

Hazelwell Lodge Limited

Hazelwell 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

Hazelwell Lodge is a residential care home registered to provide personal care and accommodation to up to 50 people. The home specialises in the care of people living with dementia. At the time of the inspection 36 people were living at the home.

The building is divided into three areas, The Bay, The Lilies and The Orchids but people are able to move around all areas of the home.

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

People lived in a safe environment which had been adapted to meet the needs of people living with dementia. There was space for people to move around freely, including outside space, and objects for people to interact with. Risk assessments were completed to promote people's well being and safety.

People received care and support from well trained staff who had the skills and experience to meet their specialist needs. People's mental and physical healthcare needs were monitored, and they had access to professionals outside the home.

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.

People were cared for by a stable and caring staff team who treated them as individuals and were respectful of their wishes and preferences. People and their representatives were involved in planning their care as far as they were able. People made choices on a day to day basis.

People had comprehensive care plans which ensured staff had information about their needs and wishes even if they were unable to fully express themselves. This helped to make sure staff provided care and support in a way that respected people's personalities and preferences.

People were able to have visitors at anytime to help them to keep in touch with friends and family. Visitors told us they were always made welcome and staff communicated well with them.

People benefitted from a clear management structure who kept up to date with good practice and legislation. This helped to make sure people received a high standard of care and support. The management of the home was open and approachable and constantly looked at ways to make improvements to people's care and support.

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

Rating at last inspection

The last rating for this service was good (Published 15 July 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Hazelwell 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hazelwell Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates 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

We looked at all the information we had received from and about the home since the last inspection. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and four relatives about their experience of the care provided. We spoke with eight members of the care staff team and a visiting healthcare professional. The registered manager and provider were available throughout the inspection.

Some people were unable to fully express their views to us, we therefore 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.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff training. Also, a variety of records relating to the management of the service, including staff meeting minutes and audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The provider had systems in place to minimise the risks of abuse to people. There was a robust recruitment process which helped to ensure new staff were suitable to work with vulnerable people. There was also training for staff in how to recognise and report suspicions of abuse.
- People were comfortable and relaxed with staff. When staff approached people they verbally greeted them or smiled and laughed. Some people sought out staff for physical reassurance such as hand holding or hugs. One person said, "Staff are alright. They don't hurt you."
- The provider worked with relevant authorities to make sure any concerns were fully investigated, and action was taken to keep people safe. Staff told us they were confident that if they reported a concern to any member of the management team they would be listened to, and action would be taken to protect people.
- People were supported by adequate numbers of skilled and experienced staff to meet their needs and keep them safe. During the inspection we saw people were assisted in a calm and unhurried manner. One person told us, "I feel quite safe, they help me. I like people around me."

Assessing risk, safety monitoring and management

- People lived in a home which was safe and well maintained. The provider carried out risk assessments and regular checks to ensure people's safety. Checks included testing the fire detection system, water temperatures and all lifting equipment.
- Risks to people were minimised because individual risk assessments were carried out. Control measures were put in place where risks were identified. This included ensuring people had the equipment they required to maintain their safety and comfort.

Using medicines safely

- People received their medicines safely from competent staff. Only staff who had undertaken specific training, and had their competency checked, were able to administer medicines.
- Records were kept of all medicines administered or refused to enable the effectiveness of prescribed medicines to be monitored. We found some minor errors in the recording of medicines. However, the provider was aware of this shortfall and had arranged further training and competency checks for staff.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. There were protocols in place to give staff information about when these medicines should be given.

Preventing and controlling infection

- The home was kept clean and fresh by a team of dedicated housekeeping staff. This helped to minimise the risks of the spread of infection. We discussed with the provider some areas in the bathrooms that

needed attention to further minimise the risks of infection. Assurances were given that these would be addressed.

- Staff had received training in good infection control practices and used personal protective equipment such as disposable gloves and aprons. This also helped to protect people from the risks of infection.

Learning lessons when things go wrong

- The provider and management team always looked for ways to improve the care and support people received. They used incidents to learn and improve. For example, a new observation system had been put in place to make sure people received appropriate care following a fall. Comments from staff showed this new way of working was fully embedded into practice.

