

# Community Homes of Intensive Care and Education Limited

## Hazeldene

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Hazeldene is a residential care home providing care and accommodation for up to ten people with a learning disability. It comprises of two properties next door to each other. At the time of the inspection there were nine people living at the service.

The service is required to have a registered manager. There was a registered manager in post who had been registered to manage the service since March 2015. 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.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

People continued to receive safe care. There were sufficient numbers of staff to support people safely. Risk assessments were completed and reviewed regularly to enable people to receive support with the minimum of risk to their safety. Medicines were managed safely by staff who had received training and had their skills assessed regularly. Staff were aware of and had practiced emergency procedures. Recruitment procedures helped to ensure only suitable staff were employed to support people.

People continued to receive effective care. Staff received training and support to develop and maintain the skills and knowledge required to perform their role. People's healthcare needs were monitored and advice was sought from healthcare professionals when necessary. People were helped and encouraged to learn about healthy lifestyle choices and maintain their well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

The service remained caring. People had developed positive and trusting relationships with staff which they valued. Interactions between them were relaxed, supportive and appropriate. Staff protected people's privacy and dignity and treated them with respect. People were fully involved in making decisions about their care. They were assisted by their key worker and other health and social care professionals where appropriate. People were supported to be as independent as they possibly could be. They were enabled to acquire additional skills to empower them and enhance their independence.

The service was extremely responsive. Support plans were very detailed, personalised and focused on the individual. People had been involved in creating the support plans which identified their preferences and their lifestyle choices. They provided excellent guidance for staff on how to respond to people's needs in the way they wanted and had agreed to. People discussed their support plans regularly with their key worker and were encouraged to challenge and change them if they wished. Support plans identified people's

aspirations and staff consistently worked hard to find ways to empower people to achieve these. Some outstanding work had been undertaken with individuals to overcome challenges they faced in their lives. This had made a positive impact and given them opportunities and confidence to develop their independence further. Other people had benefitted from intense support in building family relationships despite having to overcome difficulties which threatened those relationships. People had a range of activities they could access and staff spent time assisting people to find and engage in activities they would enjoy and benefit from. Staff continuously supported people to look for and engage in activities they would enjoy and benefit from. People knew how to raise a complaint if they needed to and were confident in approaching staff about any concerns they had. When concerns had been raised they had been responded to effectively.

The service continued to be well-led. There was an open culture that promoted empowerment for people living at the service. Staff were valued and supported by the registered manager and provider. They were given appropriate responsibility which was monitored and checked by the registered manager. The provider was clear on the value base it expected from staff. They responded to this and worked to maintain those values at all times. A system to monitor, maintain and improve the quality of the service was in place. The provider had a clear commitment to driving up quality by seeking views from people who use the service, their relatives and other professional stakeholders. People were involved at every level of the organisation in providing opinions on the service which were used to make improvements and address concerns. Links with the local community were maintained and new opportunities sought consistently.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Outstanding ☆

The service was extremely responsive.

The service consistently listened to and responded to people's individual needs. People were empowered and supported to increase and develop their life experiences and relationships.

People were supported and guided to strive for their individual aspirations, to overcome challenges and to improve their well-being.

The service provided extremely person centred care. Staff identified what was important to people and found innovative ways to supported them to meet and achieve their goals.

Staff sought to provide meaningful activities which provided new experiences for people.

### Is the service well-led?

Good ●

The service remains Good

# Hazeldene

## 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 was a comprehensive inspection which took place on 11 April 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and contacted community professionals for feedback. We received feedback from three professionals.

We reviewed the 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.

During the inspection we spoke with six people who live at the service. We also spoke with five members of staff including the registered manager, the assistant regional director, the assistant manager and two care workers. We observed care and support being provided in the communal areas of the service and a staff handover meeting. We looked at records relating to the management of the service including three people's support plans and associated records, a selection of policies and three staff files including recruitment records. We reviewed the complaints log, the accident/incident records, a selection of audits and health and safety records.

