Heritage Care Limited

Hazlemere Lodge

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?	Requires improvement

Overall summary

The inspection took place on 11 and 12 November 2015.

This was an unannounced inspection. The last inspection for Hazlemere Lodge was conducted on 6 June 2013 and the service was found to be fully compliant at that time.

Hazlemere Lodge is a care home that provides nursing for up to 64 older people. The home is divided into four units. At the time of our inspection there were 61 people living in the home.

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

The home was in the process of recruiting care staff and was using agency staff to support people who live in the home. One person who lived in the home commented

Summary of findings

"Agency staff don't always know what you need; this makes me shout at them." The same person said they were irritated when they have an agency carer to support them.

We received positive feedback from relatives during our visit. Relatives we spoke with commented on the kind and caring approach of staff. People said that their privacy and dignity was respected and that staff spoke respectfully to them and relatives.

One person told us; "Staff are very friendly and caring; there's friendliness and kindness here." A relative whose loved one had been living in the home for two years said that. "Staff are really caring and there is great nursing care." Another relative said that. "Care is good; X is very dependant, staff are competent."

We were told there are no restrictions on relatives visiting people and on the day of our visit staff knew relatives by their personal name. Permanent staff and agency staff who had worked at the home for a while were knowledgeable about people's histories and what was important to them such as family members.

We have made a recommendation about people's life history and to explore likes and dislikes in relation to activities.

We identified breaches in relation to management of medication, records and infection control.

People did not have their medicine administered in line with the provider's policy and procedures. People did not receive care that reflected their current needs and the providers infection control policy was not adhered to.

These constituted to 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People's medicines were not always managed safely.

People were not fully protected from the risk of infection as the service's policy and protocol were not adhered to.

The service had high usage of agency workers who did not always know the way people preferred to be cared for

Requires improvement

Is the service effective?
The service was not always effective

Staff were supported through regular supervision and training to ensure people received safe and effective care.

Staff did not always address people's changing health care needs in a timely way.

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

Requires improvement

Is the service caring?
The service was caring

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

People had opportunities such as residents meetings to share their views and discuss any concerns or improvements that could be made.

Relatives commented on the kindness of staff towards their family members.

Good

Is the service responsive?
The service was not responsive

People did not receive personalised care that was responsive to their needs.

Care plans were not used to make sure people received care that is centred on them as an individual.

People's individual needs were not regularly assessed, recorded and reviewed.

Requires improvement

Is the service well-led?
The service was not consistently well led

Requires improvement

Summary of findings

The organisation did not assure the delivery of high-quality, person centred care.

There were not accessible, tailored and inclusive ways of communicating with staff that were responsible for care.

People were at risk of receiving inconsistent care as records had not always been updated to reflect the changing needs of people.

Hazlemere Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 November 2015 and was unannounced.

The inspection was carried out by an inspector and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

An inspector and a specialist advisor carried out the inspection on the second day. The specialist advisor had knowledge in caring for people with complex nursing needs.

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

We spoke with the registered manager and eight staff members. We also spoke to a district nurse who visits the service on a regular basis. We observed care practices and people's interactions with staff during the inspection.

We checked records including five care plans, medicines records, and five staff files containing recruitment checks and induction procedures. We also viewed training that staff had completed who work at the service. We spoke with ten people who use the service and three relatives.

Requires improvement

Is the service safe?

Our findings

People's medicines were not always managed safely. On the second day of our visit we observed that medicine trolleys were left open and unattended on two of the units in the home. Medicines were not given in line with the provider's policy, which stated that medicines must not be signed for before it is administered to the person it is intended for. We observed that the medicine chart had already been signed before the person had taken the medicine. This put the person at risk as they may have refused the medicine, and the chart would not have reflected this. When the member of staff was asked about this practice, they reported. "It's how we do it here; we sign and put a dot over the initials if it's done." However, whilst watching the same member of staff during the next medicine round they were observed signing the medicine chart after the medicine had been taken.

One person who was nursed in bed had an air mattress in place. However, during the inspection the mattress was making a bleeping sound which indicated that the mattress was not functioning correctly and the pressure was low. Staff were alerted to this during the early part of the morning. We observed the mattress was still not functioning correctly at lunch time. This was then brought to the attention of the team leader who moved the person to a chair whilst the mattress was re-set. The provider ordered a new mattress later that day.

