

Hazel Homes For Autism Ltd

# Hazel Homes for Autism

## 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

Hazel Homes for Autism is a residential care home providing personal care to three young adults with learning disabilities and autism at the time of the inspection. The service can support up to five people in one adapted building.

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

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.

The provider assessed and managed risks to people well, producing personalised risk management plans that allowed people to take positive risks while protecting them from harm. When things did go wrong, the provider learned from this to improve risk management plans. The provider made sure the premises were safe to use, clean and hygienic. There were robust systems and processes to protect people from the risks of being abused or by being cared for by unsuitable staff. Medicines were managed appropriately and there were enough staff to care for people safely.

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 building was sufficiently adapted to meet people's needs without overly restricting their freedom. Staff provided care to people only with their consent or in line with legal requirements around mental capacity and decision making. The provider sought expert advice from appropriately qualified professionals to make sure people's needs were assessed and care was planned in line with best practice. People received the healthcare support they needed, and their eating and drinking needs were met. Staff received the training and support they needed to provide effective care.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff supported people to develop their daily living skills. They gave people information in ways they could understand to help them make choices about how to live their lives. Staff knew people well, treated them with kindness and respect, and promoted equality, privacy and dignity.

People received highly personalised care because the provider gathered detailed information about them and used this to plan their care. This included information about their support needs, preferences, religious and cultural needs and family relationships. People were able to choose from a variety of activities at home and in the community. People received accessible information in appropriate formats for them. The provider responded appropriately to complaints.

We have made a recommendation about recording people's preferences around end of life care. This is best practice in case a person using the service dies suddenly.

The service had a person-centred culture where leaders promoted equality and inclusion. The registered manager made sure staff were well supported and aware of their responsibilities. The provider sought feedback from people, relatives, staff and other professionals, and used this to continuously improve the service. They completed a number of checks to make sure they were providing a high quality service.

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

This service was registered with us on 27/09/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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 ●

# Hazel Homes for Autism

## 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

This inspection was carried out by one inspector.

#### Service and service type

Hazel Homes for Autism 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 the information we held about the service, including information gathered during the registration process. 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.

#### During the inspection

We did not speak with people who used the service because they were unable to tell us about their experiences and we were not able to carry out structured observations because of the needs of the people who used the service. However, we carried out informal observations of staff providing care to people

throughout the day. We also spoke with the registered manager and three members of staff, including the deputy manager and chef. We looked at two people's care plans, two staff files and a range of other records including management checks, policies and procedures and staff rotas.

After the inspection

We reviewed further evidence we had asked the registered manager to send to us.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good awareness of how to recognise the signs of abuse. They recorded any unusual marks they saw on people's bodies and monitored them so they could identify the cause.
- At the time of our inspection the service had not had any concerns or allegations raised about abuse, but they had a robust reporting procedure to make sure any concerns would quickly be passed to the relevant authorities.

Assessing risk, safety monitoring and management

- People had individual risk management plans, which were designed to keep them safe from harm while restricting their freedom as little as possible. These were personalised with a good level of detail around risks that were specific to individuals such as the risks of running away from staff and eating non-food items for one person.
- People's risk management plans not only considered how to reduce risks in day to day life such as risks associated with eating, medicines and the home environment, but also promoted positive risk taking. This allowed people to increase their independence and try new things, because the provider had carefully considered how to support them to do so safely.
- The provider assessed risks and carried out checks to make sure the home was safe. This included arranging for appropriately qualified professionals to check fire safety and the safety of utility supplies. The home had a dedicated maintenance person who made sure repairs were made quickly when needed.
- There were systems to keep people safe in an emergency. The provider carried out monthly fire drills. Records showed staff were able to complete the evacuation process quicker each month as they supported people to get used to the procedure.

Staffing and recruitment

- The provider checked new staff to make sure they were suitable to work with people. This included criminal record checks, obtaining references and carrying out health checks.
- Staffing levels were based on people's needs. At the time of our inspection each person who used the service required one-to-one staffing and rotas showed this level was met. The registered manager told us they did not use agency staff but had bank staff who knew the people using the service and could cover shifts when needed.

Using medicines safely

- There were systems and processes to ensure the safe use of medicines. These included daily checks of medicine stock levels and the temperature at which they were stored, thorough record keeping and clear policies for staff to follow.

- Records and medicine stocks indicated people received their medicines as prescribed.

#### Preventing and controlling infection

- The home was in a clean and hygienic state. The service had domestic staff who were responsible for keeping the home clean, and the provider engaged a pest control company to ensure the home was free of vermin.
- Staff were trained in infection control. We saw staff using gloves and other personal protective equipment to prevent infection spreading.

