

Graham Robert Jack

Hazelwood

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Hazelwood on 15 June 2015 where breaches of Regulation were found. We rated the service as requires improvement in three areas and issued three requirement notices for breaches in Regulation. As a result of this we undertook an inspection on 20 and 21 Dec 2016 and 5 Jan 2017 to follow up on whether the required actions had been taken. Although we found some improvements had been made there remained areas that required improvement.

Hazelwood provides residential care for up to four people with learning disabilities. Accommodation is provided from a large terraced house which has been separated into two distinct parts. Three people live in the main upstairs part of the house and one person lives in a self-contained basement flat. There is very limited cross over between the two parts; staff told us that the two staff teams operated independently of each other. There were four people living at the service at the time of our inspection. Most people needed support with communication and were not able to tell us their experiences; we observed that they were happy and relaxed with staff.

There was a registered manager in post; the registered manager was also the provider. 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 could communicate with us told us they liked living at the service. However, we found areas of the service were not clean and effective systems to maintain the basement flat had not been established.

The provider had not taken steps to check and assure themselves that all staff were suitable to work with people in a social care setting.

The provider had not established robust incident and accident documentation to support staff. This meant it was not clear if staff had consistently reported incidents which required reporting to the local authority. The deputy manager took steps to address the shortfalls in these systems during our inspection.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff understood when an application should be made and how to submit one. However, we found examples where the provider had not sought clarification from people's families in relation to advocacy. In addition, advocacy best practice was not being followed in respect to the management of some people's finances. Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Although staff were seen to manage situations appropriately, and in line with their care plans, where people

demonstrated behaviours that challenged. Not all staff had received the same training in areas related to positive behaviour training. These staff said they would welcome additional knowledge in this area and would feel more confident with training in areas related to positive behaviour.

The shortfalls we identified during our inspection were directly related to the provider's leadership. The provider's oversight of the service was compromised by their day to day operational commitments. They had created a culture whereby they were completing routine tasks such as grocery shopping and transporting people to day care service and not making timely strategic decisions about the running of the service. There was a loyal and long serving staff team who displayed frustration regarding the provider's urgency to address improvements related to areas such as the décor and physical environment of the building.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems to ensure medicines had been ordered, stored and administered, appropriately.

There were sufficient numbers of staff deployed to meet people's needs. It was evident these staff had spent time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. Most staff had worked in the home a long time and had a good understanding of people as individuals, their needs and interests.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. Areas included eating, falls and seizures. People consistently received the care they required because staff were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health and well-being was continually monitored and the staff regularly liaised with healthcare professionals for advice and guidance.

Since our last inspection there had been improvements in some aspects of the providers quality assurance systems and staff told us these had been helpful in identifying where improvements were required.

We found 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 this 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 consistently safe.

We found areas of the home were not clean and suitable maintenance tasks had not been completed in a timely manner.

The provider had not taken steps to assure themselves that some staff were suitable to work within a care setting.

There were sufficient numbers of staff deployed to ensure people's safety.

People's medicines were stored, administered and disposed of safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider had not ensured they had established a consistent approach to matters related to advocacy.

Not all staff had received the same training to support them to manage people who displayed behaviours that challenged.

People were supported to access a range of health care professionals to help ensure that their health was maintained.

The provider knew their responsibilities in relation to the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff knew people well and displayed kindness and compassion when supporting people.

People's dignity and privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in activities of their choice.

Staff knew people well and people's support plans contained guidance to ensure staff knew how to support people.

As staff knew people well they were able to identify when people had worries and concerns and respond to them.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had not taken decisions related to the strategic running of the service in a timely manner.

Records in relation to the providers own training was not available.

Systems for monitoring and improving the service had not always been effective.

Care staff enjoyed working at the home and supporting the people who lived there.

Hazelwood

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 was planned to check 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 took place on 20 and 21 December 2016 and 5 January 2017. When planning the inspection we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector without an expert by experience or specialist advisor. Experts by experience are people who have direct experience of using health and social care services.

We looked in detail at care plans and examined records which related to the running of the service. We looked at three care plans and seven staff files, staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed. We also 'pathway tracked' people living at Hazelwood. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at all areas of the service such as bathrooms, the lounge and dining area and also people's private bedrooms. During the inspection we spoke with four care staff, the deputy manager and the provider. We observed the support delivered in communal areas to get a view of care and support provided. This helped us understand the experience of people living at Hazelwood.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

At our last inspection in June 2015 the provider was in breach of Regulation 18 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider had not ensured there were sufficient numbers of staff on duty to meet people's assessed needs and had also failed to establish effective business contingency plans. The provider sent us an action plan stating how they would meet the requirements of the regulations by December 2015.

