

Island Healthcare Limited

Hazel Lodge

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

About the service

Hazel Lodge is a care home providing personal and nursing care to older adults and those with a cognitive and/or physical disability. They can support up to 21 people. At the time of our inspection there were 21 people living in the service.

People's experience of using this service and what we found

People told us they were happy living at Hazel Lodge, received good care and felt respected as individuals.

People and their relatives told us they felt staff provided safe care and knew how to look after them. Staff understood their safeguarding responsibilities and knew how to report any concerns. There were enough staff available to support people. The environment was clean and homely, and people had access to appropriate equipment where needed, which meant people's needs were met.

Quality assurance processes were in place and risks to people and the environment were managed safely. Medicines were administered safely and as prescribed. Records confirmed people received their medications as prescribed and audits were completed to ensure that systems were followed.

Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role. The home was decorated in a homely way and people's bedrooms were personalised.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had developed positive relationships with people and knew them well. People, their relatives and external professionals told us the staff were caring and supported them to feel included.

Staff used positive communication techniques with people, so they felt listened to and valued according to their individual needs. The home supported people to receive appropriate end of life care. There was a complaints process that people could follow if they needed to.

The provider and registered manager had systems and processes to monitor safety and quality within the home. The registered manager understood their regulatory responsibilities and shared information with stakeholders in a timely way. People, their relatives, staff and external professionals told us the registered manager and provider were supportive, and the home was well led.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating

This service was registered with us on 01 June 2020 and this is the first inspection.

Why we inspected

We carried out a comprehensive inspection, so we were able provide a rating for the service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hazel Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by two inspectors on the first day and one inspector on the second day. An Expert by Experience made phone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hazel Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hazel Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information, we had received about the service including notifications.

Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 11 relatives of people about their experience of the care provided. We spoke with seven members of staff including the provider, the registered manager, the deputy, the chef, nurses and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We reviewed the evidence gathered during the inspection. We received feedback from three professionals who have had contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments, which described how staff should support them. These included details about any specific equipment or people's individual health needs. For example, one person was at high risk of chest infections. Their care plan described in detail how they may present and what staff should do, including when to seek external medical intervention, to safely meet their needs. Where people required monitoring of specific needs, recording charts were in place. However, on the first day of our inspection we found although there were processes in place for staff to check, some people's pressure relieving mattresses were not set correctly. We discussed this with the registered manager who took immediate action to add additional checks to ensure people's safety. We checked again on our second visit and all mattresses were set correctly.
- Throughout this inspection we saw staff members safely supporting people with a variety of complex needs. Staff members clearly knew the risks associated with people's care and support and how to keep people safe.
- People and their relatives told us staff knew how to meet people's needs and manage any risks. Relatives comments included, "I know [relative] has got specific monitoring equipment in their room", "[Person] is safe there because they look after them so well" and "I've been really impressed all along by how the staff have identified [relative's] needs and how helpful the [registered] manager was. She went up to the hospital and did specific training on [relative's] particular need before [relative] went to Hazel Lodge." Comments from people included, "I feel totally safe. They always make sure the [bed] sides are up after they've washed me" and "They [staff] make sure I can reach everything like the buzzer before they go."
- Robust systems were in place to identify and manage foreseeable risks within the service, meaning people were protected from the risk of harm. Equipment such as hoists, call bells, water systems and fire safety equipment were serviced and checked regularly. Personal evacuation and escape plans had been completed for each person; detailing action needed to support people to evacuate the building in the event of an emergency.

Using medicines safely

- Medicines were safely managed, and accurate records were maintained of medicines received into the service, administered and disposed of. Nursing staff who administered medicines, received training and had their competency checked to ensure their practice was safe.
- Although systems were in place for people who had been prescribed topical creams, staff were not always following these. We found not all creams prescribed to people, had dates on to show when they had been opened and when they should be disposed. We discussed this with the registered manager and were assured immediate action was taken to correct this and remind staff of the importance of recording dates on topical creams once opened.

