to the shortfalls identified throughout the inspection. Other than lessons learned through accidents and incidents there was no strategy in place for driving improvement within the service.

Whilst there were a number of systems to assess the quality of the care, these were not effective. For example, there were home manager's audits carried out monthly by the registered manager for the main house but no shortfalls were identified. For example, although there were a number of shortfalls in staff training this had not been recorded. Within the medicine's audit it had not been identified the homely remedies list was out of date. The registered manager was not aware the staff rota in the main house was not a 'live' document.

There were no systems to assess the quality of care in the basement. The cleaning schedule in the basement was confusing and as a result some areas of cleaning were not documented. This had not been identified by the registered manager or by staff. Infection control audits were carried out monthly in the main house. Over several months it was recorded a person's bedroom carpet needed replacing but there was no record of why it needed replacing. We were told this had been raised by a relative as a result of paint specks on the carpet. Whilst the carpet was stained in some areas and had a trip hazard in another area, there were no paint specks. A staff member said the carpet was cleaned regularly so it could have been the specks had been cleaned. This would indicate the area had not been checked when the audit was completed.

There was an environmental risk assessment of the whole building that considered risks to people and staff. The assessment in relation to windows opening too far stated, the windows should be kept locked and the key kept in the staff room. However, windows were open on the day of inspection. The health and safety audit stated that windows had restricted openings to prevent falls. However, there were no restricted openings. Neither of the two assessments was accurate and they did not ensure people's safety.

The provider had arranged to have a fire risk assessment carried out by a suitably qualified professional. However, the provider had decided not to accept some of the recommendations but had not recorded their decision for not following this advice. For example, it had been recommended a new lobby area be installed in one area of the house. The provider said they would contact the authors of the risk assessment to discuss this area to clarify why it was considered necessary.

At least two staff had a second employment. There were also some staff who were related that worked together on shift. We asked if risk assessments had been carried out to determine any conflict of interest related but this had not been done.

Staff meetings were held regularly in the main house and demonstrated staff were updated regularly and had a say in the running of the home. They showed staff opinions on how best to support people were also discussed. There were no staff meeting minutes for the basement flat and staff confirmed no meetings were held.

The shortfalls in leadership related to assessing and monitoring the service to improve the quality remain a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff in the basement had worked together for at least 13 years. A staff member told us, "We have known each other a long time. We have fallen into set roles." They said, "One staff member arranges appointments, another orders the medicines and keeps the place tidy and another likes to do art and do the cooking." They said they could telephone the registered manager at any time for advice.

Service user satisfaction surveys had been carried out on a monthly basis in the main house. A pictorial easy read format was used to seek people's opinions on the quality of the care and environment provided. Responses were recorded along with an explanation of what the carer thought the person might mean by their response and where appropriate, the actions taken. Annual surveys were also sent to relatives and representatives and the responses were wholly positive. There were no surveys for the basement flat.

Accidents and incidents were recorded and reviewed monthly. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. We had not received any notifications since our last inspection and there were no records in the home that would have met these criteria.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured there were sufficient numbers of suitably qualified and competent staff.  (1)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured good governance had been maintained.</p> <p>Appropriate systems and processes were not in place to fully assess, monitor and improve the quality and safety of the service provided.</p> <p>(1)(2)(a)(b)(c)(f)</p>

### The enforcement action we took:

Warning notice