At this inspection we found the provider had now established effective business contingency plans. Staff told us previous concerns related to staff numbers had improved as a result of the recruitment of another member of care staff. At the time of our inspection this new member of staff was completing their induction. Another member of staff said, "It will allow for a lot more flexibility now we have another member of staff, it will really help." The provider was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and has met this section of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found the above improvements since our last inspection we also found new areas of concern. The provider was unable to demonstrate they had completed appropriate recruitment checks on four staff members. These staff had worked for the provider for over 13 years. However the provider was unable to evidence when these staff had completed a criminal records check to determine whether they were suitable to work within social care. In addition, four of these staff did not have previous employment references. This meant the provider could not be assured these staff members were suitable to support people living at Hazelwood. The provider committed to ensure these checks were completed retrospectively. This is an area that requires improvement.

Some areas of the service were not clean or properly maintained. The basement flat did not have a cleaning schedule in place and a member of staff told us, 'We all take turns to clean the flat.' However, the flat had an unpleasant smell and there were areas where there had been large accumulation of dust. A section of carpet was ripped around the door guard in the lounge and another small section of carpet in a bedroom was ill fitting and the carpet grippers were exposed. A radiator which was situated in a busy 'walk through' corridor area had a large black patch which was the accumulation of dirt. The provider told us it was only possible to undertake larger decorative maintenance and repairs when the person was away on holiday and not in their flat. However, a staff member told us the flat had not had any decorating completed for a 'long time.' All bathrooms had black residue on the sealant/grouting around baths and sinks which, the provider acknowledged required attention and extractor fans had accumulation of dust. The sealant/grouting had been identified as an area requiring improvement at our last inspection in June 2015. The flooring in the main dining room upstairs had black marks where the laminate interlocking floor boards fitted together. Staff told us this proved difficult to effectively clean. The issues related to poor cleanliness and maintenance are a breach of the Health and Social Care Act 2008 Regulation 15 (Regulated Activities) Regulations 2014.

Records identified that staff completed documentation accurately and in detail if people were involved in an accident or incident. However, dependant on the type of accident or incident there were three separate

forms available for staff to complete. Only one of the forms prompted staff to inform external agencies, such as the CQC or the Local Authority, if they considered there was an allegation of abuse. This meant it was not clear if staff had reported incidents appropriately. For example, a recent incident involving two people required reporting to both the Local Authority and the CQC however the incident details had been completed on a 'behaviours form' which did not prompt staff to report this externally and as such the provider was unable to confirm if this had been done. From speaking to staff and reading the report it was evident the incident had been managed safely however not reported in line with the providers own policy. We spoke to the provider and deputy manager who offered assurances the documentation would be reviewed and rationalised to include a prompt check box for staff as a reminder to consider if the incident or accident requires reporting. However, despite these shortfalls in administration staff had a good understanding of different types of abuse and told us what actions they would take if they believed people were at risk.

We found examples within the home's kitchen where safe food hygiene principles had not been consistently followed. For example, we found several consumable and perishable items stored in the fridge which had not been marked with the dates they were opened. This meant there was an increased risk that people may consume out of date food which could cause them harm. Once hot food has been prepared it is good practice for it to be probed tested to determine its temperature, records identified this was not being completed consistently. This meant the provider could not be assured all hot food had been heated to the appropriate temperature prior to serving.

Medicines were stored, administered, and disposed of safely. Staff had been provided with guidance on how to support people to take their medicines. For those people who had been prescribed 'as required' (PRN) medicines there were protocols in place to guide staff as to when and how to support people. People took these medicines only if needed; for example if they were experiencing pain. Temperatures at which medicines were stored were checked and recorded daily. People were supported to have their medicines routinely reviewed with the appropriate health care professional. We observed medicines being administered. Staff checked and double checked at each step of the administration process. We looked at a sample of medication administration records (MAR) and found them competently completed. Staff were knowledgeable about people's medicines and had up-to-date information available. A staff member said, "Making sure residents are correctly supported with their prescribed medication is an important part of our day."

Risk assessment documentation in people's care plans had been updated at regular intervals and where new risks to people had been identified, assessments had been carried out to manage the risks whilst protecting people's freedoms and independence.

Staff had received fire safety training and people had personal emergency evacuation plans (PEEP). They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. Regular evacuation drills were carried out to ensure that people and staff knew what to do in the event of an emergency.

Contracts had been established to safeguard equipment such as fire equipment and electrics. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) had been routinely undertaken. Staff were clear on how to raise issues regarding maintenance. One member of staff told us, "Although things can be slow to get sorted it they are important they won't be left."