- Medicines that required extra control by law, were stored securely and audited each time they were administered.
- Audits of medicines were undertaken to identify any discrepancies with stock levels and ensure records of administration were fully completed.
- Safe systems were in place for medicines prescribed to be administered on an 'as required' (PRN) basis. PRN medicines were regularly reviewed to monitor how much of the medicine was being administered and to ensure they were being taken appropriately.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding policies and procedures in place to protect people from the risk of abuse. Staff understood types of possible abuse and how to identify these.
- All staff working in the service had received safeguarding training, which meant they were knowledgeable about what action they would take if abuse was suspected. One staff member said, "I would always make sure the person was safe first, then report to my [registered] manager, the local authority or CQC."
- People and their relatives told us they felt staff provided safe care and supported people to remain safe. One person said, "I feel totally safe." A relative told us, "I have no concerns at all, he's very safe there." Another said, "Absolutely [safe]! My [relative] is as safe there as she could be anywhere."
- The registered manager and provider were aware of their safeguarding responsibilities and had reported concerns to CQC and the local authority, as required.

Staffing and recruitment

- People told us there were enough staff available to support them. One person said, "There's no problem [with staff levels], even nights and weekends."
- Throughout the inspection we observed that people were given the time they required and were not rushed by staff. Where people rang their call bells, we saw staff attended to these promptly, which records confirmed.
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. This included disclosure and barring service (DBS) checks, obtaining up to date references, 'right to work' checks and investigating any gaps in employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager reviewed staffing levels using a daily monitoring tool, which looked at each person's individual needs and how much support they required. This helped to ensure staffing levels met the needs of people in the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. One relative told us, "The staff all wear their masks and PPE."
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- The provider was supporting people to see their visitors in line with the latest government guidance. Systems were in place to support safe infection control processes for visitors, including them having a COVID-19 test and correctly wearing PPE. All relatives we spoke with confirmed they were able to visit and that safe procedures were in place. However, we received feedback from relatives that they would like to be able to visit more frequently and spend more time with their relatives. Comments included, "I can't always get an appointment when I want, which is a bit bothersome", "Visiting is a bit tight" and "It can be difficult to book an appointment to suit me because they [service] only allow 3 people to have visitors at any one time." We discussed this with the registered manager and provider who assured us they would review the visiting arrangements to support increased availability for people and their relatives.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager to identify patterns and which may help to prevent a reoccurrence. The provider had oversight of this, and any themes or patterns were identified. Records showed action was taken promptly where needed.
- The registered managers ensured risk assessments were updated if required, following any accidents or incidents. Information was shared with staff through handover meetings between shifts, staff meetings and individual staff supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to admission to ensure staff had information that enabled them to provide care that was effective and responsive.
- Information about each person was gathered from them, their relatives and professionals involved in their care. This meant they could develop care plans clearly which identified people's individual needs and the choices they had made about the care and support they wished to receive. These were regularly reviewed.
- Some people had complex needs. Appropriate specialist services had been included in assessing and planning their care and ensuring any equipment they needed was in place prior to admission or being promptly sought.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. People's diverse needs were detailed in their care plans which included their preferences in relation to culture, religion, diet and relationships. For example, care plans described people's relationships with family members, how they were supported to have contact and what mattered to them, such as things they enjoyed doing.

Staff support: induction, training, skills and experience

- Hazel Lodge had a well-established and stable staff team, who had received training that enabled them to effectively meet people's needs and provide person-centred care. A staff member told us, "We are really supported by [provider's name] and [registered manager's name] with our training and are able to access specialist training where we need it, to meet each person's needs." Another said, "We have really good training, and this equips us to do our job safely." In addition, registered nurses were supported to keep up to date with specific training to maintain their nursing registration.
- New staff completed a comprehensive and structured induction programme relevant to their role. This included essential training, working alongside senior members of staff and learning about key documents and procedures within the service.
- People and their relatives told us they had confidence in the staff team and felt they knew what they were doing and how to support people. One person said, "You've only got to spend 17 weeks in [name of location] to realise how good they [staff at Hazel lodge] are." Another said, "All the staff that support me know my needs."
- Staff received regular supervision and an annual appraisal, which enabled the registered manager to monitor and support staff in their role and to identify any training opportunities. Staff told us they felt supported in their roles by the provider and registered manager. One staff member said, "I feel very supported here, you can go to any of the senior management team and always feel listened to and they take action if needed."

