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

Summary of findings

Overall summary

Hazel House is a residential care home for eight people of varying ages with learning disabilities and mental health conditions. The house is a converted domestic dwelling set out over two floors. The home has access to a large garden.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection, we found the service remained Good.

The service had a registered manager. At the time of the inspection, the registered manager was on maternity leave and the home was being managed on a day to day basis by a team leader with support from the providers management team. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

People were safe living at Hazel House. Risks associated with people's care had been appropriately assessed. Medicines were managed and administered in a safe manner. There were sufficient staff available to ensure people received person centred care. Staff were safely recruited. Systems and processes were in place to ensure people were protected from abuse.

Staff had received regular training, supervision and an annual appraisal to support them to provide effective care. 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. People had choice around what they ate and were supported to maintain good health.

We observed kind and caring interaction between people and staff. People living in the home and their relatives praised the caring nature of the care staff and registered manager. People were involved in planning their care.

Care plans were person centred, detailed and updated as and when people's care needs changed. People were supported to lead active and fulfilling lives and went on regular daytrips. Systems were in place to manage complaints.

People and relatives told us they were happy with the overall service at Hazel House. Quality assurance processes were in place to monitor the quality of care delivered. The registered manager worked in partnership with external health and social care professionals to ensure people's health and social care

needs were met.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**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 7 September 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at the information that we had received about the service from health and social care professionals, notifications that we had received as well as the provider information return (PIR) that the provider had sent to the Care Quality Commission (CQC). A PIR 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 three people who used the service, two relatives, team leader, operations manager and three support staff.

We looked at three people's care files and risk assessments, daily care records, five Medicines Administration Records (MARs), four staff files, staffing rotas and records relating to the management of the service such as quality audits and incident records.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. A person told us, "I am safe here." A relative told us, "They are very vigilant."

Policies and procedures were in place for whistleblowing and safeguarding adults from abuse. Staff had received training in how to safeguard vulnerable adults and were knowledgeable around what to do should they have concerns, including contacting external organisations such as CQC and local safeguarding authority.

Risks associated with people's care had been assessed and plans were in place to minimise risk. Risk assessments were personalised to their needs, gave guidance to staff about the nature of the risk and the steps that could be taken to minimise or mitigate the risk to ensure people's safety. Risk assessments were reviewed on a regular basis and modified if a person's needs had changed. Assessed risks included, self-neglect, weight loss, self-harm, falls and specific health conditions such as epilepsy.

People were supported by enough staff to meet their individual needs and promote person centred care. We saw that there were three care staff on duty throughout the day in addition to the team leader. Additional staff were put in place to support people to go out and to attend healthcare appointments. In the event of short notice staff absence, there was a bank of staff available to step in. On the day of the inspection, we observed a bank staff member working at the home. People were familiar with this staff member.

Pre-employment checks such as references and criminal record checks had been carried out for staff recruited since the last inspection to ensure they were suitable to work with people.

Medicines were managed and stored safely. Audits were taking place to ensure that medicine records were up to date and correct and all staff received the appropriate training prior to administering medicines.

The home was clean and tidy on the day we visited. Staff had received training in infection control and had personal protective equipment. There were records of recent maintenance checks including gas, fire, water and electrical safety.

Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from, where necessary.

Good

Is the service effective?

Our findings

Care plans contained detailed information about people's care needs and the information was captured in an assessment form that had been completed prior to them being placed at the home. People's needs were assessed and delivered in line with current standards, for example each person's initial assessment included information such as their current health situation, medical history, current risks associated with their care and the person's likes and interests. A recent pre-admission assessment had been carried out with the involvement of the person and the hospital staff involved with their care. A comprehensive care plan was compiled prior to their admission to the home and completed within the first two days of their arrival. The person told us they were very happy with how their transition was managed.

Staff had the knowledge and skills which enabled them to support people effectively. Staff had completed regular training in areas such as safeguarding adults, medication, infection control, moving and handling and first aid. In addition, staff also had training in epilepsy, diabetes and behaviour that challenges to ensure they could meet people's individual health needs. Staff were also supported to study for accredited health and social care qualifications.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where a DoLS had been applied for and granted, the DoLS authorisation was recorded in the person's care file. Care records documented that people or their appropriate legal representative had consented to their care plans.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. People had access to a GP, optician, dentist, district nurses and mental health services. Care plans detailed records of appointments with health and care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly.

People received effective and coordinated care when they were referred to or moved between services. Hospital passports were in people's care files for when an hospital admission was required.

Staff and management communicated daily regarding people's scheduled activities and health appointments which was documented in a diary and in a daily handover.

The accommodation was designed and adapted to meet people's needs and expectations. A relative told us that due to a change to a person's care needs, they were provided with a room which was better suited to their needs. There was sufficient communal space to enable people to move about in safety and comfort. People had their own bedrooms that were decorated to their personal tastes. People had access to outdoor space and we observed people and staff use the garden area at intervals throughout the day.

People told us they were offered choices around meal times and were supported to be involved in menu

planning. One person told us, "We get a choice for lunch." A second person told us, "I get snacks and make my own drinks. They ask me what I would like." Throughout the inspection, we observed people help themselves to drinks and snacks from the kitchen. Care plans detailed people's needs around eating and drinking and what support people required.

