

# Connifers Care Limited

# Hazel House

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Hazel House is a residential care home providing personal care for up to 8 people with a learning disability and mental health conditions. At the time of the inspection there were 8 people living at the service.

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

#### Right Support

People received safe care and they were supported by staff who knew how to protect them from harm. Staff supported people to take their prescribed medicines and to access healthcare services.

Staff were aware of people's individual risks and plans were in place to minimise these while maintaining people's independence.

Recruitment of staff was safe and robust. We saw that pre-employment checks had been completed before staff could commence work.

People could choose how they wanted to spend their time, whether they wanted to be with other people or in their own space and what and when they ate.

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.

#### Right Care

We found people were at risk of social isolation because the provider did not always ensure people had opportunities for social engagement. We have made a recommendation about this.

There was a relaxed atmosphere in the home where staff were respectful and supportive in their interactions with people.

Where people required support with personal care this was provided in a discreet way and promoted people's dignity and privacy.

People were given choices about the way in which they were cared for. Staff listened to them and knew their

needs well.

#### Right Culture

Staff demonstrated a positive person-centred attitude to their work and promoted people's rights and independence.

Staff were proactive in ensuring people had equal access to services.

Staff told us they enjoyed working at the service and we saw they had formed good relationships with people they supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 30 October 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

This inspection was a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hazel House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Hazel House

## 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 1 inspector and 1 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

Hazel House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hazel house is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection visit, we spoke with 5 people living at the service. We spent time in the communal areas observing the care and support people received. In addition, we spoke with the registered manager, compliance manager and 3 support workers.

We reviewed 3 people's care records which included care plans, risk assessments and medicines records. We reviewed 2 staff recruitment records and other documents related to the running of the service which included staff rotas, audits, surveys, meetings and quality assurance records.

After the site visit, we spoke with 7 relatives and sought feedback from health and social care professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse. Staff had been provided with safeguarding training.
- Staff had access to safeguarding and whistle blowing policies and understood their responsibility to report any allegations of abuse. Staff told us they would have no hesitation in reporting any concerns to the registered manager or appropriate authorities and were confident that action would be taken to protect people.
- People told us they felt safe and knew who to report concerns to. 1 person said, "I feel safe here, I know all the staff. They treat me well."
- A relative told us, "I think she is safe because of the staff looking out for her."

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. There were risk assessments in place detailing risks to people's safety and advising staff on how to mitigate the risks.
- Staff told us the assessments provided them with the information they required to keep people safe, reduce the impact of risk, and provide appropriate support to people.
- Risk assessments had been reviewed regularly and updated when people's needs changed.
- People told us staff helped them with some tasks so they wouldn't hurt themselves. 1 person said, "Staff is always available when we are in the kitchen."
- Regular safety checks of the building and equipment took place, including fire safety equipment.
- Fire drills were regularly held, and people had individual personal emergency evacuation plans in place to guide staff in the event of a fire.

Staffing and recruitment

- The recruitment processes in place ensured the service employed staff of suitable character and experience to work with people living at the service.
- Recruitment files included an application form with employment history, references, right to work in the UK documentation and evidence of criminal record checks.
- There were enough staff available to ensure the safety of people.
- Staff and people we spoke with confirmed that the staffing level was good. 1 person said, "Nothing is too much trouble, there is always someone here to help."

Using medicines safely

- People received their medicines on time and as prescribed. Systems in place ensured the safe

administration of medicines.

- Medicine administration records were complete and where gaps in recording were identified, appropriate actions were taken by the registered manager. Medicines audits were being routinely carried out by senior staff.
- The provider had procedures in place to ensure the safe storage of medicines.
- All staff administering medicines had completed training and had their competency to administer medicines assessed in line with national guidance.
- People's medicines were given at set times throughout the day and staff considered people's preferences. 1 person told us, "I prefer to take my tablets with water and staff always respect this."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visitors were able to freely visit their family members at the service and precautions were taken to minimise the spread of COVID-19 and other infectious diseases.

Learning lessons when things go wrong

- There were systems in place to ensure lessons were learned when things went wrong.
- The service demonstrated pro-active practices when dealing with and reporting on accidents and incidents that occurred within the service so that learning and further development could be implemented.
- Each accident or incident had been clearly documented. This included details of the event, the actions taken and where required the updating of specific risk assessments to guide staff with prevention techniques for future events.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 needs and choices were assessed and incorporated into the care they received.
- There was evidence an assessment had taken place prior to people coming to live at the service. Choices and preferences had been recorded in people's care records.
- Relatives told us they were involved in discussions about their family members' support and agreements about how their care was provided.
- People and relatives told us that staff supported their choices and understood their specific needs.