Supporting people to eat and drink enough to maintain a balanced diet

- Food and drink were provided in line with people's assessed needs and personal choices. A staff member told us, "As soon as we know what people like, we get it in for them. For example, when fish and chips is on the menu, we know one person only likes smoked fish, so this is always provided."
- Throughout the inspection, we observed people were supported appropriately to eat and had regular drinks. Care records and food and fluid charts confirmed this. One person said, "Yes, it's [food] nice and I get enough." Another said, "The food is good. If I don't like the dinner, I ask them [staff], and they will get me something else." A relative said, "My [relative] has enough to eat and drink, almost too much."
- Where people required a specific diet or food and drink of a different consistency, plans were in place to ensure staff understood their needs and associated risks. Staff monitored people's needs closely and specialist external professionals were involved where required.
- Mealtimes were a sociable experience for people who chose to sit in the dining room. We observed staff supporting people with patience and dignity, whilst enabling them to be as independent as possible. For example, we observed a staff member supporting a person who required lots of encouragement to eat. This was done so in a supportive and encouraging way, which clearly demonstrated they knew the person well.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access external professionals when required. An external professional told us the registered manager and staff worked well with them to ensure people's needs were met. They said, "Staff ask for advice when needed and are open to working with [external professionals]."
- If a person needed to be admitted to hospital or move to another service, staff ensured key information about the person was sent with them, which was in an accessible format. This helped ensure the person's needs continued to be understood and met.

Supporting people to live healthier lives, access healthcare services and support

- People's general health was monitored by staff and they were supported to have healthcare checks when needed. For example, people were supported to access opticians, chiropodists, and maintain their oral health.
- The service had good links with the local health clinic and a 'advanced nurse practitioner' supported them and visited when needed to review people's health needs, or to ensure prompt access to treatment and medicine. In addition, records showed that GP's, specialist nurses or other external professionals' involvement were requested when needed. An external professional told us, "I have always found them [staff team] to be very helpful, proactive and keen to understand about [specific health need], in order to be able to help my patients." One person told us, "I just speak to the nurse if I need anything else like painkillers. They [staff] ring the Doctor if needed." A relative told us, "On admission [relative] needed wound management, and staff liaised with the tissue viability nurse. Staff then were able to dress it appropriately and it healed within 6 weeks."
- Relatives told us they felt health needs were well met and they were contacted if appropriate to share information. One relative said, "They [staff] always phone me if there's an issue."

Adapting service, design, decoration to meet people's needs

- The service was well maintained and the environment and been designed and adapted to promote people's safety, independence and social inclusion.
- People's bedrooms were decorated to their taste and individual interests, with personal possessions, furniture and photos.
- The provider was committed to the continuous improvement of the service to ensure people's needs were met. For example, they had recently completed some building work to enable the specific needs of one person to be met, so they could access their environment.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had received specific training which had led to staff having an understanding of the requirements of the MCA. This meant staff understood how to protect people's human rights and sought consent before supporting people in line with the MCA. We saw this in practice during our inspection. One staff member said, "I think it is so important to ask people what they want to do, we need to support them to make their own choices as much as possible."
- Where people had capacity to make their own decisions, we saw they had been involved in how they wanted care and support to be provided. Care staff were following people's documented wishes.
- Mental capacity assessments were completed for people who could not make some decisions for themselves. MCA assessments were detailed and demonstrated their relatives and external professionals had been consulted where appropriate, to make decisions in their best interest.
- The registered manager understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and making notification to us about those applications being granted. There were systems in place for monitoring these and ensuring they were kept up to date.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had built caring and trusting relationships with people and there was a strong person-centred culture in the home. One person said, "I'm very happy being here. The staff are really good and really nice." Another said, "I can talk to the staff about anything, they're just so friendly. I don't feel I'm a patient, I feel as if I'm part of a real family here." Feedback from external professionals confirmed staff were kind, caring and dedicated to the people they supported. Comments included, "Staff are very kind and caring towards people" and "Staff know the residents [people] and their needs well and are nice and helpful."
- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. Staff clearly knew people well, understood their likes and dislikes and treated them with kindness. Our observations confirmed this. For example, staff knew one person who was unable to verbally communicate, enjoyed games shows, music and liked having staff chat to them in an upbeat way. We observed staff talking to this person in this way and the person responded positively. In addition, a relative described to us, how staff had supported their relative to celebrate a birthday. "Not only did they make her a cake, but they took photos of her, printed them out and gave them to me next time I visited."
- Relatives told us they felt welcome in the service and thought staff were caring. One relative said, "Staff are so supportive. They don't just care for [relative], they care for the whole family." Another said, "You can see [relative's] face light up when they [staff] come in. They've got a personal connection with [relative]. It's nice to know they are safe and being looked after."

