



Inspection Report on

Hazeldene

Swansea

Date Inspection Completed

05/05/2023

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About Hazeldene

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Hazeldene is a small care home for up to six individuals aged 18+ with needs associated with acquired brain injury, learning disabilities and mental health. The service is situated in a residential part of Swansea. The property has a secure garden to the rear, also parking at the front. People have up to date personal support and risk plans that are regularly reviewed. People are supported by a dedicated team of well trained and experienced care workers, a deputy and registered manager. All care staff are very knowledgeable about the needs of the people they support. People are supported to access routines that are important to them including access to the community on a regular basis. People live in an environment that meets their needs well, it is clean, homely, and well maintained. There are further works planned and scheduled to improve the property. The Responsible Individual (RI) is in regular contact with the service and there are robust oversight and quality governance arrangements in place.

Well-being

People receive a good standard of care and support by an experienced, well trained and dedicated staff team and manager. All feedback received from people and staff is extremely positive about the positive culture in the service. People told us they are happy, relaxed and get on well with all staff. We observed care workers supporting people in a friendly way with positive and supportive interactions. Support files viewed, indicate people's needs are fully considered including their ability to participate in care planning. We found personal support plans are up to date, regularly reviewed and give a good reflection of the current needs of people. People are involved in and consulted about their care and support needs on a regular basis. Risk assessments are detailed and thorough to ensure people are supported safely and appropriately. There are thorough and detailed staff recordings, daily records and staff handover arrangements in place.

People's physical, mental health and emotional well-being is promoted and maintained. People are supported to access the community and have a varied activities programme available to them in the service. There are good procedures in place for the recording, storing, and auditing of medication in the service. People are supported by care workers who know them well and seek medical assistance quickly to support them appropriately when required.

People live in a home that is safe, secure and homely. There is a sign-in process to enter and leave the premises. The service is generally well maintained, although further repair and update works are needed and planned for the near future. The service is homely, clean and comfortable. Bedrooms are personalised where appropriate to give people a sense of belonging. Health and safety building checks are completed and documented. There is good compliance in relation to building safety certificates. The environment meets the needs of the people living there well.

People are protected from harm and neglect. All care workers have received updated safeguarding training and those spoken with are aware of their responsibilities and the procedures to report any concerns. There are robust and thorough staff recruitment checks in place. Policies and procedures to guide care workers are available which have been reviewed and updated where appropriate. Deprivation of Liberty Safeguards (DoLS) are requested for people who do not have the capacity to make decisions about their accommodation, care and support. The provider has robust quality checks in place and the service is visited regularly by the RI.

Care and Support

People are provided with a good standard of care and support at Hazeldene. They are included in decision making and their personal wishes, aspirations are valued and supported. People receive appropriate support to access meaningful and beneficial internal and external activities of their choice. We saw people accessing the local community and participating in household tasks. We saw good levels of staffing that align with personal plans and commissioned support. We spoke to people during the inspection and gained overwhelmingly positive feedback about the service. We saw people are happy, settled and fully included. A person told us; *“I get on well with all the staff and have no concerns or worries living here”*. Another person stated; *“all the staff and the manager are really good and I have no complaints whatsoever”*.

The provider has thorough, current and up to date plans for how care is provided in order to meet support needs. Personal support plans demonstrate what matters to the person and how best to support them to achieve their identified goals. Detailed risk assessments are in place which correspond with support plans. People are involved in care planning and the appropriate measures are in place to safeguard them. Recording of support given is detailed and evidences people’s identified needs are monitored and reviewed when necessary and routinely.

There are safe systems in place for the management of medication and people’s health is promoted by good practice. We saw medication is stored securely in a locked cupboard. Records of daily temperature checks were seen to ensure safe storage of medication. Medication Administration Records (MAR) are completed appropriately with signatures of care workers present. There are good processes in place for the ordering and auditing of medication in the service which minimises the risk of error. Staff assisting people with medication are trained and deemed competent to do so. Many care workers in the service have been in post a number of years and know people very well. This enables them to identify any health deterioration quickly and to seek support when needed. We saw medical appointments are clearly documented in care files with any subsequent action required noted.

