

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Hazelwood House

9 Hazelwood Lane, Palmers Green, N13 5EZ

Tel: 07711949249

Date of Inspection: 18 March 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard

## Details about this location

Registered Provider	Shine Partnerships Ltd
Registered Manager	Miss Georgia Bakopoulou
Overview of the service	Hazelwood House provides supported living to adults with mental health and complex needs.
Type of service	Supported living service
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 March 2013, talked with people who use the service and talked with staff. We reviewed information we asked the provider to send to us.

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### What people told us and what we found

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During our visit, we reviewed three care files; spoke with one of three people in residence, and two staff. This allowed us to observe the interaction between staff and people who use the service; specifically to arrive to a view regarding how the provider involved people in their care and whether people experienced safe care from competent staff, including protection from abuse. In all these areas we noted there was good practice.

We saw that people's privacy and dignity was respected and there was evidence they were involved in their care and received safe and appropriate care from competent staff. This was affirmed in the feedback we got from people during the course of our inspection. We asked a number of questions; including 'What do you like most about the way staff support you?', prompting a number of responses; "Staff are very good"; "If you have an appointment to go to hospital staff are always there to support you" and "they respect my privacy. They knock on my door before they enter". We found this positive feedback was consistent in all the other standards we inspected.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy and dignity were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who use the service had their views and experiences taken into account in the way the service was provided and delivered. As part of the inspection we wanted to know how people were involved their care; whether their views and preferences were taken into account in the way the service was provided and delivered.

Evidence from people's records and feedback from staff confirmed what the manager had told us that people were appropriately involved in making decisions about their care.

We found that the keyworker and tenants meetings, regular reviews of care plans and risk assessments and in some cases, spontaneous interactions provided opportunities for people to be involved in their care. In one example, the provider had sought the input of an employment advisor in response to a person's request for assistance with choosing relevant training aligned to a preferred career direction. In another, a person's request for changing a treatment plan had been accommodated, requiring the input of a Second Opinion Appointed Doctor (SOAD). The role of the SOAD is to decide whether the treatment recommended is clinically defensible and whether due consideration has been given to the views and rights of the patient. In both cases, people were able to express their views and were involved in making decisions about their care and treatment. People were also able to make choices regarding meals and activities.

We saw that people's privacy and dignity was respected in the manner that staff talked and interacted with them. Staff knocked before they entered people's rooms and always explained before they proceeded with assistance or support.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People experienced effective, safe and appropriate treatment and support because the provider assessed their needs, which meant the planning and delivery of care was aligned to their needs. We arrived at this view taking into account what people had told us, along with input from staff and care records in people's files.

We looked at files, which contained broad-ranging assessments of individual needs and preferences. The provider used a 'recovery and support plan', which used concepts from the 'recovery star'. The 'recovery star' is a tool that is used by people with mental health needs to assist them to think about where they are in relation to recovery and progress they are making. It looks at 10 core areas of their life, which includes mental health, physical health, finances, daily living skills, social inclusion and housing. In each of these areas, a diagnosis, treatment plan, clinical monitoring and potential risks had been indicated. The mental health dimension also covered additional areas such as incidents and behaviour management, crisis management and relapse prevention, which meant care and support, was planned and delivered in a way that ensured people's safety and welfare.

There were two forms of risk assessments, one by the multi-disciplinary team and an internal assessment. In both cases a rating of high, medium and low was assigned to a risk, including an action plan for its management, which ensured arrangements were in place to deal with foreseeable emergencies.

The treatment and support was implemented flexibly and reviewed on a four to six monthly basis for effectiveness and always changed if found to be ineffective and kept up to date in recognition of the changing needs of people.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and preventing it from happening. The manager and staff were familiar with safeguarding procedures, including how to recognise and respond to signs of abuse. They had suitable arrangements in place, which included an accessible safeguarding policy and management support for use in the event of a safeguarding issue or a concern arising.

Training records confirmed that staff had received training in safeguarding. Safeguarding policy and procedures and whistle-blowing policies were in place.

The home did not have the recent London guidance document "Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse". The manager stated that it would be obtained.

The manager and staff we spoke with were knowledgeable regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection procedures intended to ensure people received care and support from fit and appropriately qualified staff.

We reviewed the provider's recruitment policy, which provided clarity for vetting of potential applicants, with particular emphasis on, education and qualifications, professional registration, validation of references and Criminal Record Bureau (CRB) disclosures. The records of four staff we reviewed demonstrated this recruitment policy had been followed. In all cases, two references, CRB checks and relevant validations had been sought prior to employment.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff were supported by the management to provide care and support to people. We found they were supported to acquire further qualifications, supervised and appraised. People who were receiving support had a positive view of staff's competence. It was clear from their comments that they felt safe and that their needs were being met.

We got consistent evidence from the manager, staff and records that appropriate training was being provided. Most staff had attained National Vocational Qualification (NVQ) in Health and Social Care and had completed mandatory training, which included safeguarding, health and safety and food and hygiene. Staff had also completed specific training relevant to their roles such as 'person centred approaches', risk assessment and management, substance misuse and mental health awareness.

The manager and staff were consistent in their feedback that supervision was undertaken on a regular basis along with monthly meetings to provide further support and guidance to staff.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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