

Heritage Care Limited

Hazlemere 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

Hazlemere Lodge is a residential and nursing home providing personal and nursing care to 54 people aged 65 and over at the time of the inspection. The service can support up to 64 people.

The service accommodates people across four separate 'wings' or 'units' each of which has separate adapted facilities. One of the wings specialise in people living with dementia.

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

Staff had been trained in the administration of medicines. People received their medicines in line with the prescriber's instructions. Detailed guidance was in place for people receiving their medicines covertly. People receiving end of life care had anticipatory medicines in place.

Staff we spoke with confirmed they had received training in safeguarding and knew what action to take if they felt people were being abused. Recruitment files confirmed staff had been safely recruited.

Risks associated with people's care and support needs had been identified and actions taken to minimise risks. Care plans were on an electronic system and reflected people's care needs, including specific dietary needs.

People and relatives were positive about the caring nature of staff. They commented; "Yes, they treat you fine here, "Yes they are very attentive" and "They are very tolerant." People were supported to attend external healthcare appointments when required. Staff we spoke with told us how they respected people and ensured their privacy and dignity was maintained.

We observed staff interacting in a positive way. People told us they enjoyed living at the service. We received positive feedback from people who used the service and their relatives.

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.

Staff received an induction when they first joined the service and regular training was completed and refreshed when needed. Staff told us they felt supported and received regular supervisions.

People were able to take part in regular activities. One relative commented, "They have good entertainment, animal days out quizzes bingo and singers. Its all optional and I must say, its well run."

There was a complaints procedure in place. People told us they knew how to make a complaint. We saw a comments box in the main foyer. Complaints were responded to in a timely manner.

The provider had a quality auditing system in place. Accidents and incidents were documented and reviewed as necessary.

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

Rating at last inspection

The previous rating for this service was good (published March 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?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Hazlemere 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

Hazlemere Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the inspection

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 five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager. We also spoke with a visiting professional.

We 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 six people's care records and each person's medication administration record (MAR).

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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

- The provider had systems in place to ensure people were protected from abuse.
- Staff we spoke with were knowledgeable about safeguarding people from abuse and knew what action to take to keep people safe. People told us, "Yes I think I am well looked after", "I have never had to think otherwise" and "Yes [I am safe] because of the huge staff presence."

Assessing risk, safety monitoring and management

- Risk assessments were in place to minimise risks to people. Care plans we saw identified specific risks to people and recorded information how staff should support people to minimise risks. People had personal emergency evacuation plans (PEEP's) in place which detailed the support people required to evacuate the building in the event of an emergency. Health and safety checks were carried out to ensure the premises were a safe place to live.

Staffing and recruitment

- We saw the provider had a system in place to ensure sufficient numbers of staff were available to meet people's needs. People told us there were enough staff to support them... "If you want them (staff) they are happy to help you", "Yes they are very good. I have a problem getting my hearing aids in and they help me" and "I had to come in here because I kept falling over, in here you get the attention you need."
- The providers recruitment policy ensured that new staff were suitable to work in the home. The checks carried out included a criminal record check and references from previous employers.

Using medicines safely

- The provider had a safe system in place for managing people's medicines. Two people we spoke with told us "They usually come to me about the same time each day" and "Where my medicines are concerned they are one hundred percent, I had a wedding to attend and they prepared my medicines and made a list of what they were and what for and what potential symptoms to look out for." We saw medicines were stored and recorded appropriately. People who received their medicines covertly had correct documentation in place.

Preventing and controlling infection

We conducted a tour of the home with the registered manager and found some areas required attention to ensure people were protected from the risk and spread of infection. For example, we saw some areas of the service had worn and stained carpeting. The registered manager told us this was being addressed and new carpets were on order.

- Other areas of the service such as bedrooms and communal areas were cleaned to high standards.
- We saw staff had access to personal protective equipment such as gloves and aprons to attend to people's personal care and support.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends. Action was taken to prevent the risk of further occurrences.

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 good. At this inspection this key question has remained the same. 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

- Care plans were developed with people and ensured their preferences and diverse needs were met which included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability. One person commented, "The older ones (staff) know how to support me, but the younger ones don't realise how important their jobs are and can get a bit agitated at times." People told us there were a lot of agency staff; "But they are quite good."
- We saw people's religious culture were met. For example, one person only ate specific food due to their religion and chose not to have certain medical intervention.

Staff support: induction, training, skills and experience

- New staff completed an induction process to enable them to be competent in their role. This included the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working lives. It is the minimum standards that should be covered as part of induction process training for new staff.
- Staff we spoke with told us they were supported in their role and had regular supervisions with their manager. The supervision records we saw confirmed this.
- People we spoke with told us staff knew them well and were knowledgeable about their support needs.

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

- We received mixed responses from people about the food. Comments were, "It isn't bad, it's better than nothing", "Its good food but I wouldn't say it's my choice, but I know I'm a fussy eater" and "Normally it's quite good." One relative told us, "Brilliant she loves the food, she eats everything. They have a good variety."
- We observed lunch and found this was a calm unhurried experience for people.
- Where specific diets were required this was catered for. People at risk of malnutrition had fortified foods and their weight checked regularly.

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

- Records we saw confirmed people had access to healthcare professionals.
- Relatives confirmed hospital appointments were made for their family member when required. In addition,

we saw people had appointments with chiropodists, opticians and dentist when needed.

