

Hazelwood Lodge Limited

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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

This inspection took place on 16 May 2017 and was unannounced. At our last inspection in March 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Hazelwood Lodge is a care home for people with learning disabilities. The maximum number of people they can accommodate is ten. At the time of this inspection there were ten people living at the home.

People told us they liked the staff at the home. Friendly and supportive relationships had developed between staff and people using the service.

Risks to peoples' safety had been identified and staff were aware of the actions they needed to take to mitigate these risks.

People told us the service was very homely and relaxed and the registered manager encouraged and supported a sense of community between people and staff which had a positive effect on everyone's well-being.

Staff were aware that the people they supported were vulnerable and understood their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were positive about working at the home and told us they appreciated the support and encouragement they received from the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they enjoyed the food provided and that they were offered choices of what they wanted to eat.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals and understood that people's diverse backgrounds and cultures needed to be valued and respected.

Both people using the service and their relatives told us they were happy to raise any concerns they had with any of the staff and management of the home.

People were included in monitoring the quality of the service and we saw that their suggestions for improvements and preferences about how they wanted to live their lives were respected and acted on.

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 continued to be safe.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well-led.

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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 unannounced inspection was undertaken on 16 May 2017 and was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

We spoke with four people who gave us their views about what the home was like. As a number of people did not always communicate verbally, we observed how staff interacted and treated people throughout the day of our inspection. We wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with three relatives of people using the service. We spoke with four staff, the registered manager and the registered provider of the organisation as well as a social care professional who had recently visited the home.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including meeting minutes as well as health and safety documents and quality audits.

Is the service safe?

Our findings

Staff interactions with the people they were supporting were friendly and relaxed. These interactions had a positive effect on people's well-being and it was clear that people knew the staff well and liked them.

One person told us, "It's very good here, they [staff] are nice to me. They don't worry me." A relative commented, "The staff are kind to [my relative]."

Staff understood that the people they supported were at risk of abuse because their disabilities made them more vulnerable. Staff knew how to recognise potential abuse and that they should always report any concerns they had to the registered manager. Staff told us that they could also report any concerns they had to the local authority, the police or the Care Quality Commission (CQC).

Staff understood the potential risks to people in relation to their everyday care and support needs. These matched the risks recorded in people's care plans. Care plans identified the potential risks to people in connection with their care.

Where risks had been identified the registered manager had recorded how these risks were to be reduced. For example, we saw that risk assessments had been developed for people who went out on their own in the local community. These risk assessments stated that they should be reminded not to talk to strangers and to keep their personal belongings safe. People we spoke with told us they had discussed these risks with staff and understood why they should be careful and not talk to people they did not know.

Environmental risk assessments, including a fire risk assessment had been completed and were accessible to staff. Everyone had a personal evacuation plan which gave staff advice about the most appropriate and safe way people should be evacuated from the home. Records of regular fire drills showed that people were able to evacuate the home in good time.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines at the home. The registered manager was auditing medicine records regularly to ensure any potential errors were identified and acted upon. At the time of the inspection no one was self-administering their medicines and no one was on covert medicines. People we spoke with told us they were satisfied with the way their medicines were managed at the home.

People using the service did not have any concerns about staffing levels. There had been no change to staffing levels since our last inspection and the registered manager confirmed that there had been no increase in people's level of dependency although this was monitored on a regular basis.

In the two years since our last inspection three new staff had been recruited at the home. We checked these three staff files to see if the registered manager was continuing to follow appropriate recruitment procedures and to make sure that only suitable staff were being employed. Staff files contained the necessary recruitment documentation including references, criminal record checks and information about

the experience and skills of the individual. Staff confirmed that they had not been able to start working at the home until the required documentation had been received.

Is the service effective?

Our findings

Staff were positive about the support they received in relation to supervision and training. Staff told us that the training they had completed had improved their confidence to support people safely and effectively. This training included autism awareness, first aid, infection control, food hygiene and safeguarding.