Is the service effective?

Our findings

At our last inspection in June 2015 the provider was in breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the provider had not acted in accordance with legal requirements in relation to people who did not have capacity to give consent. Following the inspection we received an action plan that told us how improvements would be made. At this inspection improvements had been made and the provider was no longer in breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. However, we found there were areas requiring improvement in regard to advocacy.

The provider had not established clear lines of accountability of people's legal status in regard to advocacy. The provider had 'financial appointee' status for two people in respect to all aspects of their personal finances. The provider was unable to clarify if these people had any other formalised advocacy arrangements in place such as deputyship or power of attorney. This meant that other than the provider there was no other advocate or agency providing oversight of these people's finances which is not good practice. The provider had clear recording systems in place to manage these people's finances. However, they acknowledged that it would be helpful to have support and oversight from a third party and that they would liaise with the commissioning body to establish a more robust oversight process. This is an area that requires improvement.

We found the provider had not ensured all staff had completed training which was specific to people's needs. Since our last inspection there had been changes in how staff completed their training. A staff member said, "We used to have more face to face training but the trainer we used stopped and it is mainly done online now." People living at Hazelwood had complex behavioural support needs and could display behaviours that challenged. Staff had completed online training in 'challenging behaviour'. However, not all staff had undertaken positive behaviour training which would include physical intervention techniques. A member of staff said, "I would definitely feel more confident with more training in this area as we have residents who can be aggressive." Another staff member said, "We are often here on our own with residents so more in-depth training would be good." We discussed this with the deputy manager who acknowledged this training would be of benefit to staff and during our inspection began researching and costing courses to discuss with the provider. This is an area that requires improvement.

We found there had been improvements with staffs understanding of the Mental Capacity Act 2005 (MCA). The 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. At our last inspection we found there was limited evidence within care documentation as to how staff were seeking consent for daily living and making routine best interest decisions for people. At this inspection we found the provider had made improvements and care documentation now included a range of mental capacity assessments for daily living. A member of staff said, "I have worked hard to get care plans to contain more detail on how consent to care is established."

Records indicated staff received regular supervision from the deputy manager. A staff member said, "I have a formal sit down with the deputy regularly and we talk about residents care and how I am getting on." Another staff member told us, "I feel valued and supported by the deputy, they are very good, I always feel I can be open and speak my mind."

People were supported to maintain good health and received on-going healthcare support and there was clear guidance for staff on how to support people with their health needs. Health action plans contained important information about each person's health needs such as how people identified if they were in pain or discomfort. All health care appointments were recorded. During our inspection we saw staff contacting various health care professionals to book and follow up on previous health care appointments. Staff told us one person's day to day demeanour had recently changed and it was evident staff had been proactive on this person's behalf to encourage their GP to undertake a range of further investigative tests. A staff member said, "We have supported residents for a long time and I feel very confident that we pick up on subtle health changes."

Menus were decided on a daily basis. Staff told us they used pictorial cards to help people make selections. One person preferred regular snacks throughout the day and we saw these were routinely offered. People's likes and dislikes were clearly recorded in their care plans and a board was up in the kitchen area where people identified shopping selections. One person told us they enjoyed the food and looked forward to meal times. Staff prepared packed lunches for people who visited day care facilities. People's weight was regularly monitored and documented in their care plan.

Is the service caring?

Our findings

People were supported by caring and friendly staff. People appeared happy and relaxed in their surroundings. Staff interaction with people was seen to be kind, caring and considerate of their needs.

People had developed positive and supportive relationships with staff and it was clear strong bonds had been created. A staff member said, "This is my second home, it is such a big part of my life." Staff spoke about people with genuine affection. A staff member said, "They (the people) are our focus; we are always looking to improve the quality of their lives." When people arrived back from their day care sessions they were in upbeat and buoyant moods; they were pleased to see staff and wanted to share what they had been involved in during their day. Staff sat in the lounge and chatted with people when they returned from their activities, to see how they had got on. People chose where they wanted to spend their time and had access to all areas including the garden.

Most staff had worked at the service for a long time and were able to talk to us in detail about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. They communicated well with people, in a way they could understand and people responded warmly to them. When people needed support there was a staff member available to provide reassurance and guidance. Staff were able to identify what caused people to become anxious and their potential anxiety triggers. Staff told us they tried to ensure there was a relaxed and calm atmosphere in the home. One staff member said, "Our residents have such different personalities but they all enjoy a calm stress free atmosphere."

