

J Harrison

Hazelgarth Lodge Residential Care Home

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 inspection took place on 6 and 8 September 2017. It was unannounced on the first day and announced on the second.

Hazelgarth Lodge is a care home in the village of Hunmanby. It provides accommodation for up to 11 older people who require assistance with personal care. At the time of our visit there were 11 people who used the service.

At the last inspection on 6 November 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

The provider is not required to have a registered manager in post. The provider manages the service. We have referred to them as the manager throughout this report. 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.

People told us they felt safe and were well cared for. The manager followed robust recruitment checks, to employ suitable people. There was sufficient staff employed to assist people in a timely way. People's medicines were managed safely.

Staff had completed relevant training or were booked on a refresher course where needed. We found that they received supervision, to fulfil their roles effectively. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People said they enjoyed good food. People's health needs were identified and staff worked with other professionals, to ensure these needs were met. People's independence was promoted. The service provided people with care that met their wishes and choices, whilst protecting their privacy and dignity.

Staff were knowledgeable about people's individual care needs and care plans were person centred and detailed. People were satisfied with the level of activities within the service and said they enjoyed the company of others in the service. Spiritual needs were met through in-house services and one-to-one pastoral care when requested.

People told us that the service was well managed and organised. The manager assessed and monitored the quality of care provided to people. People and staff were asked for their views and their suggestions were used to continuously improve the service.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Hazelgarth Lodge Residential Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 6 and 8 September 2017 and it was unannounced on day one and announced on day two.

The inspection was carried out by one adult social care inspector and an expert-by-experience on day one and by an adult social care inspector on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to older people.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted North Yorkshire County Council (NYCC) safeguarding and commissioning teams. We asked the registered provider to submit a provider information return (PIR) and this was returned within the agreed timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The information we gathered was used to plan this inspection.

At this inspection we spoke with the provider / manager, two visiting healthcare professionals and two members of staff. We spoke with eight people who used the service and one relative. People who used the service all had capacity and were able to provide us with feedback. We observed staff interactions with people and the level of support provided to people throughout the day.

We looked at two people's care records, including their initial assessments, care plans, reviews, risk assessments and medication administration records (MARs). We also looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, audits, stakeholder surveys, recruitment information for three members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. One person told us, "The whole atmosphere here makes you feel safe." We saw the manager monitored and assessed accidents and incidents to ensure people were kept safe and any health and safety risks were identified and actioned as needed.

The service was well maintained and health and safety checks on the fire, electric and water systems were carried out by external contractors. Fire risk assessments and procedures were in place. We spoke with two staff about fire and evacuation within the service. They had a good understanding of the procedure to follow in an emergency. One member of staff explained how the fire panel worked and showed us the fire box in the porch which contained essential paperwork and items for use in an emergency. There was a visual fire indicator in the kitchen for a member of staff who was deaf.

Staff said they were confident about raising any issues with the manager; they had access to policy and procedures and yearly training. Information we held about the service showed that there had been no safeguarding alerts made about the service in the last year. This demonstrated to us that the service took safeguarding incidents seriously and ensured they kept people safe.

People said there were enough staff and they told us, "Definitely enough to cater for my needs" and "I haven't met all the staff, but between them they make a really good team." We looked at the rota and observed the daily life in the service. There were sufficient staff on duty to meet people's needs. There were care plans and risk assessments in place that recorded how identified risks should be managed by staff. These had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

People told us, "Tablets always arrive on time." We found medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. We saw staff were patient with people when administering medicines and asked if they required pain relief. Administration times were flexible to ensure medicines were administered at the most effective times, such as before food. The manager carried out an audit of the medicines and stock checks were completed by the staff to ensure safe practices were being followed.

Communal areas were clean, bright and well furnished. There were no malodours. We saw that personal protective equipment (PPE) was available around the service and staff could explain to us when they needed to use protective equipment. Ample stocks of cleaning materials were available. People said, "The whole home is lovely and clean" and "Absolutely spotless."

Robust recruitment practices were followed to make sure new staff were suitable to work with vulnerable people. These included application forms, interviews, references and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and

prevent unsuitable people from working with vulnerable client groups.