Supporting people to express their views and be involved in making decisions about their care

- People's care plans demonstrated they and their family members, had been involved in developing them and they captured information about their needs and what was important to them.
- Staff supported people in a way that gave them time to process information, so they were able to make decisions. For example, we observed a staff member speaking to one person in a calm, supportive way, whilst encouraging them to eat. Another person was supported by staff to choose where they wanted to sit when they came into the communal area. Staff checked they were happy, what they wanted to drink and if they needed anything else before, they left them. This demonstrated people were supported to be involved and make decisions at a pace that was in line with their needs and ability. One person told us, "They [staff] always explain what's happening and I don't feel rushed either. Staff talk with me and we decide together how best to do things."
- Relatives told us they felt staff supported people to make decisions but were consulted if people were unable to make decisions for themselves. A relative commented, "They [staff] are brilliant with communication [with relative]. They still offer them choices and explain what they're doing. They are aware of [person's] subtle body language, facial expressions and their manner."

Respecting and promoting people's privacy, dignity and independence

- Staff understood their responsibilities when respecting people's privacy and dignity. Staff recognised when people wanted to spend time on their own and always knocked before entering rooms. One person told us, "They [staff] always ask me if I want my light on or off and if I want my bedroom door closed." Relatives comments included, "They [staff] ask me to leave the room when they [relative] change" and "They treat [person] with respect when they care for [person]."
- People were supported to maintain their independence as much as possible. Staff knew people's abilities well and this was reflected in their care plans, which described how they could be encouraged and what they could do for themselves. A staff member told us, "I always ask people what they would like to wear, or what they want to eat, so we involve them in everything." A person told us, "Staff have always got encouragement. They always want the best for you and give me that confidence to get better." Another said, "We work together so if I have any difficulties getting comfortable in bed, they [staff] know to pull one of my legs over the other."
- Relatives told us staff supported people to progress and do as much for themselves as possible. One relative told us, "They encouraged [person] to talk and they can now carry out a conversation [where they couldn't before]." Another said, "When [person's name] first went there [Hazel Lodge], they could do nothing with their hands. They [staff] have encouraged [person] to be independent and now they have made progress."
- The service had clear systems in place to ensure confidentiality, which staff were aware of and adhered to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed prior to them going to Hazel Lodge. Information from the initial assessments completed, was used to develop detailed care plans. Care plans were reviewed, and people and their relatives were involved as appropriate. One relative said, "Staff call me regularly and [staff name] phones me every month and we go through [person's] care plan. If they've got any concerns, they tell me."
- People received personalised care and support, specific to their needs and preferences and were respected as an individual, with their own social and cultural diversity, values and beliefs. For example, one person was an avid supporter of a football team, which staff knew by talking to their family. The person's room had some items relating to this and staff would chat about football with them. A relative told us, "They [staff] do go out of their way to make sure they all know about [person's] past interests and they try to find stuff on TV they might be interested in. They've been good about working out which music [person] likes as well." This demonstrated information had been captured that was specific to each person's likes and interests and their care and support was provided in a way that suited them.
- Staff supported people to meet their spiritual and religious beliefs. This had been impacted during the coronavirus pandemic, but the registered manager told us they were arranging for a local church to support people by re-starting services in the home again.
- People told us their needs were met by staff that knew them well. One person told us, "The staff are smashing. The best thing about living here is the care side, it's brilliant."
- Relatives told us they felt the staff knew people well, understood how to support and encourage them and could meet their needs. Relatives comments included, "They [staff] have a level of understanding and patience with my [relative]" and "I trust the staff; They will do what's best for [relative]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication was considered within their care plans. For example, where people had communication needs, information was detailed in their care plans about how staff should support them to understand. One relative described to us how they were very impressed as a staff member spoke to their relative in a different language, "Amazingly my [relative] has been responding in [language]. They [staff member] encourage [relative] to talk and they can now carry out a conversation [in different language]."
- Staff described to us how they supported people to understand and make choices. For example, one staff