Where possible and appropriate, people were involved in daily routines of the service such as assisting with laundry, drinks and meal preparation. Staff were patient when explaining tasks or planning events. One person wanted to visit a local coffee shop and, staff kept them informed as to why they were waiting to leave. Staff told us this person 'struggled with cold weather' and were seen to ensure they were suitably layered prior to leaving. A staff member said, "Winter can be a tricky time to motivate them." As a result this person chose to stay in bed for an extended period on one of the days of our inspection, staff were seen to regularly check on them and change their music and chat with them.

Staff were proactive in ensuring people's privacy was respected. For example, knocking on people's doors before entering and ensuring doors were closed whilst people were being supported with personal care. Care plans provided clear guidance for staff on how to ensure people's privacy was protected whilst bathing. Staff discreetly communicated with people when they were about to support them with personal care during the day. One staff member spoke to a person about, 'Freshening up before they headed out.'

People's preferences for daily living were clearly documented throughout care plans. For example, identifying people's preferred types of music, trips and foods. One person enjoyed live music events and staff told us how they supported the person to select which shows they chose to attend by researching on the internet.

Staff had a good understanding of the importance of confidentiality of care documentation. A staff member said, "Confidentiality is important issue but paperwork left out may be destroyed by one of our residents." Care records were stored securely in the office. When the office was not in use the door was locked closed. Information was kept secure and there were policies and procedures to protect people's confidentiality.

Is the service responsive?

Our findings

People received appropriate care and support which met their individual needs and preferences. Staff responded to people's changing needs and provided support and care which met assessed needs. People's care plans had been reviewed which ensured they identified when changes in people's needs occurred. For example, one person whose behaviours had significantly changed as a result of alterations in prescribed medicines had clear up-to-date strategies available to guide staff. Staff told us they received updates about changes in people's health and support needs during handover. Staff knew people's needs and how they wanted their support provided and what they were able to do for themselves.

Staff recorded people's individual 'independence audit' which captured detail in regard to people's involvement in aspects of their daily routines. For example, a person had 'turned taps on' with staff prompting for their bath and then 'dried themselves' without staff prompting after their bath. Staff told us this could be a useful document to track how people's independence skills had changed. One staff member said, "Changes can happen slowly and gradually, so to be able to look back and see when these happened can be helpful to understand if there was a cause or reason."

People's care plans provided clear guidance for staff on people's support needs and reflected individual preferences for all aspects of daily living. Care documentation identified people's needs in areas such as physical health, environment and personal care. A new member of staff said care plans, "Have been helpful to get familiar with the detail, I have been given time to go through them." One person, who could display behaviours that challenge, had details in their care documentation that prompted staff on specific de-escalation techniques they should use if the person displayed signs of anxiety. Their care plan identified how the person may behave if their anxiety levels were increasing, such as 'rubbing head or face'. Staff were seen to use appropriate strategies that were in line with their care plan. A separate 'care passport' section was available for staff to share with health care professionals should a person be required to stay away from the service. This provided short statements on key support areas such as the most suitable communication strategies.

Care plans were reviewed regularly, followed by a more comprehensive six monthly review involving family and/or advocates, social workers and the person's key worker. A keyworker is a named member of staff with additional responsibilities for making sure a person receives the care they need, such as highlighting when clothes or toiletries need replacing. People were supported to do the things they enjoyed and were important to them. People's participation in their individual interests and activities was promoted by staff. One staff told us about a recent trip, they had supported a person to attend a musical event which they enjoyed. Staff had a good knowledge and understanding of why this particular event was important to them. Staff were proactive in encouraging people to be involved in regular outings away from the service. At one point during our inspection all people were away from the service. For example, returning from a family visit, at a local coffee shop and at a day centre. A staff member said, "All our clients enjoy being out and about."

A person who had been assessed as having high sensory needs had a section of their bedroom turned into a

dedicated sensory area. A staff member told us this addition had been a real success and provided the person with a 'quiet space to relax'. Staff took pleasure in describing how this person enjoyed specific times of the day when they were able to have time 'away' from other people. Another person had a social media account where staff supported them to upload photographs of places they had visited. A member of staff said, "This has been a really nice way for them to reflect and see all the different places they have been."

A complaints policy was available to people within the home. This had been adapted to incorporate symbols and pictures to support accessibility. No recent complaints had been made but staff told us where points of conflict arose between people occurred they encouraged and supported people to discuss how a reoccurrence could be avoided. For example, staff had identified a particular time of day to be a trigger for a person to become anxious. Staff had worked with people and a solution to mitigate this was to have an additional staff member in the reception area at this time of day to provide additional support.

Is the service well-led?