## Is the service safe?

### Our findings

The service continued to provide safe care. People told us or indicated they felt safe living at Hazeldene. One person said, "Yes, I'm safe. If I have any worries I speak to [Name] he's my key worker and he sorts things out for me." Another person nodded emphatically when asked if they felt safe while a third smiled and nodded their head. People appeared comfortable in the presence of staff and approached them without any hesitation. Their relaxed manner demonstrated their trust in the staff supporting them. People knew who to speak to if they felt unsafe or had concerns. One person said they went "straight to [Name]" who is the registered manager. People felt they would be listened to and something would be done to address their worries. When concerns had been raised by people about their safety the registered manager had taken action to support them and make the necessary referrals to the authorities. Notifications of safeguarding concerns had been sent to the Care Quality Commission within appropriate timescales.

Staff had received training in safeguarding vulnerable adults and guidance was readily available for them to refer to. They understood their responsibilities and acted accordingly. When necessary, concerns had been reported immediately to the registered manager. Staff were familiar with the provider's whistleblowing policy. They were provided with a whistleblowing card detailing actions to take and contact numbers should they need to raise a concern. People were provided with 'keeping me safe' training which aimed at enabling people to identify when they may be at risk and informing them of who to speak to.

Staffing levels were determined according to the needs and requirements of the people living at the service. The provider had defined minimum staffing levels and procedures in place to ensure safe levels were maintained. The registered manager stated that they had been successful in recruiting to full capacity and currently were able to assign staff to support some of the provider's other services. When there was staff absence due to sickness or annual leave the staff team preferred to cover additional shifts themselves. This provided consistency in support for the people living at Hazeldene and staff told us it helped to maintain stability. The duty rota showed consideration had been given to ensuring staff with appropriate skills were on duty. For example, drivers were available when external activities were timetabled. An on call system was in place to support staff out of hours and staff were aware of who they could call for advice when required. Staff confirmed they were always able to contact the registered manager or another senior person for advice and support.

Risks relating to the service and to people individually were assessed. These included risks associated with fire safety, using the trampoline, accessing the community, using kitchen equipment, medicines and individual activities. Risk management plans formed part of the support plan for each person. They provided detailed guidance for staff and considered the least restrictive methods possible to keep people safe. People told us how staff supported them to stay safe, for example, one person told us they were assisted to use the internet safely and another said they could speak with staff if they felt like doing something which may cause them harm. This demonstrated how the service supported people to recognise potentially unsafe situations and how to deal with them.

Staff were trained in the safe management of medicines and their skills were tested annually. Medicines

were ordered, stored, administered and disposed of safely. Audits were carried out weekly with any discrepancies noted and dealt with immediately. When people had been prescribed medicines to be taken when necessary, guidelines and protocols had been prepared to direct staff in making sure these medicines were given appropriately.

The provider had a contingency plan which provided guidance in dealing with emergency situations such as fire, staff shortage or loss of utilities. Staff practiced emergency drills and personal evacuation plans were available for each person living at the service.

## Is the service effective?

### Our findings

The service continued to provide effective care and support to people. People received support from staff who were trained in the skills required by their job role. New staff received an induction and were required to complete the care certificate. This is a set of standards adhered to by health and social care workers in their daily work. In addition to this the provider had a set of topics which they considered to be necessary for all staff. They included first aid, food safety, infection control, safeguarding and fire safety. Refresher training was provided annually in these topics and most training was up to date or booked to be refreshed in the near future. Other training was provided in relation to the particular needs of people living at the service. These included epilepsy training and learning disability awareness. On the day of the inspection one member of staff told us they had attended Makaton training earlier in the day (Makaton is a form of sign language for people with learning disabilities). This was to assist them in communicating with people who did not use verbal communication methods.

The provider's training ethos focussed on developing staff to their full potential. In order to do this all staff were encouraged to gain recognised qualifications in health and social care. At the time of this inspection 12 had gained qualifications and two were working toward them. To compliment this and to further recognise and value staff, the provider had developed a comprehensive competency framework. This was used to assess and provide further training for staff and to encourage them to develop and take on a variety of different roles. Staff also felt training was important and told us they were supported to develop. One said, "The career development is really good."

Staff were supported through regular one to one supervisory meetings with their line manager. These meetings provided opportunities to discuss their work with individual people and any issues or concerns they may have, as well as training and development opportunities. All staff received an appraisal of their work annually. Staff told us they felt they received good support from the management staff and said they could go to the registered manager "at any time". One said, "Staff support is good, the manager listens and she's happy to cover when needed, there's always an open door."