member described how they show people items, to help them when choosing what to wear. Another staff member told us they understood the need to give people time to be able to make decisions, rather than rushing them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in meaningful activities. We observed people being supported with an arts and craft activity and saw that activities such as quizzes, singing and gardening were provided. However, the frequency and variety of this had been impacted throughout the coronavirus pandemic. The registered manager told us they were reviewing the activities available and were starting to plan for increased availability to people. For example, they had recently taken some people to a local town for day out of entertainment and art and were planning events such as an Easter party for people and their families, day trips to the seaside and a summer party to celebrate the Queen's diamond jubilee.
- In addition, staff had arranged food theme nights where staff and residents ate together and staff had specific days where they could bring in well behaved dogs, as people enjoyed spending time with them. The registered manager told us they have previously also arranged for donkeys from a sanctuary to visit and other small pets. They are planning for these to happen again, now restrictions have eased.
- Staff supported people to celebrate events that were important to them, such as birthdays and anniversaries, with their family and friends. For example, people received a cake and their bedroom decorated with banners and balloons.
- People were supported to maintain and develop relationships with those close to them. For example, one person had not had contact with a family member for some time. Staff had supported the family to plan for a visit and understood the emotional impact of this and therefore were ensuring the right support was in place. People had relationship support plans within their care records that identified who was important to them and how they could be supported to maintain regular contact with them. A relative told us, "A lot of thought goes into what they do. [Relative] gets her nails painted regularly and her hair done, as this is important to them."

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, investigated and responded to. The provider had a suitable complaints procedure in place, which was followed by the registered manager and staff. Complaints were listened to, taken seriously and dealt with appropriately. Records confirmed this.
- People and their relatives told us they knew how to raise a complaint about the service, if they needed to. A relative told us, "I'm confident they'd [staff] come straight to me if they had any concerns. And we could speak to anybody on the phone if we had any." Another said, "I've got absolutely no complaints. I'd definitely recommend them [Hazel Lodge]. They [staff and management] are always happy to speak with me and answer any questions." A person said, "I know who to complain to if I needed to, but I don't."