Our findings

At our last inspection in June 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider had delayed completion of maintenance work, there was a lack of a refurbishment plan and quality assurances systems to drive service improvements. The provider sent us an action plan stating how they would meet the requirements of the regulations by December 2015.

At this inspection we found there had been improvements in the quality assurance systems and senior staff had worked with the local authority improvement team to develop these systems. However, we also found areas where the provider had failed to take timely actions, these were in part associated with the lack of oversight they had of the service. Throughout our inspection we found areas requiring improvement were directly linked to leadership of the service.

Staff told us the provider, who was also the registered manager, was regularly at the service. However, they said this was usually to undertake routine operational tasks such as transporting people to medical appointments and day care centre sessions and household grocery shopping. During our inspection the provider was required to regularly leave the service to complete these tasks. A member of senior staff said they found it difficult to routinely schedule structured time to discuss management issues related to the running of the service. The deputy manager said there was normally only a short window of time one day a week where they were able to have any 'catch up.' Staff told us the impact of this was decisions and actions could get left 'on hold'. A staff member said, "They whizz in and out and not always easy to pin down, you feel like you end up nagging." The deputy manager said they completed the majority of the administration for the service including care plan reviews, audits and team meetings. They said, "I end up taking work home or working later into the evening when I am on a sleep in to keep up." We found examples where, when the provider had not delegated tasks these had not been completed. For example, the most recent gas safety certificate was dated May 2015 and there was no current fire risk assessment completed for the building. The provider took action to correct these when identified by the inspector.

Staff indicated there was a lack of urgency from the provider where decisions required action. For example, at our last inspection we found staffing levels were insufficient to meet the needs of people. At this inspection one new member of staff had started and was completing their induction; staff told us this had been very positive. However, it had taken the provider from June 2015 until November 2016 to successfully fill the vacancy. During this period they had not tested any interim short term solutions such as engaging the services of care agency staff. Two staff told us that they had found the pressures difficult and had considered leaving the service during this time. All staff spoke about the frustrations of the slow computer in the office. This was the only computer available to staff. One staff member said, "On a bad day it can take 45 minutes to start up." Another staff member said, "I have given up trying to do my training on it as it freezes." In the office, the bed where staff 'slept in' had a cardboard box positioned under the mattress to prevent it falling through the damaged base. A staff member said, "We have mentioned this to the manager, it's been like that a while."

We found a number of concerns related to the management and administration of records in the home. Robust administration reporting tools had not been established to ensure staff were prompted to raise incidents and accidents needing liaison with external agencies, such as the local authority. The provider was unable to evidence their own training was up-to-date although they routinely worked shifts at the service. The provider had failed to ensure, or identify that, appropriate employment checks were completed for some staff to ensure they were suitable to work in a social care setting. The provider had not taken steps to address some basic maintenance improvements in some areas such as replacing the discoloured sealant in people's bathrooms which we identified as requiring attention in June 2015.

The shortfalls in leadership related to assessing and monitoring the service to improve the quality are a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection the provider had implemented a maintenance and refurbishment plan which senior staff told us had, in part, been helpful as it was clearer what improvement works were required and when they were scheduled to be completed. However, staff spoke with frustration that improvement in the physical environment of the home appeared to improve 'really slowly' and that some areas of the service looked 'tired and needed refreshing and updating.'

However, where other senior staff took accountability for oversight of the service these systems were seen to have improved and worked effectively. There were a range of areas routinely audited such as medicines and health and safety. Health and safety checks included areas related to fire safety such as the alarm and associated equipment. There were actions identified and signed off when completed.

It was evident the provider had worked collaboratively with the local authority quality monitoring team to improve areas they had highlighted requiring attention and we saw an action plan from these visits that the provider was ticking off when an action was completed.

Team meetings were seen to be an effective way for messages to be communicated amongst care staff. Meeting minutes demonstrated a range of topics were discussed and also afforded staff the opportunity to provide individual updates on people. Building maintenance was discussed and areas which required attention were recorded such as minor repairs to toilets seats. Staff spoke positively about the team work amongst care staff, that it felt like an 'extended family' and there was a high degree of trust between staff. One staff member said, "There is such a wealth of experience amongst us that we work really effectively together."

Staff told us they enjoyed working at the service and the close relationships that had been established over many years was an influencing factor for them remaining at the service. One staff member said, "In many ways I've grown up with them (people living at Hazelwood) as I've been here so long."

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 15 HSCA RA Regulations 2014 Premises and equipment Areas of the service were not clean. 15(a)(e)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor or improve the quality of services provided. 17(1)(2)(a)(b)

The enforcement action we took:

Warning Notice