Ramnarain Sham

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

Summary of findings

Overall summary

This unannounced inspection took place on the 2 May 2018. During our last inspection on 1 June 2017 we found the provider was in breach of Regulation 13 Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010. The provider did not ensure that people who used the service were protected from financial abuse due to the lack of effective monitoring systems of people's finances. The provider was in breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010. We found that the provider did not have robust and effective systems in place to monitor, assess and improve the quality of care provided to people who used the service. The provider was also in breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010. We found that staff employed did not receive appropriate training and support to ensure that they had the appropriate skills to meet the needs of all people who used the service.

The provider sent us an action plan in July 2017 telling us that they had taken the appropriate actions to address the breaches found during our inspection in June 2017 and that they were no longer in breach of the regulations.

We found during our inspection in May 2018 that the provider had taken action and had improved the management and auditing of peoples financial records. Staff had been provided with regular training and support to ensure they had the right skill and knowledge to meet people's needs. The provider had introduced a robust and effective system to monitor and assess the quality of care.

Hazelwood House 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 House is in Harrow Northwest London and is registered for 15 older people who may have dementia or a mental illness. During the day of our inspection there were 13 people living at Hazelwood House. Hazelwood House is located close to public transport and local shops.

The registered provider is also the 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.

Staff demonstrated good understanding of their responsibilities in respect to ensuring that people who used the service were safe. Staff told us that they had attended training regarding safeguarding adults and learned about different forms and types of abuse, how to recognise it and how to report it. The provider followed safe recruitment procedures and ensured staff were appropriately checked prior to being offered employment. Medicines were managed safely and staff had received appropriate training and were competent to administer medicines to people who used the service. Any risks associated with people's care had been assessed and appropriate risk management plans were put into place to ensure risks were

managed safely.

Staff spoken with and records confirmed that staff had received appropriate training which gave them the skills and confidence to carry out their responsibilities. Training included moving and handling, first aid, health and safety, fire prevention, safeguarding, and food hygiene. The service was meeting the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff said that they had received training in DoLS and MCA. People were offered a choice of food at each meal, and drinks and snacks were provided throughout the day in line with their preferences and dietary requirements. Appropriate healthcare professionals were involved in the care of people when required.

Staff supporting people were respectful and caring. People and relatives spoke highly about the staff and how they enjoyed their company. People's likes and dislikes were documented in people's care records. People who used the service and relatives were involved in all aspects of people's care and people's privacy and dignity was promoted, while their independence was maintained.

Care records were informative and reflected the care and support being given. Care records included details of people's activities of daily living which explained how best to support the person. An external company provided activities twice a week, and in addition to this staff provided activities to people. People told us that they were happy with the activities offered. The home had a large well-maintained garden, which was used by the people who used the service during summer and when the weather is better. The provider had a complaints procedure and people felt able to raise concerns if they needed to. The registered manager kept a log of concerns received and addressed them effectively.

People and staff spoke mostly positively about the support they received from the registered manager. People who used the service praised the operations and deputy manager for being supportive and available if they required any help or advice. People who used the service, relatives and staff said that generally there was good leadership in place. They felt that they could approach the operations manager and deputy manager and felt they listened to them and acted on their concerns. The provider had undertaken regular quality assurance audits and any shortfalls had been acted upon. The audits included financial records, care plans, medicines records and the environment. Staff had the opportunity to discuss issues with the management team during team meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were knowledgeable about safeguarding people from abuse and how to report it.

Risks associated with people's care were identified and management plans were put into place to minimise such risks.

The provider followed safe recruitment practices and ensured sufficient staff were deployed to meet people's needs.

There were systems in place to manage medicines safely.

Appropriate infection control procedure were in place and we observed staff following these.

Any incidents and accidents were documented and appropriate actions taken to reduce these from reoccurring again.

Is the service effective?

Good

The service was effective. People's needs were assessed during their admission and regular assessments of needs were carried out to ensure people's needs were met.

Staff said that they had received appropriate training which gave them the skills and confidence to carry out their responsibilities.

People were offered a choice of food at each meal and drinks and snacks were provided throughout the day in line with their preferences and dietary requirements.

People's healthcare needs were met and appropriate health care professionals were involved in their care when required.

The service was meeting the requirements of the Mental Capacity Act 2005

Is the service caring?

Good

The service was caring. Observations and comments made demonstrated that staff supported people respectfully. People's likes and dislikes were included in their care records.

People said that staff respected their privacy and dignity and staff told us that they ensured people's independence was maintained.

People who used the service and relatives were involved and could contribute to their care.

Is the service responsive?

Good

The service was responsive. Care records were detailed and person centred, they provided appropriate information required to provide effective care and support to be given.