Is the service effective?

Our findings

One visitor told us staff were trained to be able to meet their relative's needs. People who used the service also thought staff were equipped with all the necessary skills to look after them. They told us, "Although staff are sometimes in a hurry, they always find time to listen." Observations showed that people got on well with the staff and there were some very positive interactions with a lot of laughter and good humour.

Staff had access to an induction, supervision and training programme and we were given a copy of these. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Staff told us they completed training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Records showed staff also received training in topics such as Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Everyone who used the service had been assessed as having capacity so there were no DoLS required. People who used the service said they were able to go into the community independently and we observed this during our inspection.

We saw no evidence of people's signatures on their care plans or completed consent forms but people who spoke with us knew what was in their care files and said they had ample opportunity to discuss their care and support with the manager and staff.

Two healthcare professionals told us, "The care here is 'spot on' and staff are marvellous with people" and "This is a lovely home with really nice staff." Staff recorded all health appointments in the diary. One person told us, "I can see my GP if I need to and I go to the hospital twice a year for check-ups." People told us staff would either arrange for a GP to visit them at the service or would take them to the local surgery. People visited an optician in Filey, or the local optician in Hunmanby and they told us a chiropodist visited every three months.

People were served hot drinks and biscuits mid morning and people staying in their rooms had glasses of cold drinks to hand. People in the lounge told us should they want a cold drink or snack they had only to ask kitchen staff - and should the kitchen be closed, a member of the care team would always fetch them something. There was a five week menu on display, which was in a clear, large print format making it easy for people to read. One person told us, "The food is very good. If I don't like anything on the menu then I am always offered an alternative." People said the lunch time meal of pork casserole was, "Beautiful." Portion sizes were good and a vegetarian option was served to one person. The atmosphere was very calm and relaxed, everyone ate at their own pace. One person arrived late, but staff had lunch waiting and served it once the person was seated.

Is the service caring?

Our findings

People who used the service were relaxed and comfortable in the company of staff. People we spoke with told us, "Staff are very caring" and "I feel they know me as a 'name not a number'. I think staff care about us, they are so very kind." When we asked if staff treated them with kindness and respect, one person told us, "Although very friendly, staff are also most respectful." Another person said, "They've plenty to look after here, we all get treated the same. Can't complain about anything."

There was a lovely atmosphere within the service and we observed staff speaking openly and honestly with people who used the service. Staff showed a genuine interest in what people were doing and took time to converse with people about their interests and daily lives. One person told us, "I have been in here a year now and I think the service is great. Staff are lovely. I have settled in well and have lots of friends here."

People told us staff were polite, respectful and protected their dignity. They said that staff spoke with them and involved them in daily decisions. We were told, "Staff are very kind and respectful, they will always help you" and "Staff are always most careful to preserve your modesty." People were encouraged and supported to wear hearing aids and spectacles. Everyone looked clean and well cared for. One person who spoke with us was very aware of what they wanted with regard to their care and support. They told us they could do most things for themselves but just needed a bit of support with bathing. They said, "I can have a lovely bath when I want one. The staff know to let me 'soak' for a while and make sure I have the call bell to hand to let them know when I am done and ready to get out."

We observed staff always knocked before entering a person's bedroom. We spoke with a staff member who told us, "I've been here six years, it's a lovely place to work. Such a lovely, homely atmosphere" People were encouraged to be as independent as possible. For example, one person told us, "I am going out to Filey today. I have booked a taxi there and back; sometimes I use my bus pass and go on public transport."

We saw people walking around the service and interacting with each other. They were able to go where they wished and staff offered them discreet help when needed. One person who was at risk of social isolation, was gently encouraged by staff to come out of their room each day. We saw them walking down to the lounge where they took part in an activity with others. Visitors and people who used the service told us that family and friends were always made welcome at the service and one relative said, "We are always offered a cup of tea."

People told us they thought staff were caring and supportive. One person told us "One member of staff makes a point of taking us out for a walk around the village, pointing out all the landmarks so we know a bit about where we live and how to get around in the community."

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the manager. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Is the service responsive?

