Ramnarain Sham

Hazelwood House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 1 June 2017 and was unannounced.

During our last comprehensive inspection in June 2015 we rated the service as good.

Hazelwood House is a residential care home registered for 15 older people, some of whom may have dementia and mental health problems.

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

People who used the service told us they were safe and staff were clear about how and whom to report any allegations of abuse to. However, we found that financial records and procedures were not sufficiently in place, which meant there was a risk of people's finances not being managed appropriately.

Risks in relation to the treatment or care were appropriately assessed and risk management were available for staff to follow.

Sufficient staff was deployed to meet the needs of people and staff were vetted appropriately, However, on occasions references had not been checked, to assure they were provided by the previous employer.

Medicines were managed safety and procedures were in place for the storage, administration and disposal of medicines.

Staff had access to basic mandatory training and specialist training had been booked for staff to ensure peoples complex needs can be met.

People who lacked capacity to make some decisions in relation to their treatment or care had their capacity assessed and appropriate safeguards had been put into place.

People who used the service were provided with nutritious and well balanced meals and had access to drinks and snacks at any time during the day.

The service ensured that people's health care needs were met and appropriate support was sought from health care professionals if required.

People told us that they felt comfortable in the presence of care workers and were well cared for and their privacy and dignity was respected.

Care plans reflected people's assessed needs and were based around the person. People were provided with some activities. However, these were not always meeting people's needs or reflected people's expectations.

Appropriate procedures were in place for people to make complaints or raise concerns. Over the past 12 months the service received one complaint which was in process of being resolved.

The service had some systems in place to monitor and assess the quality of care; however these were not always effective. Senior management was present although the leadership of the home was not always effective.

We have made two recommendations; one about involving people more in making decisions about their accommodation and another about seeking advice and support to improve and develop the leadership and management of the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Procedures for handling finances on behalf of people who used the service were no always safe. People and their relatives told us that they were safe and staff were able to demonstrate that they would respond to allegations of abuse appropriately.

Recruitment procedures ensured that people were only supported by staff vetted appropriately. However, references were not always followed up to ensure they were authentic

Effective and robust risk assessments and risk management plans ensured risks in relation to peoples' care or support were monitored and appropriately minimised.

Recent increase in domestic support hours gave care workers more opportunities to care for people.

Appropriate systems for the effective ordering, control, management and administration of medicines and controlled drugs ensured that people who used the service could be confident in receiving their medicines safely.

The home was clean and free of any offensive odour

Is the service effective?

Good

The service was effective. Staff received training, supervisions and appraisals to ensure peoples needs were met.

Staff understood and demonstrated that it was important to seek peoples' consent prior to providing care or support. Where people had been assessed to lack capacity appropriate Deprivation of Liberty Safeguards (DoLS) were put into place.

People were provided with a nutritious, well-balanced and healthy diet, which reflected their likes and dislikes.

Appropriate access of health and social care professionals ensured that changes to people's health care needs were responded to appropriately.

Is the service caring?

Requires Improvement

The service was not always caring. Staff interacted with people kindly and ensured their dignity and privacy was respected, however people raised some concerns in regards to the management of the home.

People appeared well cared for and told us that they felt content and comfortable with staff.

Relatives spoke generally positively about the care and support their loved ones received, and told us people were well cared for. However, relatives did not feel always included in regards to important decisions made on behalf of their relative.

Is the service responsive?

Good

The service was responsive. People were offered activities and the changes in staffing helped to develop this further.

Care records were detailed and person centred. These had been discussed and agreed with people who used the service were possible.

There were systems in place for receiving, handling and responding to complaints and concerns appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led. While there were some systems in place to monitor and assess the quality of care. These were not always robust and effective in addressing shortfalls appropriately.

People who used the service and staff told us that the service was well managed, however raised some concerns that the registered manager was not always approachable.

The registered manager understood that they were legally obliged to report certain incidences to the Care Quality Commission (CQC).

Hazelwood House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection was carried out on 1 June 2017 and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience in dementia care.

Before the inspection we reviewed all the information we held. This included previous inspection reports and notifications the provider is required to send to us.