People were offered activities suitable to their needs and their likes.

The service had a complaints procedure and people felt at ease to raise concerns.

Is the service well-led?

Good

The service was well led. People who used the service, relatives and staff told us that the management of the home was supportive and that there was a good leadership structure in place.

Regular effective quality assurance audits ensured that the quality of care was monitored and was improved if required.

People were involved in the service and their views were sought.

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 2 May 2018 and was unannounced.

The inspection was carried out by one inspector, one specialist advisor and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not request a Provider Information Return (PIR) for this inspection. 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. Before the inspection we reviewed all the information we held. This included previous inspection reports and notifications the provider is required to send to us.

During our visit we spoke with the registered manager, the operation manager, the deputy manager, two senior care workers and one support worker. We spoke with nine people who used the service and three relatives.

We looked around the building including bedrooms and all the communal areas.

We examined care records for five people using the service. We sampled medicines administration records including storage of controlled drugs, the recruitment, supervision and training records for five staff and records in relation to quality assurance and management of the home.

Good

Is the service safe?

Our findings

At our last comprehensive inspection in June 2017 we gave the service a rating of 'Requires Improvement' in this key question. This was because people were not protected from potential financial abuse, due to systems and processes not being in place and operated effectively to prevent financial abuse.

At this inspection we found that the provider audited people's finances monthly and ensured that people's monies were only used for expenditures they choose to spend their money on. We checked financial records of four people who used the service and found them all to be correct and audited by the operation manager monthly. The provider had also reviewed the contract and service users guide with the agreement for people who use the service, their relatives and the placing authority. The contract now clearly states that people had to contribute to staffing costs if outings and health care appointments exceed one hour.

We asked people if they were safe, one person told us, "The main door is locked which is very good." One relative told us that they were happy with the number of staff on duty. The relative said, "There are enough staff around, always two to three of them."

Care staff told us that they had received safeguarding training and records viewed confirmed this. Care staff said that they would report abuse to the registered manager or any other senior member of staff. Staff spoken with also told us that the provider had a whistle blowing procedure, which they would use if they felt that there was a need to. For example, one care staff told us, "I would always report [abuse] to the deputy or the manager, but I can also report [abuse] to the police or you [Care Quality Commission] and don't have to give my name."

We looked at five risk assessments and found that all of them had been reviewed to ensure changing risks could be responded to. Each individual risk had been categorised in respect of severity and impact and where the risk had been identified as medium or high a clear risk management plans were formulated. The risk management plans were detailed and provided clear person-centred guidance in how to minimise the risk to people who used the service. For example, some people had difficulties to reach the call bell and a 24-hour monitoring plan during which the person was checked was in place. This ensured the person was always able to contact and call staff if they needed support. Other risk management plans viewed were in relation to skin viability, continence care and nutrition.

The registered manager told us that he reviews staffing levels of the service regularly to ensure that the service had sufficient staff in place to meet the needs of people using the service. The registered manager, care staff and people who used the service told us that there were enough staff to meet people's needs, but additional staff support was deployed as and when required. For example, when people had hospital appointments. We observed this during the day of this inspection where one member of staff supported a person to go for a hospital appointment. People who used the service said, "There is enough staff around, I normally don't have to wait for long when I ask for help."

The provider had a robust recruitment process in place, which showed that staff employed had the

appropriate checks to ensure that they were suitable to work with vulnerable people.

People received their medication as prescribed. We found all medication administration charts (MARS) were all up to date and there were no omissions or gaps. People told us that they received their medicines on time and knew what time staff came around with the medication. Medicines were safely and securely stored and the service had a procedure in place for the safe disposal of medicines. Staff involved in the administration of medicines had received appropriate training and competency checks had been completed for them to safely support people with their medicines. We saw that controlled drugs were stored separately and a controlled drugs register was completed appropriately.

People lived in a clean and well-maintained environment. A cleaner was employed for three hours per day during the week. The cleaner was responsible for the cleaning of the communal areas and people's bedrooms. We observed care staff using appropriate protective equipment such as gloves when supporting people who used the service. Care staff received infection control training as part of their induction training.

Staff told us that they would report accidents and incidents to the registered manager or deputy manager. The deputy manager told us that they would discuss accidents and incidents with staff during staff meetings and supervisions.

Good

Is the service effective?

Our findings

At our last comprehensive inspection in June 2017 we gave the service a rating of 'Requires Improvement' in this key question. This was because care staff employed did not receive appropriate training to ensure that they had the appropriate skills to meet the needs of all the people using the service.