Our findings

People told us they chose their own daily routines. This included when they went to bed, when they got up and whether they chose to eat in the dining room or in their own rooms. One relative said, "Communication with staff is excellent, they will ring me if there are any problems with [Name's] health."

People's care plans were extremely detailed, person-centred and up to date. Each of the care plans included details of the person's care needs, their wishes and preferences in the area of need and any risks related to the need. This meant that people's care plans included a wide range of information designed to assist staff to support them effectively. When people's needs changed this was clearly recorded.

The staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and care plans were in place to make sure people stayed safe and well. People were invited to attend reviews of their care and treatment each year with the funding authority (where applicable) and other people involved in their care. Families were also invited with permission from the person who used the service.

We saw evidence of staff being responsive to people's needs whilst observing care in the home. For example, staff gave one person their inhaler prior to asking them to walk to the dining room for lunch. This meant the person was less likely to feel breathless on exertion. In one care file we looked at we saw that the blood results for one person and their next hospital appointment had been discussed with the person who used the service. This showed people were included in decisions about their care and support.

Activities at the service were 'person led'. We observed one person completing a large 500 piece jigsaw puzzle in the main lounge and library volunteers delivered books to other people. The library volunteers said, "People tell us which genre books they like, and up to five books are fetched / collected per person every two weeks." There was a small 'Quiet Lounge' available if people preferred to sit there. Once a week there was a 'film night' in the lounge and Bingo. People told us, "We can go out in the village with staff or on our own. Just have to tell staff when we are going out, and when we come back."

There was a varied selection of large print books on display, magazines and a daily paper. Also a good selection of music CD's and a large television in the communal lounge. We noted that people liked sitting near the large bay window, chatting to each other and looking out. The imminent visit by the hairdresser was well anticipated, most people told us they had booked visits.

Four people told us they had formed a domino team, and had regular games. A local vicar attended once a month to lead a service and give communion to anyone wishing to partake. The service supported people to join in local activities, these included visiting the village 'open gardens' event and using the facilities available in the village. One person told us, "I enjoy reading the daily newspaper, having a chat with my friends in the home and I go out socially with family and friends."

People had access to a copy of the registered provider's complaint policy and procedure in a format suitable for them to read and understand. None of the people we spoke with had made a complaint about their care, but all said they would speak to one of the care workers or manager should they have a problem. Our checks of the records kept by the service showed no complaints had been received in the last year, but there were lots of very positive compliment cards and letters. One person said, "I see the manager most days for a chat. You get to know what is going on and have time to ask any questions you may have."

Is the service well-led?

Our findings

Everyone we spoke with who lived at the service said they knew who was the manager and often talked with them. The visiting relative also knew the manager. People told us, "I am well informed about what goes on at Hazelgarth Lodge" and "Relationships here, between staff and residents are very good."

The provider was not required to have a registered manager in post. The provider managed the service and lived on-site so they were available to staff and people on a daily basis.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relative, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the manager sought ideas and suggestions on how care and practice could be improved. The manager was described as being open and friendly and there was an open door policy.

Our observation of the service was that it was well run and that people who used the service were treated with respect and in a professional manner. During this inspection we received positive feedback about staffing, the environment and positive comments about the manager. People said they saw the manager every day and had the opportunity to chat with them and the manager took time to listen and respond to them.

Feedback from people who used the service, relatives, health care professionals and staff was usually obtained through the use of satisfaction questionnaires. Those we saw for 2017 rated the service as 'Good' or 'Above average'. This information was analysed by the manager and where necessary action was taken to make changes or improvements to the service. For example, we saw that one person had asked if the curtains in the dining room could be replaced. The manager had immediately put in an order for new curtains.

We found an engaged, friendly and experienced staff team in place. Staff were encouraged to share ideas and reflect on their performance through daily meetings and regular discussions / supervisions with the manager. Incidents and concerns were also discussed and used as a 'lessons learnt' process to make sure events did not happen again. The manager said one action from these meetings was their decision to overlap shifts so staff had time to carry out one-to-one activities with people.

The manager audited daily the safety of the service and the health and well being of people who used the service. Not all the audits were formally recorded, but the manager shared with us a new audit tool they had developed and intended to use each month as part of their quality assurance checks. We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.