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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 18 December 2015 and was unannounced. When we last visited the home on 12 May 2014 we found the service met all the regulations we looked at.

Hazel House is a care home which has been registered to accommodate a maximum of eight people who have learning disabilities.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Safeguarding adults from abuse procedures were available and staff understood how to safeguard the people they supported. Staff understood what to do if people could not make decisions about their care needs as assessments of people's capacity had been carried out. Staff had received training on the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. These safeguards are there to make sure that people receiving support are looked after in a way that does not

Summary of findings

inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

People received individualised support that met their needs. The provider had systems in place to ensure that people were protected from risks associated with their support and care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

People were involved in decisions about their care and how their needs would be met. They were supported to eat and drink according to their individual preferences. Staff treated people with kindness, compassion, dignity and respect.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. Medicines were managed safely.

People told us they were happy with the care provided. Staff were appropriately trained and skilled to care for people. They understood their roles and responsibilities as well as the values of the home. Staff received supervision and an annual performance review. They confirmed they were supported by the registered manager and received advice where required.

The registered manager was accessible and approachable. People who used the service and staff felt able to speak with the registered manager and provided feedback on the service. Complaints had been responded to and action taken to resolve them.

Monthly audits were carried out across various aspects of the service, these included the administration of medicines, care planning and training and development. Where these audits identified that improvements were needed action had been taken to improve the service for people.

Summary of findings

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. Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately

Staff were available in sufficient numbers to meet people's needs.

Staff supported people to have their medicines safely.

Good

Is the service effective?
The service was effective. Staff had access to training and support so they were equipped with the knowledge and skills needed to do their jobs.

Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and their responsibilities in relation to these to help protect people's rights in this respect.

People's dietary needs were met and they received assistance with eating and drinking as required.

Staff supported people to maintain healthy lifestyles and had access to healthcare services.

Good

Is the service caring?
The service was caring. Staff treated people with kindness and compassion, dignity and respect.

Staff responded to people's needs promptly.

People were involved in decisions about their care, and had access to advocates to help them make some decisions.

Good

Is the service responsive?
The service was responsive. People's care was planned in response to their needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People using the service and their relatives were encouraged to give feedback to the provider and there was an effective complaints system in place.

Good

Is the service well-led?
The service was well-led. The provider promoted an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

Good

Hazel House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 December 2015 and was unannounced. The inspection was carried out by two inspectors.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local safeguarding team, one professional involved with the service and one relative to obtain their views.

During the visit, we spoke with three people who used the service, three care staff and the registered manager. We spent time observing care and support in communal areas. Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interaction between people and the staff who were supporting them.

We also looked at the five care records of the people who used the service, eight staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt "safe". We saw that staff knew how to communicate with people and support them if they became distressed. Information was available in a pictorial format for people about whom they could talk to if they had concerns about the way they were treated.

Staff could explain how people might communicate that they were distressed or being abused. Staff knew how to report concerns if they felt people were at risk of being abused. They understood the service's policies regarding abuse and safeguarding. These were available for staff to consult with. They told us and records confirmed that they received regular safeguarding adults training as well as equality and diversity training. They understood that racism or homophobia were forms of abuse and gave us examples of how they valued and supported people's differences.

When people who used the service became distressed staff responded to them in a sensitive manner so that their safety and wellbeing was supported. Staff could explain how they managed situations where the behaviour of people who use the service presented a risk to themselves or others. They explained how they responded to each person's behaviour in a way that met their individual needs regarding communication and the triggers for their behaviour. Particular ways to respond to people's behaviour were recorded in their risk assessments and care plans. One person liked to listen to music to help them to relax and this was recorded in their care plan.

People's risk assessments were based on their individual needs and lifestyle choices. Risks such as leaving the service without support, self-harm and risks to others were covered. For each of these areas people had an individualised support plan. These had been constructed and reviewed with the involvement of the person. People were able to go out if they wanted to. Staff explained that they worked with people to help them to be safe when they accessed the community by giving them information about possible risks to their personal safety and how they could respond.

People told us that enough staff were available to meet their needs. Staff told us that there was enough staff available for people. We observed that on three occasions when people requested support from staff they responded promptly. The manager showed us the staffing rota for the previous week. These showed that the numbers of staff available were adjusted to meet people's changing needs. Extra staff were brought in on days where more support was required, for example, with activities and appointments.

The service followed safe recruitment practices. Staff files contained pre-employment checks such as criminal records checks, two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

People's medicines were managed so that they were protected against the risk of unsafe administration of medicines. We observed staff giving people their medicines at lunchtime. Staff checked that they were giving the correct medicine to the right person, and stayed with the person while they took their medicines. Medicines records showed that people received their medicines when they needed it. We saw that staff knew when to offer people "as required" (PRN) medicines as they noticed if a person was in pain and asked them if they wanted their pain relieving medicine.