Staff gave us examples of how the training had impacted on their work. One staff member, talking about the recent autism training they had completed, said, "It's given me a better understanding of how people with autism experience the world."

The registered manager kept a record of the mandatory training staff had completed and the date that refresher training was due. Records showed that staff were up to date with their training. A staff member told us, "I've done all the mandatory training."

Staff confirmed they received regular supervision and yearly appraisals and we saw up to date records of staff supervisions and appraisals. Staff told us that supervision was a positive experience for them and that they felt supported by the registered manager. One staff member told us, "He is a very good manager, very helpful and he gives us practical support."

Staff were positive about their induction which included working through the Care Certificate. We saw these certificates in staff files. The Care Certificate is a set of standards that social care and health workers must follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training on this subject and understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away and that they must offer as much choice to people as they could. They said that, just because a person may not be able to communicate verbally, they were not to be disadvantaged in any way. Staff were able to tell us how people communicated non-verbally and how they ensured their choices and decisions were respected and acted on.

The registered manager gave us examples of when 'best interest' meetings had been undertaken when major decisions had to be made. The registered manager understood the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS).

We observed staff asking people for permission before supporting them and people told us that the staff did not do anything they did not want them to do.

People told us they liked the food provided at the home. One person told us, "The food is nice." We saw that menus were planned with people at monthly 'service user's meetings' and people told us they could choose what they wanted to eat and that a weekly take away was organised as well. Menus were in pictorial form and we saw that menu planning was very flexible and responsive to people's wishes.

All staff members were responsible for cooking the meals and were aware of the people that needed a special diet because of particular health requirements such as diabetes or if someone required a culturally specific meal. The kitchen had been inspected by the environmental health department and had received a score of four 'scores on the doors'.

People's weight was being monitored and recorded each month. The registered manager told us about a person using the service who was working towards losing weight. We saw that healthy eating alternatives had been discussed as part of a weight loss programme. However, the registered manager said that they had not yet spoken with the person's day centre to ensure they continued this healthy eating programme away from the home. He told us that he would contact the day centre to discuss this issue.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. People told us and records we saw confirmed that they had good access to health and social care professionals. One person we spoke with said, "I've got a dentist in Holloway."

Relatives said that the registered manager was good at monitoring people's health and getting the appropriate healthcare professionals to visit them if required. A relative told us, "I'm kept updated. They take her to the doctor and tell me."

Everyone had an up to date 'hospital passport' which was a document that would be sent with the person if they had to go to hospital. This document contained important information about the medical and healthcare needs of the individual so staff at the hospital knew how best to care for that person.

Is the service caring?

Our findings

People and their relatives told us they liked the staff who worked at the home and that they were treated kindly and with respect. One person we spoke with said, "I like it here. I like the staff." Another person commented, "It's a good home. The staff are good." A relative commented, "The staff treat [my relative] very well. They listen to her."

We saw that people were very relaxed with staff and it was clear from the calm and friendly interactions between staff and people using the service that positive and supportive relationships had developed between everyone.

The registered manager encouraged a sense of community within the home. We saw examples of this when people were helping staff to cook lunch and when everyone was sitting in the garden chatting and laughing together.

Staff told us that this sense of community and family were important to both them and the people using the service. One staff member told us, "It's really good. It's a proper caring home. [The registered manager] loves the service users and he doesn't sit down in the office. He makes sure we provide a good service." Another staff member said, "It's like a family."

We saw that people were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do. Staff told us that people communicated in different ways and they understood people's responses, for example through their facial expressions and body language.

People and their relatives told us that staff communicated effectively with them. We saw records of regular service user meetings and that people had made suggestions about the menu, activities, outings and holidays.

Staff understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. Staff knew which individuals wanted to attend places of worship and organised this on a regular basis. One staff member commented, "People have different needs but must be treated equally and not disadvantaged. People must be part of the community not separate."