Staff support: induction, training, skills and experience

- Staff were suitably experienced and skilled to meet people's needs.
- Staff had previous experience in care work.
- Induction included completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had regular supervision to discuss their practice. Staff were reflective in their approach and talked to and about people with respect.
- Staff told us they felt well supported by the management team and worked well together.

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

- People had access to a balanced and healthy diet.
- People's food preferences were recorded, and staff were aware of people's dietary needs.
- People told us mealtimes were pleasant and told us about their favourite food. We saw these were on the menu.
- We observed people were supported to eat, and drink and encouraged to maintain their independence in this area.
- Where people had been assessed as at risk of choking, referrals were made to appropriate professionals such as Speech and Language Therapists and dieticians to seek guidance and support with managing people's dietary needs safely.
- People and most relatives we spoke with were satisfied with the food offered. People told us drinks and snacks were available throughout the day. One person told us, "I enjoy the food here, there is a variety to choose from."
- We received negative feedback on food preferences from a relative which we discussed with the registered manager. They reassured us they would review the menu and discuss this with people and relatives.

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

- People had support with their health and staff worked with other professionals to ensure best care.
- People were supported with their health needs and to attend health appointments. Staff were proactive in making health referrals.
- People's care plans had details of their GP and any other health professional's involvement.
- Daily handovers took place and the service had a communication book in place. This supported the sharing of information about people and their health and care needs.

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

- The environment was accessible to all people using the service.
- People's rooms were clean and included personal items such as photos, artwork, and pictures.
- A relative told us, "He's got a nice room there with his own bathroom now. They put in a bathroom for him."
- There was communal space for people to socialise or have their own space.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA.
- The registered manager and staff understood their role in making decisions in people's best interests and these decisions were appropriately recorded. We observed staff asked people for consent before providing care or support. We observed staff were polite and respectful towards people and their decisions.
- Consent forms were included within people's care records.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control. The service had applied for DoLS applications in line with best practice.
- Staff understood it was important to gain consent from people and had received training in the MCA.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The management team and staff were motivated to provide person-centred care and support for people.
- Staff told us the registered manager and management team were approachable and that they would have no hesitation in raising concerns or making suggestions. Comments from staff included, "We have good support from the managers" and "the manager is supportive and helpful."
- We observed, there were limited outdoor activities and there were shortfalls in relation to social engagement recording. The provider could not understand people's experiences of activities provision because relevant information, such as activity duration and level of engagement, was not always recorded in people's notes. We also received some negative feedback on activities from relatives.

We recommend the provider seek advice from a reputable source on providing activities to meet people's needs and reduce social isolation.

- The service supported people to maintain relationships with their friends and family. A relative told us, "We think [person] is safe because he comes home often and we can see he is okay. Staff bring him in a taxi."

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 understood duty of candour and their legal responsibilities to inform people and agencies when concerns are raised or when something has gone wrong.
- They had notified the CQC of any significant events that affected people or the service.
- The rating of the last inspection was prominently displayed in the service as per legal requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the staff understood their roles and responsibilities.
- There was a management structure in place at the service. Staff were aware of the roles of the management team.
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- Audits were carried out at service and provider level and actions were identified to drive improvement

within the service.

- There were contingency plans in place which were detailed and included information about how to ensure provision of people's care in emergency situations.
- Statutory notifications about accidents, incidents and safeguarding concerns were sent to the CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place to ensure the service sought the views of people through regular reviews, meetings and surveys.
- People told us they had regular reviews of their care in which they were involved. People's protected characteristics were considered and addressed.
- Relatives told us that people were well cared for and they were involved in decisions to do with people's care. We saw evidence of communication with people and their relatives.
- People told us staff were respectful of their religion and cultural backgrounds. Staff we spoke with understood what people's religious requirements and different cultural preferences were.
- Staff told us there were regular meetings and they could openly discuss any issues and make suggestions.

Continuous learning and improving care

- Quality assurance checks were carried out by the registered manager as well as the provider. These included checks on people's medicines, care plans, staff recruitment and monitoring of the care being delivered. Any issues identified in the audits were shared with the staff team and actions were completed and cascaded appropriately.
- Action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service.