

Elpha Lodge Residential Care Home Limited

Hazelmead Residential Care Home

Inspection report

3 Elpha Court
South Broomhill
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Northumberland
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Date of inspection visit:
12 July 2019

Date of publication:
27 August 2019

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

Hazelmead is a residential care home providing personal care for five people with physical and learning disabilities. There were five people living there at the time of this inspection. The home was a bungalow that had been designed to support people with physical disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received a personalised service from friendly, supportive staff. People said they liked the staff and enjoyed being with them. Staff knew people's needs and preferences very well. Relatives said the staff were "very caring" and made sure people had enjoyable experiences and a happy social life.

People were encouraged to make their own decisions and staff understood how people communicated their choices. People were supported to achieve independent living goals. Staff made sure that people were treated with dignity and respect and in a way that was free from discrimination.

People were safe and happy at the home. They described the staff as "like family". Management and staff understood their responsibilities to report any concerns.

People's medicines and accommodation were managed in a safe way. Staff were well trained and supported to provide the right care.

People were fully involved in planning menus, shopping and preparing their own meals. They were as involved as possible in the running of their home, including the recruitment of staff.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff, relatives and external professionals said the service was well-run. They praised the values of the management and staff team. The service aimed to provide personalised support for people to live fulfilled lives as part of their local community.

The management team were open, approachable and supportive. The provider carried out checks to ensure the quality and safety of the home and was committed to continuous improvements of the service.

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

Rating at last inspection

The last rating for this service was good (published 10 January 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hazelmead Residential Care Home

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.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. This service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Hazelmead 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 reviewed information we had received about the service since the last 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 contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We joined all five people for a meal and observed the support they received. We spoke with three members of staff including a team leader and two support workers.

We reviewed a range of records. This included two people's care records and medicine 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 quality audits, training data and procedures were reviewed.

After the inspection

We contacted three relatives to ask for their views of the service people received and spoke with the registered manager.

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 now 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 said they felt safe in their home. Relatives commented they had no concerns with the way people safety was managed.
- Staff knew how to report any concerns and had regular training in this. The registered manager understood their responsibility to report any safeguarding issues.
- There had been no concerns since the last inspection.

Assessing risk, safety monitoring and management

- The service promoted positive risk-taking for people to lead fulfilled lives. Risks were assessed and strategies used to help minimise harm. For example, one person travelled independently so staff always made sure they had a mobile phone with them in case of emergencies.
- People were included in decisions about reducing risk where their capabilities allowed.
- The accommodation and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in certain events, such as a fire.

Staffing and recruitment

- There were enough staff with the right skills to support people.
- People said staff always had time to support them individually if they required this.
- The provider used safe recruitment practices to reduce the risk of unsuitable staff being employed.

Using medicines safely

- People needed support with their medicines. Staff made sure these were received, stored and administered safely.
- The provider made sure the appropriate staff were trained and competent to support people with their medicines.

Preventing and controlling infection

- The home was clean.
- People were involved in housekeeping, with staff support if necessary.
- Staff had completed infection control and prevention training. Staff had access to protective personal equipment such as disposable gloves and aprons.

Learning lessons when things go wrong

- Senior staff said the service adapted its practice whenever an incident occurred to minimise the risk of it

occurring again.

- Individual supervisions and reflective practice sessions were held after some minor medicine errors. Staff members were withdrawn from giving medicines and provided with additional support and competency checks until they felt confident again.

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

- People's physical, emotional and social needs were fully assessed and kept under review.
- Staff had clear guidance about how to support each person. For example, there were step-by-step instructions for staff about how to support someone to use their hoist and to transfer into their specialist chair.
- The service applied the principles and values of Registering the Right support and other best practice guidance. These ensure that people can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff support: induction, training, skills and experience

- Staff said they were well trained and supported in their roles. All staff completed regular essential training including safeguarding, moving and assisting and medicines management.
- Staff also completed additional training which was relevant to the specific needs of people who lived there. They all had care qualifications.
- Staff had regular supervisions and an annual appraisal. Supervision records showed the support staff were given in their professional development and personally. Records showed staff were offered the opportunity to have a coffee and chat with the registered manager outside of the formal supervision process if they wanted to.

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

- People described how they plan their weekly menu together and do the shopping. They told us they choose whatever they want for their meal. For example, for lunch on the day of inspection people had chosen to have a range of different dishes.
- No-one had any nutritional concerns. One person has had their meals blended throughout their life and prefers this. Speech and language professionals were previously involved but were happy that this is the person's choice and that staff supported them in the right way.

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

- The accommodation was designed to meet the needs of the people who lived there.
- Some people who lived at the home used a wheelchair. The house was single storey and all areas were level and had wide corridors for easy access.
- Everyone had a large bedroom with en-suite shower room that were personalised and well maintained.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported with any healthcare needs and to attend appointments when necessary.
- The service worked closely with social and health care agencies to promote people's well-being.
- The service had lots of easy-read information for people that explained various health care arrangements such as blood tests, what happens when you go to hospital and going to the dentist.