We sought feedback from the local authority, who shared with us their monitoring report from a recent check of the service. .

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

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

We looked around the building including one bedroom and all of the communal areas.

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

Requires Improvement

Is the service safe?

Our findings

We viewed financial records for four people who used the service. We noted that one of the records documented higher expenditure; then actual monies kept in the safe. We also noted that while financial records were kept for people these were at times not of a good standard which could result in mistakes and incorrect recording. We also noted in two records that people were asked to contribute to staffing expenditure when being accompanied to hospital, hairdresser or any other community based activities. This was however not stated in the person's contract, the provider's statement of purpose or service users' guide. We viewed the provider's finance procedure which made no reference to people who used the service having to contribute to expenditure when accompanied by staff to hospital or community based activities. We spoke to one relative and one person who told us that they were aware of this practice and had been told by the registered manager that they needed to contribute to those costs. We spoke to the operation manager who told us that they were currently in the process of changing their financial management procedure and were in discussion with placing authorities to clarify if it was legitimate to ask people who used the service for the contributions. The operation manager agreed that as there were currently no clear policies and procedures in relation to this practice they would no longer ask people to contribute to these expenses.
This meant that systems and procedures in place for the management and safekeeping of people's monies did not protect people who used the service from possible financial abuse.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All people who used the service told us that they felt safe living in Hazelwood House, one person told us "If there was something wrong I'd say."

Care workers told us that they had received safeguarding adults training and demonstrated clear understanding of how to report allegations of abuse. One care worker told us "I would tell the deputy manager or the registered manager". When we asked the care worker if they could report it to anybody else, they told us "I can speak to the local authority, police or Care Quality Commission." We however noted that when viewing training records, only three out of fourteen staff had recently undertaken safeguarding adults' training. We discussed this with the deputy manager who showed us that staff had been enrolled for safeguarding training provided by a local authority in June and July 2017.

Risk assessments were in place in regards to people's behaviour, falls, nutrition and manual handling. Risk had been rated from 'at risk' to 'very high risk'. If people were assessed as being at risk a risk management plan for staff to follow had been put into place. The risk assessments had been reviewed monthly and any changes to peoples' risk were updated if or when required. We observed staff supporting people with mobility problems and noted that staff were following appropriate manual handling procedures.

People had individual personal emergency plans in place and staff knew when they needed to contact the emergency services.

We viewed staff recruitment records and noted that appropriate recruitment checks had been carried out. These included two references, criminal records check, proof of identification and the right to work in the UK. We saw in three of the records, that while two professional references had been obtained, these did not include a company stamp to authenticate their origin. We raised this with the operation manager who assured us that they will verbally verify all references for potential employees.

The provider told us they had introduced a cleaner for twenty hours per week. Staff told us that this helped to free up their time and enabled them to spend more time with people who used the service. This has only been introduced for the past four weeks and staff told us that they need to get used to this new arrangement. However, while we saw staff being busy, we also observed staff sitting down with people for a chat or helping people to have their nails done. The staff rota confirmed that three care workers were on duty during the day and two care workers were on duty during the night. All people appeared well cared for and did not raise any concerns in regards to insufficient staff on duty

We viewed the fire folder and saw that regular fire safety checks had been carried out and the equipment had been serviced by an external contractor in line with fire safety regulations. The most recent local authority monitoring report stated that some fire doors were held open inappropriately and a fire exit in the kitchen was blocked by a bin. We found during our inspection that this had been resolved. The most recent fire evacuation had been carried out on 26 May 2017. Manual handling equipment such as hoists had been serviced on 6 April 2017 and a new boiler had been fitted in January 2017.

We found the provider had addressed the shortfalls found by the local authority in the management, storage and administration of medicines. The local pharmacy undertook a full medicines audit at the need of May 2017; however a report of this check had not been completed and sent to the home. The provider sent the completed pharmacist audit report dated the 23 May 2017 to us following our inspection. The report did not highlight any major shortfalls. The deputy manager carried out weekly audits of medicines' stock levels; this ensured that any discrepancy between stock and administration of medicines would be found and dealt with swiftly.