We observed that the cleaning schedule for the home was not followed. Documentation regarding cleaning that had occurred was not adequate to show the exact locations that had been cleaned each day. Daily tasks and weekly tasks did not give clear instructions of what detergent to use and how long the detergent should stay on the surface to ensure its effectiveness. We noted instructions on the detergent containers stated how long each detergent should remain on the surface in order for it to be effective. The staff we spoke with, who had responsibility for the cleaning schedule, reported that they had had no training in the products they used. This put people at risk of not having their rooms cleaned effectively and in the event of any infectious outbreak the cleaning routine may not have been adequate to ensure eradication of bacteria.

This is a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We noted that two members of staff who were responsible for carrying out personal care were noted to have long false fingernails. This put people at risk of sustaining skin tears and staff not being able to follow the correct procedure for hand washing techniques. We observed the home's policy on infection control and uniform, which stated that nails must be kept short with watches, bracelets and rings removed. We mentioned this to the registered manager during feedback on the inspection findings. They assured us this will be addressed.

Care plans were on an electronic system. Some staff had difficulty navigating around the system. For example, we asked a nurse and a care worker to assist us in finding information that related to a person's care who was dependent on insulin to manage their diabetes. Both members of staff were unable to find information relating to signs and symptoms of associated problems of diabetes such as hypoglycaemia and hyperglycaemia. This put the person at risk of not receiving appropriate care in the event of becoming unwell due to their condition.

We noted care plans were not always clear for staff. For example, one person who was identified as at risk of malnutrition due to refusal to eat and significant weight loss had a food and fluid chart in place, but this had not been completed for three days. When the registered nurse was asked about this, they reported that the charts were no longer needed as the person is now eating well.

However, this was not clear in the care plan and we found no evidence of how this was being communicated to staff. Some staff thought the person continued to be on a food and fluid chart.

This is a breach of Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

We checked the recruitment files for staff and all documentation required was in place. The provider followed robust recruitment procedures. The recruitment process included a checklist and progress record for each applicant. The required documents and photographs were in place including references and disclosure and barring service (DBS) checks.

Staff were aware of how to protect people from potential abuse. They were able to describe indicators of abuse and knew how to respond and who to report concerns to. The local authority safeguarding information was available to assist staff to know how to report safeguarding concerns

Requires improvement

Is the service safe?

when appropriate. Staff told us they would have no hesitation in reporting a safeguarding concern raising issues about poor standards of care. Staff understood their duty of care and responsibilities in relation to safeguarding people from harm. Through discussions with staff, it was evident they were knowledgeable about what constituted abuse. They knew how to deal with any incidents, suspicions or allegations of abuse and who to report them to. Staff told us they received safeguarding training during their induction and regularly thereafter. We saw a copy of the training matrix which verified this. In addition, our records confirmed that the registered manager notified the Care Quality Commission of any allegations or suspicions of abuse and followed the procedures for notifying the local authority too. The service worked collaboratively with them to safeguard and protect the welfare of people who used the service.

The number of staff on each unit was dependent on the level of care required. For example, a dependency tool was used to assess people's needs, if the needs of people were assessed as being high, then a review and a continuing care checklist was completed. At the time of our visit the numbers of staff were adequate to meet the needs of people living in the home.

Requires improvement

Is the service effective?

Our findings

People received care from staff that were appropriately supported. Staff received effective support, induction, supervision appraisals and training. This covered training in areas such as infection control, health and safety, diet and nutrition, moving and handling as well as others. Staff receive handover on each unit prior to the start of their shift. However, the information received and how staff act on the information was not always effective. For example, a person had been identified to have pain when their leg was moved; staff did not take action and seek medical advice until the following day. It transpired that the person had fractured their hip. This meant that the person suffered pain and discomfort that was not addressed on the day that staff had reported their concerns.

This is a breach of Regulation 9 HSCA (RA) Regulations 2014 Person –centred care

The service had links with organisations that provided sector specific guidance and training linked to best practice. Many of the staff had completed end of life training and this was ongoing for staff who wished to attend. Feedback from a healthcare professional who visited the home on the second day of our inspection was positive. They reported that the staff were very responsive and helpful. Staff had a programme of ongoing training and refresher courses and all staff had had dementia training.