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. The authorisation procedures 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. Staff received training in the MCA and they were aware of how the principles of the act applied to their work. The registered manager had submitted applications to a 'supervisory body' for authority to deprive people of their liberty. At the time of the inspection three people had a DoLS authorisation in place and another application was being considered. The registered manager monitored the authorisations and applied for renewal as necessary.

Staff promoted people's rights to make decisions for themselves. People were consulted and asked before any support was provided. We observed people being encouraged to make choices for themselves. Where more complex decisions had to be made staff spent time working through options with people. When appropriate they involved family and health and social care professionals to assist the person to make a decision or to make a decision in their best interests. For example, undergoing medical procedures or making financial decisions.

People were given support to maintain as healthy a diet as possible. People were encouraged to think about healthier food and encouraged to choose a balanced diet. People were offered a choice of foods and were able to take part in preparing meals if they wished to. Staff offered guidance and support in both menu and meal preparation discussing the merits of different types of food with people to aid their understanding. People were supported to maintain cultural and health related diets. People all took part in the preparation of food, either independently or with some support from staff. People chose where and when they wished to eat, some choosing to fit their meals around various activities they were involved in.

People were supported to maintain their health and had access to relevant professionals. Staff provided support if necessary to assist some people to attend appointments while others were able to do this independently. Records indicated people saw health professionals to monitor on-going and new conditions. Each person had a health action plan and was encouraged to attend regular check-ups with other professionals such as dentists and opticians. Staff worked with people to aid their understanding of healthy lifestyles and choices.

## Is the service caring?

### Our findings

People continued to benefit from a caring service. They were supported by a staff team who knew them well and had a good understanding of their individual needs. People spoke highly of the staff or indicated by smiling that they liked them. Each person had a key worker who they met with on a regular basis to review and discuss their achievements and goals. A key worker is a member of staff who works closely with a person to assist them in working toward their aspirations and to meet their individual needs. One person spoke about their key worker as someone they could turn to when they needed help or support. They told us their key worker was "always there" for them. Staff told us the key worker system worked well and they felt committed to doing "the very best" for people they worked with.

People were encouraged to make decisions about their care. They met regularly with their key worker to discuss their support plan and the goals they were working toward. People were encouraged to take part in a programme called 'Living the Life' which helped people decide on areas of their life they wished to develop and set small steps to assist them to achieve this. Not all the people living at Hazeldene had chosen to take part in this programme and their choice was fully respected by staff. Never the less they were supported in other ways to identify and achieve their aspirations. For example, the registered manager told us about one person who had recently moved into supported living accommodation after developing skills to enable them to be more independent. Additionally, two people we spoke with told us they were being supported in developing their independence. They too, were currently being supported to seek appropriate supported living accommodation. Both were positive about the support staff gave them, one said, "[Name of key worker], helps me a lot."

During the inspection it was clear that people valued time they spent with the registered manager and frequently came to speak with her. They were always greeted positively and respectfully. From these conversations we noted people had a trusted and comfortable relationship with the registered manager. She was generous with her time and demonstrated a deep understanding of each of the people living in the service and their individual needs. The staff team had a positive and consistent approach to supporting people. They demonstrated a compassionate approach when people became anxious or distressed, following the guidelines in the person's support plan.

Staff had a clear respect for the people they supported. This was evident both in the way they interacted with them and spoke about them during handover meetings. Written records also demonstrated respect and were kept securely. Staff were aware of the confidential nature of records and ensured they were treated accordingly. They were careful to speak discreetly when talking to or about a person.

People benefitted from being supported by staff who were aware of the importance of equality and diversity. People were encouraged to be tolerant of each other's differences and staff explained these to people to help them understand. Support was provided to maintain relationships that were important to people and visitors to the service were encouraged.

People's privacy and dignity were maintained. Staff checked with people if they could enter their rooms,

allowed people to speak uninterrupted and always explained what they were doing. People chose where to spend their time and staff respected people's wish to be alone when they wanted.