Medication administration records (MAR) were completed appropriately and any medicines administered had been signed for by a member of staff competent to do so. We observed that staff were patient when administering medicines and explained to people what the medicine was for. For example we saw that during the lunch time medicines round one person refused to take their medicines and the staff member accepted the refusal, but returned about ten minutes later with the medicine to try a second time which was successful. This meant that people who used the service could be reassured that they received their medicines safely.

We found the home to be clean and free of any offensive odours. A regular cleaning schedule ensured that all areas of the home were cleaned frequently to ensure cleanliness was maintained.

Good

Is the service effective?

Our findings

One relative told us "Every time I see [relative's name] he is in good spirits. He is clean and comfortable." We asked people if they could choose when to get up or go to bed. One person told us "I can more or less get up or go to bed when I want." We asked people how they been looked after. One person told us "Physically I would say they look after me very well, but mentally I think I am in the wrong place, no one is trained to give psychological help."

We viewed the homes' staff training matrix which showed us that staff had received mandatory training which included manual handling, fire risk awareness, infection control and food and hygiene. Following our inspection the provider sent a list of training care workers had been booked on, this included training in end of life, mental health awareness, dementia diabetes, infection control, Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) 2005 training. This meant that the provider had systems in place to ensure care workers were provided with appropriate training to ensure they understood and had the skill to support the needs of people who used the service.

Staff told us "I think I get enough training" and "I had an induction when I started here". Staff records showed us that all new staff had undergone a detailed induction training which was facilitated by the deputy manager. The provider told us in the PIR that 16 staff had completed the care certificate and 13 staff had a diploma in health and social care level 2 or above. The Care Certificate is a staff induction initiative that aims to equip health and social care workers with the knowledge and skills which they need to provide safe and compassionate care. Staff records viewed confirmed that staff had completed the care certificate and the home supported them to obtain qualifications in health and social care.

Staff told us that they received regular supervisions and appraisals from the deputy or registered manager. They told us that the deputy manager listened to all their concerns and they were able to discuss issues with the operation manager if they felt changes should be made to improve the quality of life for people who used the service.

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. The application 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.

We looked at five care records. Two records had an up to date standard DoLS authorisation in place and we

found appropriate actions had been taken where a person lacked capacity to make certain decisions. We spoke with the deputy manager who demonstrated sound understanding of the home's role in relation do DoLS and she was also able to tell us when current standard DoLS authorisations were due for renewal.

Staff spoken with were able to tell us and observations demonstrated that people were given choices in aspects of their care, meals, activities and leisure pursuits. This meant that if people were deprived of their liberty this was in their best interest and appropriate safeguards were implemented.
People told us "The food is very good. I have been off my food for about a month, but I like the puddings." "It's excellent food. All the girls are good cooks," "On Friday we have Fish and Chips, and my favourite is corned beef hash." "If you don't like what is on the day's menu they will cook something else if you ask them." We viewed the menu which showed that the home provided varied, healthy and nutritious home cooked meals. On the day of our inspection the home provided four different options for lunch. We asked the staff if this is normal and they told us "Yes, some of our people don't like meat, others don't like chicken or sausages, so we make sure everybody gets what they want."

People who required assistance to eat or needed equipment to maintain their independence to eat were supported appropriately. For example, we saw that some people had their food cut into smaller pieces and others were provided with plate guards to allow them to eat safely on their own. During their last visit by the environmental health officer in 2016, the home was awarded a 'three star [generally satisfactory]' food and hygiene rating.

We asked people if they thought that their health care needs were met. People told us "They would call a doctor for me if I was ill; they have two on-call. They are very good like that. I am waiting for the optician to come and give me new glasses." Care records showed that a range of health care professionals were involved to meet people's health care needs. These included dieticians, speech and language therapists, psychiatrists, chiropodists, dentists and opticians. The home supported people to attend hospital appointments.

Requires Improvement

Is the service caring?

Our findings

People who used the service and relatives told us that they were "Treated alright" and "They [staff] look after me well" and "Rather than having any concerns I would applaud the way they look after [person's name]." However one relative told us "Initially [person's name] had their own room, but now they have moved [person's name] down stairs and they share with another person."