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.

- People's consent was sought before staff supported them.
- Records relating to people's capacity showed how any decision had been made and who was involved.
- The service involved people, relatives and relevant care professionals in any decisions made in people's best interests.

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

- People were very positive in their views about the staff. There were clearly warm and friendly relationships between people and the staff. People told us, "They're really nice" and "I really like them, we're like a family."
- Relatives described the staff as "very caring". They told us, "Hazelmead is as near to 'home from home' as one would hope for, for a loved one."
- Staff spent all their time engaged with people and supported them at their own pace. Staff used appropriate terms of endearment and reassuring touch when supporting people who had no verbal communication.

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

- People were fully involved in the daily running of their home. They made their own decisions about their menus, activities and holidays.
- People were involved in the recruitment of new staff. One staff member commented, "I think it's brilliant that people were on the interview panel and asked questions. When I got the job it made me feel it was a credible success."
- People had monthly meetings with their keyworker so they could say what their plans were for the next month. People's goals and aspirations were respected and staff supported people to achieve these.

Respecting and promoting people's privacy, dignity and independence

- People's independent living skills were promoted and celebrated.
- Some people enjoyed making drinks for staff and visitors and said it made them feel proud to do this. A staff commented, "It's brilliant that they make drinks and get involved in housework because it's their home and we're just here to support them."
- Relatives said their family members were "always treated with respect, kindness and dignity".
- Staff listened to people in a respectful, encouraging and sensitive way without interruptions, which upheld the person's dignity and rights.

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

- People told us they each had a keyworker who took special responsibility for helping them with their aspirations and goals for the future. People said they spent time with their keyworkers discussing their future events and inputting their views into their care records.
- People received a personalised service that met each person's individual skills, choices and needs. Staff adapted their support to each person to match the level of support they needed.
- All staff were very knowledgeable about people's preferences. Care records were personalised and reflected the things that were important to each person.

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.

- Some people had good verbal skills; other people used non-verbal communication such as facial expressions and sounds to express their views. Staff were very familiar with each person's communication methods.
- People had information about the service in different formats to support their communication skills. This included an easy-read information pack and a charter about people's rights.
- There were easy read posters and pictures about activities and entertainment that people could use to express choices.

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 encouraged and assisted to follow their own individual interests.
- People were supported to live fulfilled lives with a range of social activities. People described lots of days out to places of interest they had chosen. This included a recent trip to Yorkshire to waterwheels (a boat accessible for wheelchairs) which people spoke about very enthusiastically.
- Staff made sure people were valued as members of their local community. They used local shops, social clubs and pubs and took part in local community events.

Improving care quality in response to complaints or concerns

- The service made sure it was easy for people to make a complaint. There were picture forms for people to tick to show if they were not satisfied with any aspect of the service.

- People said they could talk to a member of staff they felt most comfortable with if they were unhappy. Their comments included, "I would talk to staff to get it sorted" and "I could tell them if I wasn't happy."
- When people had raised any issues, these had been listened to and acted on appropriately by the provider.

End of life care and support

- People's end of life preferences were recorded in their care records so that their wishes could be respected.
- There were good relationships with local community health services to provide support at the end stages of people's lives, if Hazelmead was the appropriate place for them at that time.

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 said they had a good relationship with the provider's representative as well as the staff. Their comments included, "(Nominated individual) comes around and we can talk to her about anything" and "We get on well with staff."
- Staff said the management team were approachable and they felt valued by the provider.
- Staff described Hazelmead as "the best place I worked" because of the focus on positive life experiences for the people who lived there.

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

- People, relatives and staff had confidence in the way the service was run.
- The provider understood their responsibility to listen to people's views and act if something could be better.
- A relative told us, "I am able to approach staff, and I know that my views are listened to and acted upon."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to monitor the quality and safety of the service. This included regular audits and checks by the director and internal checks carried out by the registered manager.
- The director also reviewed care reports to make sure any lessons learned were acted upon and home staff were supported.

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

- People were encouraged to be involved in the running of their home.
- There were regular surveys and meetings to get the views of people, staff and visiting care professionals. The responses were very positive.
- The service used an annual picture survey to encourage people to give their feedback about the service they received. The most recent survey included a question about how the service made people feel about themselves. People's responses included, "Makes me feel pleased about myself" and "Happy, I feel great."

Working in partnership with others

- People had very close links with the local community. Staff promoted this so people lived lives as ordinary citizens of their local area.
- There were close working partnerships with other care services within the organisation to share best practice. The registered manager attended manager meetings and provided feedback to the staff team.
- Some staff had lead roles on other organisation's forums and committees, such as Mencap, so they promoted their activities and events.