The provider has relevant safeguarding policies and procedures in place. Staff understand the importance of reporting safeguarding and whistle blowing concerns. We spoke to a range of staff during our inspection. All had received safeguarding and whistleblowing training and have a good knowledge of their responsibilities and duties.

Environment

The provider ensures people’s care and support is provided in a location and environment with facilities that promote people’s well-being and safety. We saw the property has been

re-decorated internally since the last inspection. There are some repair works that require completion such as repair/replacement of a rear garden wall, repair and replacement of a communal level access shower room floor. We were informed by the manager and RI plans are in place to address these areas along with a replacement conservatory and refurbishment of a communal bathroom. All communal areas are clean, well maintained, homely and comfortable. The environment is well suited to the needs of the individuals living there. People told us they enjoy their bedroom's and spending time with others in communal areas. We saw people had their own personalised items in their bedrooms, rooms viewed were clean and comfortable. There is a separate locked external laundry room with locked cupboards to safely store cleaning products. There is a secure office area where files are stored appropriately. To the rear of the property is a garden area with smoking shelter and to the front another pleasant garden area and small car park. People benefit from the location of the service being near to local amenities such as shops, café's, public transport etc.

We saw mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. Monthly external contractor water temperature checks are taken and documented. Personal emergency evacuation plans (PEEP's) are in place for individuals. Substances which come under the Control of Substances Harmful to Health (COSHH) regulations are stored safely and securely in a locked cupboard. We saw food fridge temperatures are taken regularly and documented appropriately. Also there are facilities such as coloured chopping boards and mops/buckets to promote good food hygiene procedures.

Leadership and Management

People are supported by staff who are recruited safely, knowledgeable, well trained and supported to complete their roles. Many of the care workers have worked in the service for years and are familiar with the needs of the people being supported. We were told by the

manager that additional staff have recently been recruited or transferred from other services which has been successful. We looked at two staff personnel files and saw appropriate pre-employment and recruitment checks are in place. References and up to date Disclosure and Barring Service (DBS) checks are on file. The training matrix was seen and we found almost all mandatory training requirements of the provider are up to date. This includes infection control, safeguarding, health and safety and fire awareness. Additional, service specific training is provided which includes alcohol use, personality disorder, learning disability and behavioural support. All staff are registered with Social Care Wales (the social care staff regulator for Wales). Staff receive formal supervision and an annual appraisal, including the manager. Care workers spoken with are complimentary of the training and support they receive. Comments included; *“very supported... good support from manager – only because of her I have accomplished what I have”*. Another care worker stated; *“I enjoy working here. I enjoy coming to work every day. Really supportive manager and team working here”*.

The provider has robust and thorough arrangements in place for the effective governance and oversight of the service through ongoing quality assurance processes. The most recent quality of care report includes feedback from people and staff in the service. The report indicates what the service is doing well and includes further improvements for the future. Since the last inspection a new RI has been appointed. We saw the RI is in regular contact with the service. We saw policies and procedures have been reviewed and where necessary updated. The service’s Statement of Purpose (SoP) has been reviewed and accurately reflects the service provided. There is a detailed and clear guide to the service for people and relatives. All policies and procedures are available in the Welsh language. Care workers told us staffing levels are good and the manager stated there is nearly a full permanent care team in place. The appropriate agencies including Care Inspectorate Wales (CIW) are notified where necessary of any significant issues affecting people or the service. The manager told us the service is really settled and there are no current concerns, complaints or Covid 19 issues.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
36	The provider is not compliant because not all the care workers and the manager have received regular documented formal supervision and appraisals.	Achieved
80	Quality of care and support reviews are not completed within regulatory timeframes.	Achieved
35	Not all staff have received an annual DBS check as required by regulation.	Achieved

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