We discussed this with the operation manager who advised us the person was moved due to a decrease in the person's mobility and an increased risk of the person having a fall. We viewed the person's care records and risk assessments. We were not able to find a risk assessment which stated that the person was moved to the double room downstairs to help manage the person's mobility. However, we saw in the communication book, that the transfer to the new room had been discussed with the person's relative. Some comments made by the person who used the service and their relative raised concern that they were not satisfied with the move and we recommend for the registered provider have further discussions with the people involved.

People who used the service and their relatives told us that the registered manager was sometimes not approachable and talks to care workers in a loud voice. One person told us that "I am sometimes scared of him". We discussed our concern with the operation manager, who told us that he will discuss our concern with the registered manager on his return from holiday.
We observed positive caring relationships between people who used the service and care workers. We saw care workers treating people kindly and with compassion. For example one person became challenging and we saw staff speaking to the person in a calm voice, giving the person time to settle and divert the person's attention, by offering items to distract the person. Care workers were throughout the occurrence calm and gave the person reassurance.

During the day of the inspection a volunteer from the local Catholic Church visited the home to hold the weekly church service. This service was attended by a number of people. People told us that this happened weekly and that they enjoyed the service and found it important.
We saw one person talking to staff about their country of birth and staff showed interest in what the person had to say and encouraged the person to talk about where they came from, what they did and how important their country of birth was to them.

Relatives told us that their loved ones were cared for very well at Hazelwood House. One relative told us "I think the care is wonderful. Everything is just nice. I can't fault it. This is as good as you will get it. [Relatives name] clothes are always clean."

Staff told us that people were well cared for; they gave practice examples of how they ensured that the care provided was the care people expected or wanted. For example, one care worker told us "We are a good team, we always ask people what they want us to do and I will always explain to them what I am about to do." We observed care workers asking people to go to the garden or if they needed any help.

Staff respected people's privacy and dignity. For example we observed one person being assisted with a

standing hoist and staff ensured that the person was covered and we saw care workers knocking on a person's door before entering the room. On one occasion we saw that a care worker knocked on the person's open door and asked the person if it was ok to come in. One comment made by a visiting professional in January 2017 stated "Having visited a lot of homes I have to say staff are very professional and dedicated and relationships with residents is wonderful."

The deputy manager told us that at the time of the inspection nobody was receiving End of Life care, but it was something the service could provide. Three staff had received training in End of Life care training and the deputy manager told us that she was currently trying to access the training for other staff provided by two local authorities.

Good

Is the service responsive?

Our findings

People who use the service told us "A minister comes every Thursday. We have an entertainer this afternoon at one-thirty. A young lady comes [here] she plays music." Another person told us "The mobile library comes every Tuesday. You can take books out when you like. [Person's name] comes once a week to play the piano. I enjoy that." However, a relative told us "I am not sure it is a sufficiently stimulating environment for [person name], stimulation could be better. They need a programme to make the day something to look forward to." Care workers told us "We are very busy in the morning, but sit down with people after lunch."

The most recent local authority monitoring report raised similar concerns that the home does not provide sufficient stimulating activities. We observed people sitting around for long periods of time during which only the television or radio was playing loudly in the back ground. Activity records of people only documented the two planned activities on Tuesdays and Thursdays and no other stimulating activities apart from watching television were recorded.

The home had a second lounge, which had some items which could be used for activities, but people told us that very little happened. People told us that they did not go out; however the operation manager told us that sometimes individuals will go to the local shop to purchase newspapers. The operation manager told us that the home planned to introduce more stimulating and dementia specific activities over the coming weeks.
All five care plans viewed were of good standard. People's needs were assessed prior to admission and information gathered during the assessment process formed part of the care plan. Individual needs such as tissue viability, mental state and cognition, medicines, continence, mobility, communication, nutrition and personal care were recorded in detail. Care plans were reviewed monthly or if needs changed. People's likes and dislikes were recorded clearly within care records, and these provided personalised information on how to meet people's needs. People were encouraged to get involved in the planning of their care and where possible care plans had been signed by the person or their representative. Care workers told us that they knew about peoples' care plans and have read them. One care worker told us "I have read peoples' care plans and found them useful when providing care." This gave us assurance that appropriate care was being delivered by the service.