- Any incidents or accidents which occurred at the home were recorded and analysed by a member of the management team. This enabled them to identify what may have led to the incident and therefore put measures in place to avoid re-occurrence and improve people's well-being.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Staff support: induction, training, skills and experience

At the last inspection we found improvements were needed in how people's physical healthcare needs were assessed, monitored and recorded. At this inspection we found improvements had been made. A visiting healthcare professional told us they had no concerns about how people's physical healthcare needs were met.

- Care plans were created from initial assessments to make sure people received care in accordance with their needs and preferences. Care plans were comprehensive and gave staff all the information they needed to provide personalised care to people.
- People received care and support to meet their needs. For example, where people required help to reposition themselves, to minimise the risks of pressure damage to their skin, staff assisted them and recorded their actions. One member of staff said, "We have a few people who do sit still for long periods, so we make sure they have a move around. Prevention is better than cure when it comes to pressure sores."
- Staff received training in health and safety and subjects relevant to people's needs. This ensured people received their care and support in accordance with up to date best practice guidelines and legislation. One visitor told us, "I have total confidence in the staff. They are patient and skilled." Another visitor commented, "They all have to do training. If they weren't well trained, they wouldn't be so caring."
- People at the home were living with dementia and staff had the skills required to make sure people received care and support in accordance with their needs and wishes. During the inspection we saw staff worked with people to enable them to make choices and express themselves. One visitor said, "They tend to sit and talk, nobody ever corrects them or makes them feel stupid. They react quickly if there's an incident, they're just like that. It's resolved very quickly."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to a range of healthcare professionals to meet their needs. The staff had good relationships with other professionals to support people with their physical and mental health. One person told us, "If you're not well they get the nurse or refer to the doctor."
- Staff monitored people's health and well-being. They worked with other professionals to make sure people received the care and treatment they required to manage long term conditions and periods of acute illness. District nurses visited the home regularly to provide treatment and ensure people had the equipment they required.
- Staff made sure people received appropriate care if they were admitted to hospital. Staff sent an overview

of the person's care plan and information about medicines to the hospital. This ensured professionals caring for the person, had information to help them to provide consistent care even when people were unable to fully express their needs.

- People's oral healthcare needs were met. Staff had received specific training in how to support people to maintain good oral hygiene and each person had a care plan which showed the support they required.

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

- People's nutritional needs were assessed and met. At meal times there was a choice of food. People who required a specific diet, such as fortified or softened, were provided with it. For example, one person's care plan stated the consistency of food required and the type of beaker they needed. At lunch time this person received their meal in accordance with their care plan.
- People were happy with the food provided. One person said, "The food's lovely." Another person commented about the food, "Very nice, I'm fussy about food, it passes every test." At lunchtime we observed people ate well.
- People received the help and encouragement they required to eat and drink. Staff, who physically assisted people to eat, sat with them and chatted. They made sure people knew what they were eating and helped them at their own pace.
- Cold drinks and snacks were available in communal areas for people to help themselves to. Staff also offered people hot drinks throughout the day. One person who told us they liked to stay in their room said, "They bring snacks to me. Crisps and biscuits."

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

- Since the last inspection the provider has extended the home and increased the number of people who could be accommodated from 35 to 50.
- The building was decorated and equipped to support people living with dementia to maintain independence and well-being. There was signage in the home and staff used research regarding colours to help people to orientate themselves.
- People had access to all areas of the home including safe and stimulating outside space. During the day doors between different areas were unlocked and garden areas could be accessed by people from different parts of the home. One person said, "I like the garden." Another person told us, "It's very nice there's lots of open spaces. It's been alright, I'll be glad to get out, but it depends on the weather."
- Some areas of the older building were tired and in need of refurbishment. The provider told us they planned to upgrade all areas to the standard of the new extension.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- People were asked for their consent before staff assisted them. Where people lacked the mental capacity

to make decisions their legal rights were respected because staff worked in accordance with the mental capacity act and made decisions in the person's best interests.

