

Ramnarain Sham

Hazelwood House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hazelwood House is a residential care home providing personal and accommodation to 14 people aged 65 and over at the time of the inspection. The service can support up to 15 people. The service provides care and accommodation for older people and people with mental health issues.

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

People who used the service told us that they felt safe. Staff knew how to report allegations and concerns of abuse. Risk in relation to people receiving support had been assessed and robust management plans were in place to minimise the risk. Sufficient staff were deployed, and appropriate recruitment checks were carried out to ensure were suitable to support people who use the service. Peoples medicines were managed safely. Incidents and accidents were clearly recorded, and actions were taken to learn for these and reduce the likelihood of similar events from happening in the future.

Robust and effective quality assurance monitoring systems were used to maintain and improve the quality of care provided to people. The service has systems in place to obtain peoples view about the care they received. Care provided is centred around people's needs and preferences.

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

Rating at last inspection (and update) The last rating for this service was Good (published 7 September 2018). We undertook a targeted inspection in December 2020 but didn't change the rating.

Why we inspected

We undertook a focused inspection because we received information of inadequate risk mamangement as a result of this we reviewed the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed from Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hazelwood House on our website at www.cqc.org.uk.

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 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hazelwood House

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.

As part of this inspection we looked at the infection control and prevention measures in place. 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 carried out by one inspector.

Hazelwood House 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 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We 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 two people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care staff and care staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives about their experience of the care provided to people who use the service.

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

- People who used the service were protected by robust safeguarding procedures from the risk of abuse. One person told us when we asked them if they were safe, "Absolutely, they [carers] look after me very well. One relative told us, "My relative is very well looked after, the home knows that my relative may wander and they ensure doors that my relative is safe."
- Care staff had received safeguarding training and told us that they would raise any concerns with the registered manager or senior carer. One care staff told us, "I had safeguarding training and would tell [managers name] if I notice anything like a bruise, I also will write it down."
- During our last targeted inspection in December 2020 we saw that the service had a robust safeguarding policy which provided staff with the necessary guidance of what to do if they notice or witness or hear allegations of abuse.

Assessing risk, safety monitoring and management

- We saw in people's care plans that risks had been assessed and discussed with people or their relative. We saw detailed risk management plans to support people who used the service and provided guidance for staff to consistently support people when providing care and support.
- One relative said, "[Name] is very safe, they [staff] would ask me, and we spoke over the phone what is the best way to support my relative."
- People who used the service had personal emergency evacuation plans (PEEP) to ensure care staff knew how to support people in case of an emergency. We saw in records that the service was carrying out regular fire evacuations and the fire system had been checked by a qualified person.

Staffing and recruitment

- People who used the service and relatives told us that sufficient staff were deployed to meet their needs. One relative said, "Whenever I visited there has always enough staff around." We viewed the rota for the next four weeks and found that on average four staff were on shift, except during the night when two staff were working.
- During our inspection we observed staff working with people and saw that staff were able swiftly to attend to people's requests for support.
- The service adhered to safe recruitment procedures. We saw in records that appropriate recruitment checks which included two references and a disclosure and barring (DBS) checks, this is a criminal records check with the police, were obtained prior to staff being employed.

Using medicines safely

- Peoples medicines were managed safely. Medicines were stored in a lockable metal medicines trolley which could only be accessed by designated and competent staff, who had appropriate training.
- Medicines administration records (MARs) were found to be completed appropriately and correct codes were used if people refused or decided not to take their medicines.
- People receiving their medicines covertly had appropriate guidance on file which has been agreed by the prescriber and dispensing pharmacist. 'The covert administration of medicines is when medicines are administered in a disguised form, usually in food or drink'. In addition to this a best interest decision had been made as part of the service's mental capacity assessment procedure.
- Medicines were audited regularly which ensured any issues could be addressed swiftly without risking people were put at harm.

Preventing and controlling infection

- We were assured that the service was preventing visitors from catching and spreading infections.
- We were assured that the service was meeting shielding and social distancing rules.
- We were assured that the service was admitting people safely to the service.
- We were assured that the service was using PPE effectively and safely.
- We were assured that the service was accessing testing for people using the service and staff.
- We were assured that the service was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the service was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the service's infection prevention and control policy was up to date.
- We were assured the service was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded when they happened. The registered manager and senior support worker review any accidents and incidents and monitors trends or patterns.
- We saw in peoples records that risk assessments had been reviewed as a response to an increase of certain accidents or incidents. For example, one person had had more falls and their falls risk assessment had been reviewed.

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 now 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 service is person centred and people and their relatives were included and empowered to contribute to achieving good outcomes for people who used the service. For example, risk management plans had been discussed with people and their relatives.
- People and relative told us that the service is excellent. For example, one relative said, "Since [name] moved in, [name] has improved so much. [Name] is much happier, they [staff] have been brilliant." Another relative told us, "The communication is very good, they always contact us and ask us if anything could be done differently."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service had various quality assurance systems which ensured that the quality of care was monitored, and improvements can be made. We saw that regular Health and Safety checks were carried out to ensure the environment was safe for people. The service audited peoples care and financial records to ensure all records were up to date and moneys kept safe for people was spent appropriately.
- The registered manager was clear that they had to notify the Care Quality Commission (CQC) about specific incidents and we had received appropriate notifications prior to this inspection.
- The registered manager told us they would share information of particular incidents with the local authority or safeguarding team if required and gave us examples of notification he had made in the past.
- Staff spoke positive about the registered manager and told us that they were supported and listened to. One member of staff told us, "[Name] is very good we have regular meetings to discuss issues and suggest better ways of working with our residents." Relatives told us they appreciated the recently introduced online meetings, which allowed them to talk to their relative but also get feedback about the home. One relative said, "We recently had a TEAMS meeting, this was very good, and I hope they will continue."

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

- The service regularly sought feedback from people who used the service, relatives, health care professionals and visitors to comment on the care provided and the service as a whole.

- The registered manager and staff understood how peoples background was important to them and how they had to make sure that this was included in their care plans.

Continuous learning and improving care; Working in partnership with others

- Throughout the COVID 19 pandemic the registered manager took part in provider meeting arranged by the local safeguarding and quality assurance team. The registered manager told us that these meetings were very useful and were a good opportunity to share experience and learn from each other.
- The service worked closely with local commissioning groups and health care professionals to support people and meet their needs. For example, if people developed skin irritations the service contacted the local tissue viability nurse for support and guidance.