#### Learning lessons when things go wrong

- Staff kept detailed records of incidents, including the circumstances leading up to them and how effective their interventions were, where relevant. This information helped the provider to learn from incidents and how staff could prevent and respond to them.
- The provider used this learning to improve risk management plans and support people more safely. They involved a psychologist in reviewing incidents resulting from behaviour that challenged the service and adjusting management plans where needed. This helped staff learn more about the reasons for people's behaviour and how to support them in ways that reduced people's need to present behaviour that challenged.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider ensured the care they planned and delivered was in line with current best practice and guidance. They knew when they needed expert advice and were good at seeking this promptly from appropriate sources. For example, the provider employed a psychologist who had input into assessing people's needs and developing behaviour management plans.
- Staff had opportunities to discuss current research and best practice at staff meetings. This also helped to ensure staff delivered care to a consistently high standard.

Staff support: induction, training, skills and experience

- People received care from staff who were suitably qualified, skilled and experienced. Staff gave us positive feedback about the training they received, which was a comprehensive programme tailored to meet the needs of people using the service. The provider designed the training programme to make sure staff received the training they needed to keep people safe and meet their basic care needs before moving on to more specialised training.
- Staff received the support they needed to provide effective care. New staff received an induction to help them get to know the service and people using it before they were allowed to work unsupervised.

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

- People were able to choose from a variety of nutritious foods. The service employed a chef, who was aware of people's different needs and preferences. We saw the current menu, which took into account people's religious and cultural needs.
- Staff checked people's weight regularly and kept records of what they ate and drank to monitor their nutrition and health.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager contacted previous services people used, and their families, to gather information about how to support each person in a way that worked best for them.
- The provider worked with the other services to plan people's moves into the home. The registered manager told us the transitions had gone well so far.

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

- The environment was adapted to meet people's needs and keep them safe while avoiding unnecessary restrictions. For example, there was a high fence around the property to reduce risks, but it was designed so people could still see into the street and did not feel isolated from their community.

- The facilities were designed to provide a suitable environment for people with autism. There was a well-equipped sensory room with coloured lights, relaxing music, cushions and a wall mounted sensory board with various items people could touch and play with. There was enough space for people to move around freely.
- The provider had considered people's preferences and sensory needs when planning décor. At the time of our inspection this was fairly plain. The registered manager explained this was because some people found bright colours and wall decorations difficult to tolerate. However, they were planning to consult people shortly about how to personalise the environment to their taste.

Supporting people to live healthier lives, access healthcare services and support

- Staff had the information they needed to meet people's day-to-day health needs, including oral health care, continence care and promoting good mental health. Each person had a health action plan, which is a personalised document with information about people's healthcare needs and how to meet them in a person-centred way.
- People received support to access the healthcare services they needed, including specialist services for people who needed them. Staff provided flexible support so if an appointment did not go well they rearranged them and considered beforehand what they could do differently to make the appointment successful. An example included arranging home visits from a community 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.

- The provider assessed people's capacity to make decisions in line with the MCA. Because some people's communication difficulties made it difficult to tell how much they were able to understand, the provider worked with a speech and language therapist when making capacity assessments to help them judge whether people were able to make informed decisions.
- Staff gained people's consent where they were able to give it before providing care. For example, they asked before giving people hands-on support with personal care.
- DoLS authorisations were in place and up to date for all people who used the service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 showed a patient and tolerant attitude when supporting people who presented repetitive or unusual behaviour. They made an effort to understand people and were able to tell us the reasons behind some of the behaviour that challenged the service, such as people trying to communicate that they were bored or wanted something.
- People's behaviour management plans placed a focus on understanding people's feelings and supporting them to manage their emotions in ways they could understand. For example, one person sometimes needed some space to calm down if they were upset and staff used a countdown system in a way the person understood so they knew how long it was taking and retained as much control over the situation as possible.
- The registered manager made sure staff had opportunities to get to know people well. For example, they offered night staff the chance to come in during the day to observe people's care.
- The registered manager told us they had known two of the three people who used the service for several years. We observed people responded very positively to the registered manager in ways that indicated they had a strong rapport.
- The provider took diversity into account when considering referrals to the service. They carried out a compatibility assessment for each person who was referred to the home, to see if they were likely to fit in well with those already using the service. This meant people were more likely to get on with those they lived with.

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

- The provider placed an emphasis on "your life, your choice." They instructed staff always to give people options rather than simply telling them what would happen. This included offering people choices about personal care, what to wear, what to eat and what activities to do.
- Staff used pictures and symbols to help people make choices. For example, there was a pictorial menu people could use to choose their meals. The chef told us they had been able to learn some of the signs one person used to communicate their choices around food.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to promote people's privacy and dignity. We observed staff supporting people in a dignified way such as asking them discreetly if they needed help to use the toilet. One member of staff told us, "Dignity looks different for different people. With most people, you'd lock the door during personal care to keep it private, but [person] doesn't like the door locked so you have to respect his choice and look at other ways of making sure he's in private."

- People received support that promoted their independence. Staff planned cleaning and other household tasks so people could participate. This helped them to develop their daily living skills and learn to do more for themselves. The service was supporting one person to work towards their goal of moving to supported living accommodation where they could live more independently.
- The registered manager showed us a room they had set aside for people to receive visitors so they could spend time with family and friends in private.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff were able to provide highly personalised care to people, because the quality of information in care plans was good. The provider worked with people, their families and others who knew them well to gather information about people's support needs, preferences and behaviour.
- There were highly detailed instructions for staff about exactly how to support each person with each care task and activity, such as taking a shower or going to the shops. This meant staff could quickly become familiar with how to support people in a meaningful way so they could achieve their goals and live as they wished to live.