- People had their capacity to make specific decisions assessed. The staff involved family members and professionals to make a best interest decision where people were assessed as lacking capacity. For example, one person had been assessed as needing bedrails to keep them safe. The person was unable to give consent and therefore family members were involved in making the decision.
- The registered manager had made applications for people to be legally deprived of their liberty where they required this level of protection to keep them safe. No specific conditions were identified where people were being cared for under the Deprivation of Liberty Safeguards.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were cared for by staff who were kind and compassionate. Interactions between people and staff were respectful but friendly. Staff used gentle touch to encourage and reassure people and people looked very comfortable with the staff who supported them. One person said, "Staff are kind to you."
- There was a stable staff team who knew people well and the things that gave them pleasure or comfort. For example, one person became disorientated and staff quickly intervened to offer distraction and support. The person relaxed and was later seen laughing with a member of staff.
- People's individuality was respected. Care plans contained information about people's life histories and the people and things that were important to them. This enabled staff to support them to continue to live as they chose to.
- Staff had received training in equality and diversity and cared for people in a way that was non-discriminatory. People's lifestyle choices, including their sexuality and gender identity, were respected and supported by staff.

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

- People were able to express their wishes on a daily basis. People were free to choose what they did each day and how their care was provided. Staff knew people well and responded to their individual needs. For example, if people chose not to get up in the morning, or wanted to stay in their nightclothes, staff respected these choices and made sure people were safe and comfortable.
- Staff encouraged people and their representatives to be involved in their care plans and deciding how their care would be provided. One person had agreed with staff a time to chat on a one to one basis each day which helped to alleviate their anxieties. This was recorded in their care plan. One person told us, "They know a lot about me, what I like."
- Relatives felt involved in people's care and were able to express their views. One visitor told us, "They keep me informed about everything and they listen. They really want to know what would suit [person's name]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence were respected. Each person had their own room where they could spend time alone or meet with visitors. During the inspection some people spent time in their rooms and some preferred the company in the communal areas.
- People were treated with dignity and respect. People were able to choose the gender of the person who supported them with personal care. Where people were unable to verbalise their views, staff monitored their reactions to different staff to ensure they were comfortable to be helped. One person told us, "They've got

quite a bit of respect. Personal hygiene, they don't do it in front of anybody."

- People's independence was promoted where appropriate. For example, one person liked to go out on their own to meet with friends and staff respected this wish. One person told us, "If I've needed help one of them are here, they will help me. If I'm capable I will do it myself."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had their needs assessed before they moved into the home. This helped to make sure the service was able to meet people's needs and expectations. One visitor told us, "They came to the home and talked to us and them."
- Care plans were created from initial assessments. The care plans were very comprehensive and personal to the individual. This made sure staff had the information they needed to provide very personalised care even when people were not able to verbally express their views.
- People said they were able to choose what they did each day. We saw people made choices about what time they got up and where they spent their time. One person said, "You can do what you like. I feel lucky to live here."

End of life care and support

- People could be confident that at the end of their lives they would receive compassionate and professional care. People's care plans contained information about the care they would like to receive and where they wished to be cared for at the end of their lives. This helped to make sure people were supported in accordance with their wishes and cultural needs.
- Staff worked with other professionals to make sure people remained comfortable and pain free. At the time of the inspection one person was nearing the end of their life. Staff provided respectful care and had liaised with district nurses to make sure they had appropriate pain relief.
- Staff were praised for the high quality, professional care to people at the end of their lives. One relative had written to thank staff for the care they provided. They wrote staff were, 'Amazing and professional, so caring and lovely.' Another letter praised staff for their 'Devoted care and kindness, to the whole family.'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed and met. Each person had a care plan which set out how they communicated and what staff needed to do to make sure they were able to understand information and express their views. One member of staff said, "Because of people's dementia you may have to use very simple language. You have to give people time. Everyone is different."
- Staff understood people's individual communication. One visitor commented "She doesn't say a lot, they talk to her and she says yes or no. They've got a way with her; they laugh with her and she loves it."