## Is the service responsive?

### Our findings

People's needs had been assessed before they moved into the service. This assessment was used to create a person centred support plan. Support plans were extremely detailed and were reviewed regularly with any changes being documented clearly and communicated to staff. Staff told us they were kept up to date with information and there were several routes of communication used to ensure this. For example, during the inspection we observed a handover meeting. These took place at the beginning of each shift. Each person was spoken about in detail, including their mood, activities they had taken part in, appointments and any observations that were required to be continued. Staff beginning their shift discussed the plan for the forthcoming shift and ensured all activities and appointments had appropriately skilled staff allocated to ensure their completion. Other lines of communication included the service diary, shift planners and communication books.

The service was consistently responsive to people's individual needs and staff sought opportunities to respond innovatively to help people achieve their aspirations. There were a number of examples of people being provided with exemplary support to overcome difficult and challenging situations. For example, we spoke to one person who had been supported through one such situation and they told us their life had been "turned around". They went on to describe how the support they had received meant they had found ways to manage the challenges in their life. They were now in a position to look to moving on to a more independent way of life and seeking employment. They said they were looking forward to this "very much".

Another person had also been supported to overcome past difficulties which had made their life complex and problematic. Through building trusting relationships with the staff supporting them, they too were now preparing to move on to more independent living. The service was currently assisting them to find suitable accommodation and make appropriate decisions about their future.

The service was keen to keep people in touch with relatives and others who played a significant part in their lives. One way they enabled people to do this was through the use of technology. Activities would often be photographed and if people wished they could then share these photographs with their families or friends using an electronic tablet. We saw people using these to contact people during the inspection and the pleasure it gave was clear. The registered manager said it also helped relatives to keep in touch with what their family member had been doing.

Some people had been supported to find family they had either not had contact with previously or had lost contact with. This had entailed detailed work to fact find, risk assess and plan appropriate meetings. The registered manager and the staff team had worked hard with people to ensure this was what they wanted. They were clear on their responsibility to support people in situations which may make them more vulnerable. They had spent time preparing people for the possible emotions related to such reunions then supporting them afterwards. One way staff had worked with people toward forming and maintaining these relationships was to make personalised diaries and memory books. These helped to map their life stories and capture important events both from the past and present. One reunion had been particularly successful and had resulted in numerous members of the person's family coming together and sharing significant

events in the person's life.

Staff continued to work hard with people to assist them to maintain these relationships and it was clear that people were benefitting from this. They spoke positively about visiting their relatives or inviting them to parties at Hazeldene. One person told us how they had enjoyed holidays in another part of the country supported by staff in order to get to know their relative and it was clear this had been extremely important for them.

The registered manager told us not every reunion had been as positive as they had hoped. Despite some difficulties which threatened to adversely affect one relationship they continued to find ways to support this as it was something very important to the person. A social care professional complimented the registered manager and staff on the work and commitment shown in providing this support and commented on the beneficial effect for both the person and their relative.

People benefitted from a service that was responsive to their needs in relation to culture and diversity. People were encouraged to maintain their own cultural and spiritual interests as well as respecting others. For example, one person had been supported to find a church and religion they wished to follow and another was assisted to follow a specific cultural diet. People were also helped to understand and be aware of other people's cultures and beliefs. As part of this 'traditional dinners' had been introduced. Staff and people took it in turns to prepare a dish native to their own culture and share it with others. This was a popular event and we saw people were looking forward to a 'traditional dinner' which was being prepared during the inspection.

Some people had ambitions to find employment, attend college courses and do voluntary work to gain experience. The service had responded to this and organised courses at the local college for people to improve their English and mathematical skills. One person told us this was very useful for them and they were hoping it would help them find employment.

The registered manager and staff team worked continuously to respond to people's changing needs. People met with their key workers at least bi-monthly to review and discuss their current needs. More frequent meetings took place if necessary or people spoke directly with the registered manager if they wished. For example, one person approached the registered manager during the inspection as they were concerned about a payment into their bank account. They were given reassurance and the registered manager immediately asked a staff member to find out the information to allay the person's anxiety. Key workers wrote a report on the meetings they had with people and the actions agreed with them. Some examples included new activities, organising holidays and developing new skills. One person told us they had wanted to go to a particular place for a holiday for a long time. They had discussed this and were being supported to plan this for the forthcoming summer.