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

- The premises were suited to people's needs and we saw people moving freely around the building. One person told us, "You can go anywhere in the complex, but if you are off site, they (staff) like you to be with someone."
- In addition, the service had spacious dining rooms, together with a kitchen should people want to prepare food for themselves. Landscaped courtyard gardens were designed to allow full wheelchair access.

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.

- Records showed that the service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met. The service had made applications to the local authority before DoLS authorisations had expired.
- Staff told us they always gain consent before supporting people. This was confirmed when we observed staff asking for verbal consent when supporting people.

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

- Staff completed training in equality and diversity.
- People and their relatives told us staff were kind and caring. They commented; "Yes, they treat you fine here", "Yes they are very pleasant" and "I don't have any complaints, but some can be a little rough I have to remind them to be careful of my shoulder." Relatives told us staff were attentive and talked to people. One relative said, "They are very tolerant."
- We observed kind caring interactions between staff and people using the service.

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

- People and relatives, we spoke with were not sure if they had been involved in their care planning. Comments were "I don't think so, but I might have been, "No idea" and "Yes when I had carers." However, care plans we viewed recorded people had been involved in their care.
- People made every day decisions about their care and support. People choose when they got up, what wanted to wear and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they always knocked on people's doors before entering.
- We observed staff interacting with people and saw they were kind and considerate. Staff knocked on doors and ensured doors were closed when delivering personal care.
- People told us they were treated with dignity and respect. One person said, "I think so yes. There are times when you do something, and they say to do something else, but I feel that is part of their job."
- People were supported to be as independent as they could be. One person told us, "Some of the carers pick things and ask what I want to wear, others just pick for you. They are not all the same." Another person told us they often go out for a walk.
- Staff told us they treat people as individuals and care plans and families helped them to understand people's preferences.
- People could choose a male or female member of staff to support them.

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

- Some care plans we viewed did not provide clear accurate information about support needs. We saw one person who had a percutaneous endoscopic gastrostomy (PEG) insitu made no reference to the management of the PEG in the main summary of the care plan. This meant new or agency staff would not have vital information to hand which was clear and concise. This may pose a risk to the person.
- However, we saw in the main body of the care plan reference was made to the person's PEG. Information about which medicines to give and how much fluids were needed to flush the PEG were in the medicine record and not in the care plan. We discussed this with the registered manager who agreed this required attention and confirmed this would be completed with immediate effect.

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.

- Care plans provided information about people's sensory or hearing impairments. We saw people were able to attend the audiology clinic and the clinic also visited the service for people unable to access the community. The service had access to assistive technology products. One person was provided with a laptop as they were unable to communicate verbally.

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 mainly positive about the activity programme. One person told us, "There are board games, which I like. We play dominoes and other things too. I am not very keen on some of them, but I expect they serve a purpose." Another person said, "There's not much to do here. I am sick of sitting here. I would like to go for a walk, just to get out. You just sit in front of the television and get square eyes. I would like some jigsaws to occupy my mind." One relative said, "They have good entertainment the animal days out quizzes, bingo and singers. It is all optional and I must say it's well run."
- The service had access to transport to enable people to enjoy outings out such as visits to garden centres theatres and various other venues. The service had entertainers who visited the service to sing or play instruments. People were able to attend day centres and lunch clubs.

Improving care quality in response to complaints or concerns

- Records showed that complaints were responded to in line with the providers policy. People and their relatives told us they knew how to make a complaint.
- People were given information on how to make a complaint when they first joined the service. There were no complaints at the time of our inspection.
- The service kept a log of compliments received from relatives. Examples were, "Thank you to all the team at Hazlemere Lodge. You have made dads life for the past year and a half a positive experience. I am amazed at how much love I have seen, and I am very grateful for all the support," and "Thank you all so much for being positive smiley people and looking after my dad."

End of life care and support

- People were able to make decisions about their end of life support. We saw one person receiving end of life care at the time of our inspection. The person's care plan referred to end of life wishes.
- Staff were aware of national good practice guidance for end of life care. The service had support from palliative care specialists when required.

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

- People and relatives told us the service was well run. Comments were, "Anyone coming here would be well looked after", "The manager and the office staff are nice and accommodating" and "Yes [family member] is well looked after and [registered manager] is lovely."
- Staff commented, "I love it here", "We are well supported", and "My team are fantastic."

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 registered manager was supported by a team of senior staff and nurses. Staff we spoke with were clear about their role and responsibilities.
- Governance systems monitored the quality of the service. Audits in relation to health and safety, care plans and medicines were carried out and where improvements were identified action had been taken to address these.
- The registered manager was open and honest about improvements that were needed. They told us the current electronic system used for care plans was soon to be reviewed and updated and plans were in place to renew carpeting in communal areas.
- The registered manager was clear about their responsibilities around the duty of candour. The duty of candour sets out actions that should be followed when things go wrong, including an apology and being open and transparent.

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

- Staff were positive about working at the service and told us they worked together as a team. One member of staff told us; "We are a happy little bunch" another member of staff said they had wished they had joined the service years ago.
- The provider involved people and their relatives in the running of the service. We saw relatives and residents' meetings took place on a regular basis.
- Questionnaires were sent out to people and a comments box was displayed in the main foyer.

Continuous learning and improving care; Working in partnership with others

- The registered manager was keen to discuss lessons learned with staff both formally and informally.
- Regular audits completed ensured care was provided in a safe way.
- The service was supported by the hospice team when people were at the end of their life.
- Physiotherapists visit the service and provided an exercise programme for people who require this.
- Local schools visit the service and sing to people. A Pets as Therapy (PAT) dog and his owner visited to offer people pet therapy.