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 stay in touch with friends and family which helped to avoid social isolation. Visitors were welcome at the home at any time. One visitor told us, "Anytime which is another bonus. I come every morning and I phone up every night. I get a good response, they don't fob me off with lies, they just tell the truth."
- People had access to a range of activities according to their needs and abilities. Because people were living with dementia many were unable to take part in lengthy activities so activity staff told us they concentrated on providing short, one to one or small group sessions.
- There were some organised activities with visiting entertainers such as singers and visiting animals. One visitor told us "They play games, they have a music man, the school choir came in, she loves that. In the summer they bring animals in, we can bring the dog in."
- Views on the quality and availability of activities and social stimulation were mixed. One relative said, "I don't think they do as much as they could. That is one part I think could be improved. The television is always on." One person said, "I don't think there is much to do." However, another person told us, "They put on as much as they can." On the first day of the inspection there was limited social stimulation for people in the morning, but this improved in the afternoon.

Improving care quality in response to complaints or concerns

- All complaints made were fully investigated and responded to. Records were kept of all complaints and these showed the registered manager responded in a timely way. Where complaints identified shortfalls in the service provided, changes were made.
- People felt able to talk with the management team if they were unhappy with any aspect of their care. One person told us they had spoken to staff about a concern and would be happy to do so again. One person told us, "You can always talk to staff. They are kind to you." A visitor said, "You can talk to them anytime you want to."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider and registered manager led by example to ensure the home provided a happy and comfortable environment which respected people as individuals. All staff, regardless of their role, completed all training available. This helped to ensure they fully understood, and could respond appropriately, to people living with dementia. This helped to create a calm and relaxed environment for people to live in.
- The provider and registered manager were forward thinking in their practice. They used up to date research, and good practice guidelines, to make sure people had freedom and were empowered to live as they chose to. People followed their own routines as far as they were able, and staff showed affection and respect for people.
- The provider operated a no uniform policy which helped to break down barriers between people and staff. Night staff wore pyjamas which helped to orientate people to the time of day. One relative told us, "I give them ten out of ten. They treat her like one of their own. I've no complaints whatsoever. I trust all of them, it puts my mind at rest."
- People lived in a home where they had freedom of movement and expression. During the inspection people were able to move around the whole building, and there were things for them to interact with. One person stopped to play the piano for a short while, one person was cuddling a doll and other people joined in with a group game. One person went out in the garden although the weather was not good, and staff gently suggested they wear a coat.

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

- People benefitted from a provider and registered manager who were open and honest. Where incidents had occurred, they looked at what had gone wrong and ways to improve practice in the future. They liaised with families and other professionals, including the Care Quality Commission, in a transparent way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The staffing structure at the home ensured clear lines of accountability and responsibility. In addition to the registered manager, each area had a head of care who led by example to ensure staff provided a high standard of support to people. One visitor told us, "The whole set up is excellent. You always have someone to go to. Very professional."
- People lived in a home where the provider had systems to monitor standards of care and plan on-going

improvements. There were various audits which ensured the smooth running of the home and fed into an annual action plan to set targets for the year.

- People lived in a safe environment because risk assessments were carried out and adhered to. Risk assessments included a fire risk assessment for the building and emergency evacuation plans to ensure people's safety if the home needed to be evacuated for any reason. Risk assessments were also carried out to make sure any maintenance needed was carried out without placing people at risk.
- The provider and registered manager continued to keep their skills and knowledge up to date by on-going training and networking with other providers and registered managers. They used their learning to up-date staff about any changes to good practice and legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Informal carers were supported by the service and felt welcome. One visitor described the home as, "Upbeat, so friendly. Staff are always smiling even the cleaner chats. It's not depressing at all." Another visitor said, "It has been a hard time for us as a family, but everyone has been so welcoming and supportive."
- People were supported to integrate with other people in the community. The staff invited people into the home, such as pre-school children, to share activities. The provider was also an active member of the local dementia action alliance which helped to make shops and businesses in the town more welcoming and understanding to people living with dementia.
- People's, relatives and staff views were sought and responded to. One visitor said they had made a suggestion and action had been taken to implement their idea. Satisfaction surveys showed a high level of satisfaction with the service offered.
- The staff worked in partnership with other professionals to make sure people received the care and support they required. Senior staff held quarterly meetings with a local GP surgery. This helped to educate other professionals about the specific needs of people living with dementia and ensure they received appropriate care and treatment.