People were prescribed sedating medicines to be used only when needed for agitation or challenging behaviour. There were protocols in place to give staff instructions on when these should be used. We saw that these medicines were hardly ever used, and so had not been used excessively or inappropriately to control people's behaviour. There was a process in place to learn from medicine incidents.

People's current medicines were recorded on Medicines Administration Records (MAR). All people had their allergy status recorded to prevent inappropriate prescribing. Medicines prescribed as a variable dose were recorded accurately and there were individual protocols in place for people prescribed 'as required' medicines (PRN). This meant that staff knew in what circumstances and what dose, these medicines could be given, such as when

Good

Is the service safe?

people had irregular pain needs or changes in mood or sleeping pattern. There were no omissions in recording administration of medicines. We confirmed that medicines had been given as prescribed.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills to meet their needs. Staff told us they received regular supervision and training that helped them to meet people's needs effectively. Two members of staff who had recently started working at the home had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these should be met. Training records showed that staff had completed all areas of mandatory training and had also had specific training on autism and managing behaviour that challenges. All staff had completed a vocational qualification in care. The training matrix showed that staff had completed refresher training when this was needed.

The registered manager told us staff received supervision each month in line with the provider's policy. We looked at three records of staff supervision that showed this was happening and that staff were offered the chance to reflect on their practice. As part of this supervision staff were questioned about particular aspects of care and the policies of the service. This helped staff to maintain their skills and understanding of their work with people. Staff had received an appraisal in the last year. Records showed that staff appraisals identified areas for development and any required training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked 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. The application procedure is for this in care homes and hospitals are 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 were being met.

People told us that staff asked them for their consent before they supported them. People said they were able to make choices about some aspects of their care. We observed staff asking people how they wanted to be supported. The acting manager and the staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005 (MCA). They told us they always presumed that people were able to make decisions about their day to day care.

Staff had received training in the MCA and Deprivation of Liberty (DoLS). Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS. The majority of people who used the service had a DoLS in place. This was usually so that they could be accompanied by a member of staff as they were not safe when crossing the road or accessing local shops and other services. DoLS were reflected in people's care plans and risk assessments which identified how staff should respond to people's varying capacity to make decisions regarding their care and support. The registered manager had attended a recent briefing session organised by the local authority to discuss changes to the operation of DoLS and how these affected people.

People were supported to eat and drink to meet their needs. One person said, "They asked me what I want to eat." People who used the service had individual menus each week, which were created in consultation with the person and reflected their individual nutritional needs. We observed that people were asked what they wanted to eat for lunch and where they wished to, were involved in the preparation of their meal with staff support. People were involved in purchasing the food for the week with staff support. One person told us they regularly went with staff to do the weekly shopping.

Care plans identified people's specific nutritional needs and how they could be supported to eat a nutritious and healthy diet. One person's care plan stated that they were on a weight reducing diet. Their care plan showed that this had been discussed with them and their relative. Each person's weight was monitored monthly. The dietitian and the speech and language therapy team had been consulted regarding appropriate diets to meet people's needs. This information had been recorded in people's care plans.

Records showed that staff involved medical and healthcare professionals when necessary, and people were supported to maintain their health. People had health care passports

Good

Is the service effective?

which outlined their health care needs and medical histories. These were accompanied by communication passports that outlined how people could be communicated with and how they responded to medical treatment and symptoms such as when they were in pain. Staff were able to explain people's health care needs and knew which health professionals were involved in their care. People's care records showed that each person who used the service was regularly supported to see the health and medical professionals they needed to, which was recorded on a form with details of the appointment, the outcomes and actions for staff.

People were supported to see other healthcare professionals, such as speech and language therapists, dentists, dietitians and psychiatrists. Care records showed that there was regular input from the specialist community nursing and the integrated care team. Changes to people's needs were reflected in their care plans and staff acted on the advice of medical and other professionals.

Good

Is the service caring?

Our findings

People were treated with respect and their views about their care and how their needs should be met were acted upon by staff. Staff engaged positively with people who used the service, using a range of communication techniques (for example, Makaton on sign language and symbols) to establish people's views. People told us that they were "happy" and "liked" the way staff treated them.

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

Staff responded to people sensitively when offering to support them with their personal care needs. They understood people's preferences relating to their care and support needs. Care plans recorded people's preferences and likes and dislikes regarding their personal care and the support they received. This included if they preferred certain foods or whether they wished to have same gender care when staff supported them with personal care.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. They were available in a range of pictorial formats that reflected people's communication needs. Staff explained that these were used in monthly key worker meetings with people to discuss how their needs were being met and to help identify any changes that people might want in how their care and support was provided.