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 make particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

We found two people had not received their medicine for a total of 18 days. When we looked at the medicine chart, the member of staff had given the reason for not administering the medicine because the person refused.

Staff were responsible for ensuring that the needs of the people living in the home were met, by ensuring that any prescribed medicines were given. The medicines had been regularly refused,the provider had not discussed with the doctor the possibility of changing the medicines to be given 'when required'.

This was a breach of regulation 12(2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. To ensure the safety of service users and to meet their needs.

People can only be deprived of their liberty to receive care and treatment when it is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principals of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The home had made several applications to the local authority, which were awaiting assessment.

The provider had properly trained and prepared their staff in understanding the requirements of the MCA in general, and the specific requirements of the DoLS. People and relatives who we spoke with said that staff were sufficiently skilled and experienced particularly the nursing staff in dealing with capacity and best interest making.

People's opinions on food varied with the general view being that it was "ok" and that there was plenty but that more variation in the evening would be welcome. One person told us "The only thing I don't like here is the food; its ok for my needs but it can be a bit of the same old thing especially the evening meal."

People were supported to have sufficient amounts to eat and drink to promote and maintain a balanced diet. Where people had been assessed at risk of malnutrition or dehydration guidelines were documented on how staff were to manage the risk and monitor and people's food and fluid intake. However, we found this was not always being followed. For example, some people who had food and fluid charts did not have them completed. Furthermore, there appeared to be some confusion as to who had food and fluid charts in place.

Good

Is the service caring?

Our findings

People and relatives commented on the kind and caring approach of staff. People said that their privacy and dignity was respected and that staff spoke respectfully to them and relatives.

We were told there are no restrictions on relatives visiting people and on the day of our visit staff knew relatives by their personal name. Permanent staff and agency staff who had worked at the home for a while were knowledgeable about people's histories and what was important to them such as family members.

We saw many acts of kindness during our visit. We observed staff assisting people both at breakfast time and lunchtime. Staff took their time and did not rush people. During lunchtime people were greeted warmly as friends by staff on arrival and taken to the table of their choice. Staff demonstrated clear concern for people's comfort. One person was asked if they would like an additional cushion to provide support at the table. The offer was welcomed and the cushion was provided immediately. Staff sat with people they were supporting to eat, and chatted together throughout the meal.

During our visit we observed a remembrance service taking place. There were many people and family members present during the service. One person read a poem out to the group which was clearly appreciated by all those present.

The home supported the principle of the 'butterfly approach' for people living with dementia. This was using the metaphor of the butterfly fliting around a room to brighten a person's day, even if just for a moment. The butterfly approach would mean that staff spend moments with people throughout the day in addition to the time spent supporting them in their daily care needs.

For example, staff would interact with people every time they came into contact with them. People who were absorbed in a book, or who were focused on a task they were doing, would have a member of staff take an interest in their activity and comment in a positive way.

We saw evidence of staff applying this approach, thereby promoting social interaction between staff and the people living in the home.

When offering support, staff spoke politely and made efforts to ensure they were at the person's eye level. Relatives were actively encouraged to visit regularly and people were encouraged to invite their friends and relatives to attend activities in the home. This was evident on the day of our visit as we noted several friends and family members present at the remembrance service.

People's wishes were documented in their care plans about how they wanted to be supported with end of life care. Training records showed senior staff had completed training in end of life care.

Most of the files contained information about people's wishes in relation to resuscitation, with the appropriate signed form in place.

Requires improvement

Is the service responsive?

Our findings

Staff had reported that a person was unwell. We looked at the person's care plan and noted that staff had documented at 5.30am that the person screamed out in pain when their leg was moved and one leg appeared shorter than the other. We looked at the person's care plan at 15.00 that afternoon. There was no further documentation in the person's care plan with reference to the management of the person's pain. We asked the registered manager to look at the person's care plan with reference to the fact staff had documented the concern but this had not been acted upon, for example, by asking the doctor to visit to assess the person. The senior member of staff assured us that the person was 'alright' as they assisted the person to stand and there did not appear to be a problem with their leg. Furthermore, the senior carer said the person was being 'monitored'. We asked to see the monitoring chart, however, a monitoring chart was not in place and it was evident that staff were not monitoring the person. We have since been informed that the person had fractured their hip and was in hospital. The service did not respond to the person's needs in a timely way.