People had access to independent advocacy services and the registered manager gave us examples where people had used these advocacy services when they needed someone to act on their behalf and speak up for their rights.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. People using the service told us they had no concerns about their privacy.

Is the service responsive?

Our findings

Staff we spoke with understood the current needs and preferences of people living at the home and this matched information detailed in their individual care plans.

Care plans were centred on the individual and gave staff clear and detailed information about people's needs, goals and aspirations whilst being mindful of identified risks to their safety. We saw that care plans had been reviewed and updated where required and with the involvement of the individual where possible.

Where people's needs had changed, the registered manager had made the necessary changes to the person's care plan so all staff were aware of and had the most up to date information about people's needs. The manager also gave us examples of where people's well-being and behaviours had improved since they moved into the home. Relatives also told us that they had seen this improvement. One relative told us, "They are looking after [my relative] she's got a bit better."

We saw that people had commented and had input in planning their care and support where possible and if they wanted to. People told us that they were happy with their care and that they were involved in making decisions about how they were being looked after.

One person told us, "I have a folder." They showed us this folder (their care plan) and they told us they understood what information was in it. Another person said, "You have key-workers here it's very good." A key-worker is a specific staff member who is allocated to develop and review an individual's care plan with them.

People who used the service and staff told us about the various opportunities to take part in activities both in the home and outside. One person we spoke with told us about a play they were in as part of their day centre activities. Another person told us they enjoyed going out of the home as well as helping out staff and other people. This person showed us pictures of recent outings, birthday parties and group holidays. The home had a mini-bus that took people to their day centres, shopping trips or just for a ride. A person we were speaking with commented, "We go for mini-bus rides."

One person told us about the annual holiday that the service organises. They said, "We go every year. We're going to Bognor this year." We saw that people's families were invited to all events at the home and that maintaining relationships with family and friends were encouraged. Relatives confirmed they were welcomed by staff. One relative told us, "They're always welcoming. I turn up whenever I want to."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. One person commented, "I'm happy I'm not worried about nothing." Everyone said they would speak to any of the staff or the registered manager and we saw the complaints policy, in pictorial form was on display on notice boards throughout the home.

There had been no complaints recorded in the last 12 months. We saw that everyone was asked at monthly

service user meetings if they had any concerns or complaints about the home.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

Staff were positive about working at the home and told us they really appreciated the homely atmosphere and the guidance and support they received from the registered manager. One staff member said, "He is a very good manager, easy to work with and to talk to." Another staff member, commenting about the registered manager, said, "He's good, he listens."

People and their relatives were also positive about the registered manager and the way he managed the service. A person we were speaking with said, "He is alright." One relative told us, "He keeps me updated."

People and their relatives told us the registered manager asked how they were and if there was anything they needed or if they had any suggestions for improvements. A relative told us, he always asks if I have any worries and he asks how I feel."

We saw records of regular, monthly meetings organised for people who used the service. We saw that people were able to comment on the service and asked if they had any concerns or suggestions for improvements. An action plan was then developed which recorded how people's suggestions would be acted on. For example, action plans had been developed in connection with activities that people had suggested and upcoming birthdays.

The registered manager used a number of methods to monitor and improve the quality of care at the home. These included yearly surveys for people using the service, a survey for staff, a survey for relatives and one for outside professionals. We saw that the results of these surveys were positive about the staff and management. Relatives confirmed that they were sent regular surveys and were asked about their views. One relative told us, "I've filled out the forms a lot of times."

We noted that the surveys given to relatives were quite long and we spoke with the registered manager about what information was important to gather to ensure improvements were identified. We also talked about developing an overall and continuous service improvement plan that could be linked to these quality assurance systems. They agreed to look into this as a potential quality assurance tool.

The registered manager and provider also carried out regular audits including health and safety, staff training, cleaning, and care records. People who used the service were also encouraged to identify any maintenance issues at monthly meetings.

We saw that risk assessments and checks regarding the safety and security of the premises were taking place on a regular basis and records of maintenance and servicing of the building that we saw were

satisfactory.