The registered manager explained that he regularly consulted with people who used the service and their relatives. Meetings were held with people during which issues regarding future activities and the general running of the service were discussed. These minutes were in an easy read format so that people who used the service were able to understand and participate in making decisions. The manager had monthly discussions with the relatives of people who use the service and these were recorded in their daily notes and reflected in their care plans. Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views.

Staff told us they made sure that people were treated with dignity and respect. Staff explained that they knocked on people's doors before entering their bedrooms, and made sure that doors were closed when providing people with personal care. Staff also explained what they were doing and addressed people by their preferred names. We observed that staff spoke to people in a respectful and dignified manner. One person told us, "The staff always asked what you want." Staff training records showed that staff had been trained in the principles of dignity.

Good

Is the service responsive?

Our findings

We saw that staff understood how to meet people's needs and responded in line with the needs identified in their care plans. They also understood the importance of meeting people's cultural and religious needs, by supporting them to attend a place of worship of their choice and community activities. One person told us, "Staff will help."

Care records showed that people and their relatives had been involved in the initial assessment and ongoing reviews of their care needs. As part of the initial assessment process people were able to spend time at the service so that staff could become familiar with their needs. This also supported people to become familiar and comfortable using the service. Staff had carried out risk assessments and ongoing monitoring of people's needs. People had individualised care plans that were regularly reviewed and updated. Where people's needs had changed the service had responded by consulting with the relevant health and care professionals. Staff knew about these changes and how they were to respond to meet the needs of the person.

People were able to discuss their needs with staff at monthly key worker meetings. The records of these meetings showed that changes to people's needs had been discussed with them and their relatives. Staff had included this information where appropriate in people's care plans. Care plans showed that where people's needs, wishes or goals had changed the service had responded so that people received care which met their individual needs.

People were able to engage in a range of activities that reflected their interests. These included regular shopping trips, going to the park and attending local day centres and clubs. Each person had an individualised pictorial activities plan. Daily records showed that people were supported to take part in these activities. We observed that one person went on a shopping trip in the morning, while another person went to the local park in the afternoon. Care records showed that people were also supported to participate in their local community by attending religious services to support their spiritual needs. Staff demonstrated a good understanding of people's likes and dislikes and their life histories.

The service responded to people's and relatives complaints so that their concerns were addressed. The complaints policy was available around the home in both an easy read and pictorial format. Minutes of meetings with people and discussions with relatives showed that they were asked if they had any concerns about the service. Where they had concerns, action was taken to address these and the outcome had been recorded. Complaints were used as part of ongoing learning by the service and so that improvements could be made to the care and support people received.

Staff told us they took any comments about how the service could be improved seriously and acted on them. The registered manager told us that he used any feedback about the service to improve the care and support that people received. We saw that where a person had requested a change to their daily routine this had been incorporated into their care plan.

Good

Is the service well-led?

Our findings

Staff, people and relatives told us that the service had a management team that was approachable and took action when needed to address issues. The service had an open culture that encouraged good practice. The registered manager was available and spent time with people who used the service. Staff told us the registered manager was open to any suggestions they made and ensured they were meeting people's needs. Staff had regular team meetings during which they discussed how care could be improved. The minutes of these meetings showed that staff had an opportunity to discuss any changes in people's care needs.

The values of the service were discussed with staff during their induction. Training records showed that staff were encouraged to complete professional qualifications and ongoing training so that they developed the skills to implement the values of the service. Staff were supported through regular supervision and an annual appraisal to identify areas for further training and development. Staff told us that the registered manager discussed areas of good practice relating to autism and learning disabilities with them so that they could effectively meet the needs of people. In this way they were supported to develop and improve their practice.

The manager regularly involved people and their relatives in monitoring and assessing the quality of the service. The manager had regular contact with relatives, community advocates and professionals and had acted on any feedback from this to improve how the service met people's needs. Health and social care professionals had told us the service acted and delivered care based on their recommendations. The manager had recently sent out surveys to people who used the service, relatives and professionals to get their views of the service and to identify any areas for improvement.

The manager carried out regular audits of the quality of care provided by the service. These included audits of care plans and risk assessments, medication and health and safety. The audits and records showed that where improvements needed to be made these had been addressed.

We reviewed accident and incident records, and saw that each incident and accident was recorded with details about any action taken and learning for the service. There had been two incidents in the last month. These had been reviewed by the manager and action was taken to make sure that any risks identified were addressed. The procedures relating to accidents and incidents were available for staff to refer to when necessary, and records showed these had been followed for all incidents and accidents recorded.