We also noted that the person had an injury to their wrist on 29 October 2015, twelve days before our visit. The person visited the hospital and the doctor at the hospital prescribed analgesia to reduce the swelling and pain. When we checked the person's medicine chart we found that the person had not been given the analgesia. The medicine was prescribed to be taken three times a day.

This is a breach of regulation 12 (2) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Timely care planning should take place to ensure the health, safety and welfare of the service users.

The home employed two activity coordinators and there was a weekly timetable of a range of activities for those who wished to take part. We observed a remembrance service and a bingo session on the day of our visit.

We looked at how the provider encouraged, received, investigated and responded to complaints. There were posters and leaflets which informed people and relatives how they could make a complaint if they wished to. We looked at the provider's folder containing complaints for 2015. The comments and complaints that people and relatives had written were acknowledged, investigated and acted upon in a timely way.

People we spoke with said they had no reservation in raising a complaint if they felt the need to do so. One person said their relative had complained about lack of ironing facilities in the laundry. We found this had been picked up from the comments box and was in the process of being acted upon. People had been involved in decisions on the colour of the new kitchen accessories in one of the units. The families we spoke with had not previously attended a relatives meeting but had completed a questionnaire on behalf of their family member. All felt sufficiently involved in their relatives' care. However, people spoken with seemed vague about their care plans and said they had not seen them.

Care plans were regularly reviewed, however there was no evidence that this was in consultation with the person and their representatives. People's life histories had not been completed in some care plans and this did not give a clear picture of the person's hobbies, interests and family connections. Without this information the service found it difficult to plan care and activities tailored to their individual wishes and needs.

We recommend that the service completes people's life histories and explores likes and dislikes in relation to activities

Requires improvement

Is the service well-led?

Our findings

Staff did not always respond to people's changing health needs in a timely way, which meant people did not receive care that reflected the changes.

The service had an experienced registered manager who manages the home; however, they also oversee another of the services homes which means their presence is not always at Hazlemere Lodge.

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

We were told that values which underpinned the service were dignity respect, choice and independence. The registered manager clearly promoted openness and transparency throughout the service. This was evident when incidents were reported on and there was support for staff to learn from these events. For example the day before our visit a member of staff made a medicine error; the registered manager gave us evidence of the incident and how lessons can be learnt from this. The member of staff had reported the incident immediately to the manager without hesitation. Staff received feedback from the registered manager in a constructive and motivating way that means they know what action they need to take. This means that management encourage and deliver an open, fair, transparent, culture that enable staff to feel they can report any concerns they may have with confidence in the knowledge that they will be fully supported in doing so.

We found a key challenge to the service was the recruitment of permanent staff. We saw this was being addressed and a recruitment drive was on-going. The provider had systems in place to monitor the quality and safety of the service provided to ensure they consistently meet the needs of the people who used the service. This included internal audits of key activities including the care provided and incidents and accidents. Audit and quality assurance systems had not been effective in identifying and addressing problems. For example, infection control, care plan and medication audits did not alert the provider to the issues we found during our inspection.

Resident's meetings were held regularly and people's relatives were encouraged to attend where possible and contribute. Minutes of the meetings we reviewed demonstrated that feedback provided was valued and acted upon so that the service could work to constantly improve.

The service and staff worked collaboratively with other professionals to ensure peoples' health and care needs were met. The manager and staff had a clear understanding of the key challenges achievements and risks.

Staff had access to general operating policies and procedures such as safeguarding, whistle blowing and safe handling of medicines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were placed at risk of harm because appropriate care planning did not take place in a timely way Regulation 12 (2) (I)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were placed at risk because systems for managing medicines were not safe Regulation 12 (2) (f) Regulation 12 (2) (h) People were at risk because systems for controlling and preventing infection were insufficient

This section is primarily information for the provider

Enforcement actions

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