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.

- The provider looked at people's individual communication needs and what adjustments they needed to make so the information people received was accessible to them. They employed a speech and language therapist, who provided guidance about communicating with each person. People had communication passports, which contained detailed information about their communication needs, so staff could access this information when they needed it.
- The service was developing information in appropriate formats for people. The registered manager told us they had given a copy of their complaints policy to the speech and language therapist, who was working on producing a version that the people using the service could easily understand.

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

- Staff supported people to celebrate their birthdays, and other culturally significant events such as religious festivals, with people who were important to them. We saw photographs of people smiling and clearly enjoying birthday celebrations at the home. There was positive feedback about these events from people's families.
- People received support to spend time with their families and engage in activities that were important to them as a family. For example, staff supported one person to dress in appropriate clothes for religious events they attended with their family.
- Each person had a personalised programme of activities that were meaningful and enjoyable to them and promoted their wellbeing. Staff supported one person, who enjoyed cycling, to assemble a new bicycle they

received so they could ride it.

- People had opportunities to access their local community and farther afield for activities and day trips. The provider thoroughly researched activities available in the local area and original ideas for activities to do at home.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure. At the time of our inspection the service had received only one complaint since opening. This was made shortly before we visited and there was evidence that the provider was in the process of investigating in line with their policy.

End of life care and support

- At the time of our inspection this was not something anyone using the service was expecting to need in the foreseeable future. The provider had not yet explored this with people and their families because they were still relatively new to the service. However, the provider had gathered information that would be important to people at this time, such as their religious and cultural needs and the people who were most important to them.

We recommend that the provider consults appropriate guidance about planning end of life care in case of an unexpected death.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 service had a person-centred culture. Staff made an effort to create a friendly and relaxing atmosphere for people. The registered manager encouraged staff to look at their job from the perspective of people using the service, to help them understand how to work in a person-centred way. A member of staff told us, "We treat the people here like we would our own family."
- Leadership was visible and staff told us the registered manager was approachable. The registered manager told us they usually started work early in the morning so they could spend time with night staff and attend handover daily.
- The provider received 'Good Employer' accreditation from a scheme developed in partnership with a local authority. To receive this, employers must have a positive and inclusive culture and be able to demonstrate a clear commitment to equality, diversity and inclusion. Staff told us they had a diverse team in terms of culture, religion and sexuality, and that they were free to express themselves without fear of discrimination.

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 provider had clear policies and procedures, which they developed in consultation with an external agency that had expertise in adult social care and best practice. The registered manager took time to explain to staff why these were important.
- The registered manager checked staff on shift, including night shifts, were aware of their duties and carrying them out as planned. They also used staff meetings and handovers to share information and make sure staff were aware of key issues within the home.
- Staff had opportunities to discuss and reflect on incidents with the registered manager when things went wrong. They talked about what they could learn from this and what they could do to prevent things from happening again.
- Because the registered manager misunderstood one of their regulatory requirements, they did not use the correct process to send us notifications about authorisations to deprive people of their liberty although they did inform us using a different method. When we told the registered manager the statutory notification was required, they immediately completed the notifications and sent them to us before the end of the inspection.

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

## characteristics

- The registered manager asked staff for their opinions about the service. They gathered feedback from night staff when they carried out night checks. Staff told us, "He always listens" and "[The registered manager] always acts on people's feedback. He's the best manager I've worked for."
- The service had links with the local community. At the time of our inspection the registered manager was in the process of arranging for young people to do work experience at the home.
- The provider involved families as much as possible in people's care and regularly contacted them to share information and ask for feedback.

## Working in partnership with others

- The provider planned and delivered care in partnership with others to help ensure they provided a consistently person-centred service in line with best practice. The registered manager gave examples of how they did this, such as by regularly meeting with professionals who provided input into people's care.
- The registered manager had a support network consisting of several other service managers, who worked together to share good practice and ideas. They told us they were working closely with the manager of a service that was rated outstanding, to help them improve their own practice.

## Continuous learning and improving care

- The provider carried out regular checks of the safety and quality of the service to make sure people were receiving good care. They made sure safety checks and care records were complete, medicines were managed safely and people's healthcare needs were met. They had systems to ensure staff had the training and support they needed.
- The registered manager carried out unannounced spot checks twice a year to make sure night staff were providing good quality care to people. They made sure night staff were carrying out the required safety checks and record keeping and checked their knowledge of important topics such as safeguarding.
- Care plans did not always have dates on them. Although they were up to date because people had not been using the service for very long, the lack of dates would make it difficult for the provider to make sure people's care was reviewed regularly. It is important to do this so care plans stay up to date with people's changing needs and preferences. The registered manager told us they would make sure all care records were dated in future.