People were encouraged to maintain relationships with the people that mattered to them. People could have visitors when they wanted to and there were no restrictions on visiting times. One relative told us, "I can visit my relative every day, which is important to me." We saw people spending time with their loved ones during our inspection. People were able to meet with their visitors in private or in the communal areas.

We saw the complaints procedure displayed in the hallway and service users' guide which was given to people on admission. One relative told us "Rather than having any concerns I would applaud how they look after [person's name]." Another relative told us, "If there was something wrong I would say." The home was currently dealing with one complaint, which had been looked at by the local authority and registered manager, and the investigation into this complaint was on-going. The provider told us in the PIR that they did not receive any complaints in the past 12 months. Records viewed confirmed this.

Requires Improvement

Is the service well-led?

Our findings

We asked people who used the service if they were consulted about the quality of care and support provided. One person told us "They have questionnaires about the way the home is run" Another person said "There are surveys once a year…The manager doesn't take any notice of the surveys, he is not interested."

We looked at service users surveys from September 2016, which were completed by seven people who used the service, six surveys have been positive and people did not raise concerns about the care or support provided. One person commented that mealtimes are "pleasant". However one person raised concerns around the lack of training for staff when dealing with specific illnesses people were diagnosed in.

We viewed records of quality assurance systems which were carried out annually, these included assessment of environment, medicines, staff records, care records and health and safety. In addition, care records and medicines records are reviewed monthly. We found during our assessment of care records gaps in some of the records we looked at. This included bath and shower records, activity charts, personal profile and life history for one person, blood pressure monitoring for another person and monthly weight checks. Some records were not completed as far back as the beginning of March 2017. This should have been picked up by the provider during monthly reviews of care records, which had been carried out. This meant while quality assurance systems had been in place, these were not effective and changes to some people's needs may not have been identified due to the lack of robustness and accuracy of certain records. So people may not have been always been provided with the care they required to meet their needs and keep them safe. During the most recent local authority monitoring visit the team raised similar concerns in regards to quality assurance checks not being detailed and robust.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The recent local authority visit highlighted that residents meeting and staff meetings were not frequent. We noted that since this visit the provider had arranged two staff meetings, which had been attended by the majority of care workers. During these meetings staff discussed health and safety, medicines administration and the new cleaner. We also viewed minutes of a residents' meeting which had taken place on 16 May 2017, people discussed safeguarding and snacks during this meeting. This meant the home has started to include people who used the service and staff more in the running of the service.

Care workers told us that the vision of the home was to include people in their care and provide a homely environment for people who used the service. We observed care workers interacting with people, laughing and chatting to people. People also told us that Hazelwood House is "Home from home." However people who used the service told us that the registered manager was not always approachable, and sometimes did not listen to their concerns, and at times talks to care staff in a loud voice. Two people told us that this sometimes makes them scared and intimidated. Care workers spoken with confirmed that the registered manager at times can speak to them in a tone of voice which they did not like. We were not able to speak

with the registered manager about this during the inspection to explore this further. A meeting to do so will be arranged.
There was a clear management structure. The registered manager worked in the service full-time, and a deputy manager and senior care worker assist in the running and management of the service.. The registered manager and operation manager shared on-call when they were not working to ensure cover was available in case of an emergency.

The registered manager is also the owner of Hazelwood House and is responsible for the overall management. Part of the registered providers' responsibility is to notify the Care Quality Commission of incidences relating to the care or support provided to people. We checked our records prior to this inspection and found that we were notified appropriately by the provider. For example, if a person had died or had had an accident. All notifiable incidents had been reported correctly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected from potential financial abuse, due to systems and processes not being in place and operated effectively to prevent financial abuse. Regulation 13 (2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider must ensure to have robust and effective systems in place to monitor, assess and improve the quality and safety of the service, by maintaining accurate records in respect of each service user. Regulation 17(2)(a)(c)