Throughout the inspection, we observed staff responded immediately to the needs of people, treating them with respect and compassion. We noted they were able to interpret individual communication methods and behaviours in order to respond to people who were not able to verbalise their needs. Some people had behaviours that could cause distress and anxiety to themselves or others. These were carefully assessed and positive behaviour support plans had been introduced. The aim of these plans was to help lessen the behaviours and to provide staff with guidance to both reassure people and manage the behaviours safely when they did occur.

The provider had a complaints policy which was available for people in an easy to read, pictorial format. People told us they knew how to complain and we saw where they had raised concerns these had been

logged, investigated and responded to. Regular meetings for people living at the service were held and gave further opportunity for concerns to be aired and suggestions made. These meetings were also used to provide information and discuss any changes in the service such as new staff appointments. The minutes of these meetings were made available in pictorial format so as to ensure as many people as possible could access them. Where suggestions had been made these were followed up and implemented whenever possible. For example, a weekly education session had been introduced and topics were chosen by people living at the service.

People's preferred routines and lifestyle choices were considered to be very important and the organisation of the service revolved around them. People had access to a range of activities and the staff team encouraged them to participate and try things. However, people were free to choose the activities they took part in. New and varied activities were sought with people in order to increase their life experiences, such as attending college or support groups. Spontaneous opportunities were also taken. For example, during the inspection one person asked if they could go to the local park where a fun fair was taking place. After much anticipation a group set off and spent some time experiencing the rides and side stalls. From the smiles and excitement seen on their return they had clearly enjoyed their trip.

## Is the service well-led?

### Our findings

People and staff spoke positively about the registered manager and told us she was "very supportive". One commented, "[Name] always listens, we are definitely well led." Staff described the registered manager as always being available and willing to take action when necessary. They felt there was good team working and a culture of openness and honesty between the team members.

Team meetings were held regularly and were used to discuss good practice and achieving positive outcomes for people. Additionally, information was shared at these meetings and staff were given opportunities to contribute ideas and suggestions.

The registered manager had a vision that clearly put people at the centre of the service and focused on their needs and desires. They wanted to offer people opportunities to be as independent as possible and support them in living a fulfilling life. The dedicated work that had been carried out to develop and support family relationships with people was a clear demonstration of this. The registered manager acknowledged the support they received from the provider and said they could seek advice from their line manager whenever they needed to. They also praised the provider's commitment to providing quality services through a process known as 'Driving up Quality'. This involved establishing core values which all staff worked toward. We observed staff working to these values throughout the inspection.

The provider had a keen emphasis on supporting and developing staff. Following the inspection we were sent information regarding the framework used for this purpose. It concentrated on embedding the value base and supporting staff through organisational values. Staff supervision and appraisal were aligned with these values. The framework also included competencies the provider considered essential for good leadership. A series of training and development programmes encouraged and allowed staff to develop these skills and progress in their careers. In addition manager's workshops were held annually to look at development and share best practice.

Staff had been allocated clear roles and responsibilities in the service. These included carrying out health and safety checks and medicine audits. The registered manager then followed this up to ensure all necessary checks had been completed. They also carried out observations of practice, again to monitor the quality of the service.

There was a system in place to monitor the quality and safety of the service. A series of checks were completed daily, weekly and monthly for such things as fridge temperatures, fire safety and infection control. In addition to these internal audits, quality assurance visits were conducted by the assistant regional director. Remedial action was taken for any deficits identified and their completion checked at the following visit.

The provider valued the input and views of people who use their services. This was demonstrated by the appointment of 'Expert Auditors'. This was a group of people who used one of the provider's services and had taken on the role of auditing other services for quality. After a visit from an 'Expert Auditor' a report was

produced with recommendations for any improvements they thought were necessary. People who use the services were also invited to put themselves forward to be on the provider's committee and act as a voice for other people who used the services. Two of the people living at Hazeldene were part of the committee.

A quality assurance survey was conducted annually and views were sought from people, their families and other professional stakeholders. The results of this survey were shared with people and whenever possible suggestions were used to make improvements.

The registered manager and the staff team worked hard to maintain links with the local community. For example, a placement for a student from a local college had been provided and positive feedback was received from their tutor who commented, "Your contribution to our learners' personal development is apparent in the way they have developed their professional behaviour and confidence." People were encouraged to access the local community as much as possible either independently or with the support of staff.