End of life care and support

- Staff had received training in end of life care.
- People had end of life plans in place, which captured their wishes for how they would like to be cared for at the end of their life. This enabled staff to understand what was important to them.
- Relative's told us they felt staff were compassionate and understood the importance of people's wishes and their relationships at the end of life. For example, one relative told us, how staff had supported their relative to visit another relative at home, who had been at the end of their life. They said, "Staff are so supportive. They don't just care for [relative], they care for the whole family."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they were happy with the care provided at Hazel Lodge and staff knew them well. One person said, "It's [the service] 100%. The staff are brilliant. They all come in with a smile on their face. Nothing is too much trouble. It's a nice, friendly atmosphere." A relative said, "We're made to feel very welcome in the care home community."
- The staff team, registered manager and provider all understood of the importance of developing a person-centred culture in the service. It was very clear this has been achieved and we observed friendly supportive conversations between people and all staff. One person told us, "Staff here are just so good. They never make me feel like I'm a burden. It's really put my mind at rest."
- People and their relatives told us that the home was well run. A relative told us, "They [staff] are very professional, very kind and very accommodating. They do a good job and make us all feel very welcome." Another said, "It's like a little family. It's as good as it can be. [Registered manager's name] is always helpful and good to talk to."
- Staff told us they enjoyed working in the service and were committed to making sure there was a supportive and empowering culture for the people living there. One staff member said, "I love working here, it is honestly such a nice place to work." Another said, "It is such a lovely atmosphere here, it is really supportive; We all look after each other."
- The registered manager was able to demonstrate the service followed current and relevant legislation along with best practice guidelines. There were systems in place that ensured people received person-centred care which met their needs and reflected their preferences. One relative said, "The best thing about Hazel Lodge is that the [registered] manager is very approachable. She's a brilliant manager."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. Following any incidents people and their relatives were kept informed showing a transparent service.
- The registered manager and provider were open with us and committed to ongoing service development.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge, and experience to perform their role and understood

the service they managed. They had notified CQC when required of events and incidents that had occurred at the service.

- Effective communication between the registered manager, senior staff and staff team supported a well organised service for people. Staff were confident about raising any concerns with the registered manager. One told us, "I can talk to the provider, [registered] manager, deputy or anyone, we are all part of a team and encouraged to say if we think something is wrong or we could do it differently."
- The provider had regularly oversight of the service and had systems in place to monitor the quality of care being delivered. The registered manager told us they had a positive relationship with the provider and there was a system in place to log any requests for new equipment or if repairs were needed.
- Policies and procedures were in place to aid the smooth running of the service. Processes were in place to ensure these policies and procedures were available to and understood by staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's policies promoted people's privacy, dignity, independence, choice, rights and fulfilment. We found staff reflected this culture within the service.
- The staff team were motivated and as a result, people were cared for by competent staff who knew them well. The registered manager told us, "We are lucky here as we have a good strong well-established team who want the best for the people living here."
- Staff meetings were held regularly. Meetings were used to provide information, such as any changes planned, training, sharing best practice and introducing new activity ideas. Minutes were kept and showed that where issues or suggestions were raised, action was taken.
- People's individual life choices and preferences were met. The registered manager and deputy manager were clear how they met people's human rights. People and their relatives were involved in planning care and support and the management team regularly spoke to people and involved them in decisions. A person told us, "I see the [registered] manager regularly. My visitors feel very welcome and staff involve everybody."
- Relatives told us they felt they were kept informed and supported to be involved in decisions about their relatives, where appropriate. One relative told us, "Communication is good, they call me when needed and we get information about any changes sent out in emails."

Continuous learning and improving care; Working in partnership with others

- The provider had arrangements in place to support the registered manager in their professional development. For example, regular managers meetings were held with managers from the providers other services. Any incidents that had occurred in any of the providers services, were discussed so that lessons could be learnt, if needed. This meant that the registered manager was supported to keep up to date with latest guidance and best practice.
- The provider arranged for external training for the registered manager or staff where required, to support people's assessed needs. For example, specialist training was sought to ensure staff understood how to meet people's specific diagnosed medical conditions.
- The registered manager kept up to date by monitoring information from organisations such as the National Institute of Care Excellence (NICE), CQC, Medicines and Healthcare products Regulatory Agency (MHRA) and Public Health. This further enabled them to keep up to date with best practice and consider ways to improve people's care experiences.
- The provider and registered manager sought feedback from people, their relatives, external professionals and staff about the service in a range of ways, including quality assurance surveys and informal conversations.
- The registered manager and provider worked well with external health and social care professionals and this supported good outcomes for people in the service. An external professional told us, "I am impressed

with them [staff team] and I would happily recommend the service." Another said, "They [staff] were very proactive in supporting a person and in trying to get things moved forward. They asked for advice when needed and were open to working with people."