At this inspection we looked at staff training records and found that care staff had received a range of the training the provider called mandatory training. This training included infection control, safeguarding adults, moving and handling and first aid. We also saw in training records we viewed during this inspection that care staff undertook training in dementia, falls prevention and mental health. The deputy manager told us that three senior staff are due to receive more in-depth falls prevention training and will then act as designated falls champions for the home.

Care staff told us that they had an induction when they started to work at Hazelwood House. They told us that this had helped them to understand people better and learn about their responsibilities. The induction included reading peoples care records, observing more experienced care staff and completing training.

Staff told us that they had received regular one to one supervisions with the registered manager or deputy manager. They said that they found the supervisions useful and used them to discuss issues relating to their day to day work or development. We viewed staff supervision records and found that supervisions had been carried out most of the time.

People's needs and choices were assessed prior to being admitted to Hazelwood House. We found the assessments to be detailed and comprehensive. Assessments had been reviewed to ensure that Hazelwood House continued to meet people's needs. For example, one person was admitted to Hazelwood House following difficulties in the person's previous placement. Hazelwood House assessed the person and decided the service could meet the person's need. At one-point Hazelwood House experienced challenges of supporting the person and convened a multidisciplinary meeting to find ways of supporting the person more appropriately. This had led to the person becoming more settled and responding more positively to the treatment and care offered.

People were supported to maintain a balanced diet. People's nutritional and hydration needs were assessed, care plans were based on the outcome of the assessment and kept under review. The plans detailed people's preferred foods and any dislikes, any special dietary requirements, equipment and any assistance people needed to eat and drink. People identified as being at risk of malnutrition and/or dehydration had their food and fluid intake monitored and when a decline in their intake and weight was noted a referral was made to a dietician.

Information about people's dietary needs was held in the kitchen as a reference for staff responsible for preparing food and drinks. Meals were prepared fresh daily by care staff. Menus were in place and included two choices. Care staff asked people in the morning what they wanted to eat, but were also offered an alternative if they didn't like the two meal choices. Care staff offered people a choice of snacks and drinks in

between main meals including fruit yogurt, biscuits, cake, milk shake, tea and coffee. Most people ate their meals in the main lounge, some people chose to eat in the dining room and some people chose to stay in their bedrooms

People were complimentary of the food and drink provided and they said they got plenty to eat and drink. Their comments included, "The food is very good and I have a choice", "My favourite meal is breakfast" and "I like the food here and if I choose something else I just tell the girls." One care staff told us, "She is eating proper meals now, before she only ate mashed food."

People's healthcare needs were understood and met. Each person was registered with a GP and they had access to other primary healthcare services including opticians, chiropodists and dentists. Staff monitored people's health closely and worked with other health and social care professionals according to people's individual needs. People who required it received support and care from community nurses who visited them regularly. We observed one person's being accompanied to the hospital by one of the care staff. A record was kept of all contact people had with external healthcare professionals, the outcome of the visit and any advice and guidance for staff to follow.

The premises were well-appointed and pleasant throughout. People's bedrooms were personalised with photos, pictures and belongings.

Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision's and are helped to do so when needed. When they lack mental capacity to make 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).

The service was working within the principles of the MCA. Additionally, we checked to see whether the conditions identified in the authorisations to deprive a person of their liberty were being met. The registered manager was knowledgeable about the MCA and DoLS and knew the Care Quality Commission (CQC) needed to be notified when the outcome of any applications was known. We saw that some people had conditions stipulated on their DoLS authorisations and these conditions were subject to continuous checking.

We saw that 'best interest processes' were being followed for people who had limited capacity and understanding of complex decision making. The need for 'best interest' processes were clearly identified in people's support plans.

Good

Is the service caring?

Our findings

People who used the service told us that they were well cared for. One person said, "Staff are very good." Another person told us, "The staff are a very nice crowd…. I have never made a complaint. A relative told us, "Staff are always polite and friendly." Another relative told us, "This place is a million times better than the previous home. It's a home not a care facility. My relative can be very negative about staff, but the staff seem to care here, it's not just tick the box, they really care." "They treat her with dignity and respect."

Throughout our inspection we saw and heard huge amounts of smiling and laughing between people and staff. It was clear people cared for each other as well as staff. People enjoyed living together and some had done so for a very large number of years. People shared jokes and affection throughout the day.

People who used the service appeared to enjoy the company of care staff. We observed care staff holding hands and offer some physical contact to people who used the service. For example, we observed one person adjusting the collar of the uniform of one care staff, which demonstrated warmth and trust. There was an atmosphere of helpfulness and friendliness which care staff maintained throughout the day of our inspection. We observed care staff being patient and spending time with people who used the service. For example, one person was repeating the same question over and over and we observed care staff always responding in a patient, friendly and in a playful manner. We observed care staff comforting a person with dementia becoming distressed and reassuring the person that everything is ok.