People's weight was checked on a regular basis and referrals were made to the appropriate health professionals if there were any concerns noted regarding weight loss or eating difficulties. Where people adhered to a cultural or religious diet, this was noted in their care plan and guidance was available to staff in the kitchen. We saw adequate supplies of specialist food in stock for this person.

Good

Is the service caring?

Our findings

People told us that they were treated in a caring and respectful manner by staff. Feedback from people included, "Respectful", "[Staff] is nice to me" and "They have gone out of their way for me. They spoil me." A relative told us, "We find that staff be there for a long time and that builds a relationship." All the staff we spoke with told us people were well cared for in the home. A staff member told us, "Staff look after and care for people. The residents are treated well. We make sure their needs are met."

Staff were caring and supportive towards the people who used the service. People were treated with kindness and compassion in their day-to-day care. We observed positive and caring interactions between staff and people who used the service. Staff spent time sitting with and talking to people. We observed laughing and gentle banter between staff and people who used the service.

People were treated with dignity and respect and their privacy was respected. We observed staff discretely assist a person when they had been incontinent and take them to their bedroom. Staff gave us examples of how they would ensure people's privacy was respected. A staff member told us, "We make sure we can talk to people in privacy. We would close the door of the office."

Care plans showed that people and their relatives were involved in the care planning process and feedback from relatives regarding people's likes, dislikes and behaviours were incorporated into people's care plans. A relative told us, "We had a recent meeting and we have a meeting every year. We are given a copy of everything they have. We have seen notes from the meetings."

Care plans detailed people's cultural and religious preferences and whether people practiced a faith. We saw that the service had advocated for a person in this regard.

People were supported to be independent and gain new skills. People were involved in menu planning, meal preparation and household chores. Weekly meetings were held with people to allocate and schedule tasks.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Comprehensive care plans were in place for people which detailed their care needs and preferences in areas such as personal care, continence, day and night routines, diet, behaviours, mobility and social needs. Care plans also documented people's health conditions, how that may affect them and medicines. Care plans were reviewed on a regular basis. A relative told us that the service had worked well with their loved one to help manage instances of anxiety and behaviour that challenged, they told us, "They know the triggers now. They avoid them and they know how to de-escalate."

At the time of inspection, the service was not providing care to people at the end of their lives. However, where appropriate, the service worked with the person and/or their family to gain their views and wishes on how they wished to be supported at the end of their life and afterwards. The team leader told us that some people had funeral plans in place, which the service had been made aware of.

People were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. People told us they enjoyed a range of activities at home and went out on a regular basis. On the day of the inspection, most people went out for lunch. An activities timetable was on display in communal areas which detailed people's daily schedules which included regular attendance at a day centre for some people. People were positive about activities and feedback included, "We go to the centre. I enjoy it." A relative told us, "They're great. [Person] has lots of things to do. Lots of activities."

People and relatives told us they could raise concerns and felt that they would be listened to. A person told us, "If any complaints, I go to [Provider]. I have no complaints." A second person told us, "I would talk to that guy [team leader]. He listens." A relative told us, "Any concerns at all, I'll ring the home. They are very open, very helpful and the communications very good." We saw that since the last inspection, no formal complaints had been logged. However, one relative raised some concerns regarding communication with family to the inspection team. We discussed this with the team leader who provided clarification on the issues raised, but told us that they would arrange a meeting with the relative.

Good

Is the service well-led?

Our findings

People told us they were happy living at Hazel House and knew that they could contact the team leader if they had any queries. One person told us, "I wanted to come and live here. I have lived at one of their other homes before." A second person told us, "I'm happy here." A relative told us, "[Person] is very well looked after. We have no concerns." Staff told us they felt supported in their role and could discuss any concerns they had openly. A staff member told us, "Management is good. I have no complaints." A second staff member told us, "Everything is going well. Team leader is very good. Always advises us on what to do." There was a homely and informal atmosphere at the service. People appeared happy and relaxed and enjoyed a warm relationship with care staff and the team leader.

Regular auditing and monitoring of the quality of care was taking place. Quality checks included regular medicines audits, health and safety checks, care plan and risk assessment reviews and regular supervisions with staff. In addition, the provider carried out regular quality checks and actions identified had been implemented, such as ensuring care plans were appropriately signed and ensuring medicines stock checks were in place for when people went on leave and took their medicines with them. In addition, registered managers from the provider's other homes met on a regular basis with the provider to discuss improvements and share learning.

Staff confirmed they attended regular staff meetings and told us they felt able to raise any issues or concerns. Minutes of a recent staff meeting showed staffing changes, people's specific health conditions and home improvements were discussed. Residents meetings took place on a
regular basis and topics such as key working, birthdays and activities were discussed.

There were arrangements in place for people, relatives and healthcare professionals to provide feedback. A questionnaire was sent to people, relatives and professionals in November 2017. We saw that the results were positive.

The service worked in partnership with health and social care professionals such as district nurses to ensure that people's health needs were met and reviewed on a regular basis.