People's privacy was maintained by keeping records and people's files securely stored in the office. Care staff told us that they would always knock when entering peoples' rooms, which we observed throughout this inspection.

People told us that a volunteer from the local catholic church visited the home to hold a weekly church service. People told us that the service was attended by quite a few people. One relative told us that they visited the home regularly and provided ethnic food to their relative. We observed another person talking about his country of birth and saw that staff sat down with the person and chat about his country asking the person questions and engaging the person in conversation, which the person clearly enjoyed.

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We observed care staff offering encouragement over lunch and checking to make sure people had enough to eat and had enjoyed their meal. Care staff told us that during busy times such as lunchtime the registered manager and operation manager helped to support people. This ensured people had that extra support when eating their lunch if this was necessary.

Staff commented on how they worked well as a team and were keen to support each other in their roles. One care staff said, "We are a very good team here, we help each other, I enjoy working here."

Good

Is the service responsive?

Our findings

People who used the service told us care staff listened to them and responded to their needs. One person said, "I like living here, it's alright." Another person said, "It's very nice living here" and another person said, "If I have any problem I can talk to [manager], he listens, he is fair and keeps a tight ship." One relative said, "I talk to [Manager] if I have any concerns, he is very responsive."

Care records were detailed and contained information and guidance on how people expressed themselves and what would help when communicating with others. People's care plans included information about their individual care needs and clearly detailed how each person would like to be supported. These were individualised and person-centred. These included detailed information about people's preferences, likes, dislikes, routines, background and information about their life history. It was evident that these files had been prepared with people's individual and their relatives input.

People who used the service we spoke with told us that there were sufficient activities available and said that the home encouraged them to get involved and participate with them. Activities included music sessions, singsongs and parties to mark a celebration or significant event in someone's life, including summer BBQ's and Christmas parties. People who used the service told us that the mobile library comes regularly. The person said, "I like reading and the library comes weekly so I can choose a new book to read." An external company was visiting the home weekly to provide fitness activities.

There was a complaints policy which was clearly displayed in the home which detailed the procedures for receiving, handling and responding to comments and complaints. People said that they would not hesitate about bringing any concerns to the attention of the staff. A relative said, "I would talk to the deputy manager and make my feelings known to her, but everything is ok, we have no complaints."

End of life preferences were recorded in peoples care plans, one person had been under the care of the palliative care team, but the person's health had improved sufficiently and the palliative care team has suspended their support. We noted that there was strong liaison between Hazelwood House and the palliative care team and records showed the they would resume involvement as required. We also saw that funeral preferences were documented in care files we viewed.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection in June 2017 we gave the service a rating of 'Requires Improvement' in this key question. This was because the registered provider did not ensure to have robust and effective systems in place to monitor, assess and improve the quality of treatment or care provided to people who used the service.

At this inspection we found systems were in place to monitor the quality and safety of the service and the care people received. This included a range of audits, including in key areas such as medicines, wound and pressure care, accidents and incidents, infection control, care records and audits in relation to health and safety. These audits were used as a way of identifying any shortfalls and taking steps to remedy them. For example, medicines audits prompted that two care staff were now administering medicines.

There was a clear management structure in place. The registered manager was supported by the deputy manager and operations manager. Their role was to supervise staff and carry out daily checks and audits of the service. The registered provider was also the registered manager and was therefore assessing the performance of the service daily.

People received a high standard of care because the management team led by example and had high expectations about the standards of care people should receive. The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. The registered manager was a prominent presence in the service and demonstrated strong leadership, dedication and had a caring nature. The registered manager knew people's needs very well. During our last inspection staff raised concerns about the conduct of the registered manager at times. We discussed this with care staff during this inspection and care staff were positive about the registered manager and told us that the no longer had similar concerns and enjoyed working at Hazelwood House.

The registered manager was clear about their responsibilities regarding submitting statutory notifications to the CQC. Statutory notifications inform the CQC of important incidents and accidents at the service and form an important part of our ongoing monitoring of services. Records
showed they had informed us of reportable events which had occurred at the service.

People who used the service and relatives described the registered manager as being "Easy to talk to and approachable." We were told the registered manager was very passionate about providing the best care to people. Staff we spoke with described their commitment to providing care with compassion, and were "proud" to be working at Hazelwood House. People who used the service told us that they had regular residents' meetings to discuss and raise things with the manager. We observed the deputy manager to be calm, knowledgeable, confident and warm and we saw that these qualities were emulated by other care staff in their practice.