

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

Hazelwood House

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Date of Inspection: 17 December 2013

Date of Publication: January 2014

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Complaints	✓ Met this standard
Records	✓ 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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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Three people receiving care were happy with the care they were receiving. Their comments included, "Staff help as much as you want them to"; "I am more independent here. I do my shopping, cook, go to cinema and have a part-time job as a volunteer" and "Staff help me with my appointments".

We asked questions to examine if people were protected from abuse, or the risk of abuse. Overall, we were satisfied that staff were aware of different forms of abuse and how to recognise signs of them, including who they needed to contact to report if they suspected abuse.

Appropriate arrangements were in place in relation to the recording of medicines. We saw that medicines were given at the right time, which staff indicated by signing on the individual MAR chart.

Three people who used the service were sure that their comments and complaints were listened to and acted on effectively. They told us that they could talk to the manager or staff, knowing that their concerns would be listened to. Some of their comments included, "My keyworker is someone I am comfortable with and if I had a complaint I will raise it with him" and "Staff listen to our views".

We reviewed the records of some people who used the service. These contained detailed information relating to people's care and treatment. Evidence from people's plans of care showed that they were regularly reviewed and were up to date.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at how the service reduced the risk of people receiving unsafe and inappropriate care. We asked questions about how each person's needs were assessed; who undertook the assessments; how often reviews were undertaken; how the quality of care plans was monitored and how family members were involved and informed about the care delivery. In all the areas examined we were satisfied that people experienced safe and appropriate care.

Three people receiving care were happy with the care they were receiving. Their comments included, "Staff help as much as you want them to"; "I am more independent here. I do my shopping, cook, go to cinema and have a part-time job as a volunteer" and "Staff help me with my appointments".

At this inspection, we also got positive feedback from a Placement Review Officer. The officer stated, "I have one client in Hazelwood. The staff team are consistent, they are all very motivated. They treat the clients with respect and build a rapport even with service users who sometimes don't like to engage. The staff are very observant and monitor people closely to identify physical health issues that have gone unnoticed or to notice patterns in mental health symptoms, or reasons for certain behaviours".

People's needs were assessed and care was planned and delivered in line with their individual support plan. We looked at the care records of three people who used the service. Each person had a 'Recovery and Support Plan'. The manager explained that a 'recovery support plan' is an approach to care planning, which is based on the ideas and experiences of people using the service, which ensured the plan was owned by them.

The plans considered a range of care needs and risks, and provided guidance on how staff would support people. For example, the care plans covered diagnosis and medication, finances, daily living skills and structured activities, social and family inclusion and physical health.

Each care need area had a keyworker's view and the view of the person receiving support. For example, in one person's plan, under 'social and family inclusion', the person's review of their care was, "Every month I visit my relatives. I see my friends every now and again. I gave them the address and my phone number and might come and visit me here".

Feedback and records demonstrated improvements in the care and support provided to people. For example, an individual receiving care, fed back; "My physical health is good. I do exercise. I want to lose weight from my waist. I think I put on weight because of the medication".

All support plans were reviewed every six months and changed if found to be ineffective, which meant they were kept up to date in recognition of the changing needs of people who used the service.

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

Our judgement

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.

Reasons for our judgement

We asked questions to examine if people were protected from abuse, or the risk of abuse. Overall, we were satisfied that staff were aware of different forms of abuse and how to recognise signs of them, including who they needed to contact to report if they suspected abuse.

Staff informed us that they had received training in safeguarding people. This was evidenced in the training records, which the provider sent to us.

The service had relevant policies, which were easily accessible to staff. These included safeguarding and whistleblowing policies.

The manager explained the procedure and was aware of when to take action if an allegation of abuse came to their attention. There was recognition that by meeting a person's individual needs the potential for abuse was reduced. The manager told us a member of the management team was available for contact at all times, should an allegation of abuse arise.

The management team understood their role in safeguarding, as well as that of other agencies such as the local authority and the Care Quality Commission.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The manager took us through the procedure of ordering medicines, which was supported by an up-to-date medication policy. The service had a clear audit trail of ordering, receipt, administration and disposal of medicines.

There were systems for re-ordering medicines, to ensure the right medicines were always available as prescribed.

Appropriate arrangements were in place in relation to the recording of medicines. We saw that medicines were given at the right time, which staff indicated by signing on the individual MAR chart, except for a single gap that was not signed, which the manager reassured us that they would be investigating. There were no discrepancies between records and stock, meaning those medicines had been administered appropriately. One person using the service told us, "I get my medication on time".

The provider may find it useful to note that there was no guidance for the administration of PRN medicines. PRN refers to a medicine which is to be taken "when required". To ensure the medication is given as intended guidance for administration of PRN medication must be recorded.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Three people who used the service were sure that their comments and complaints were listened to and acted on effectively. They told us that they could talk to the manager or staff, knowing that their concerns would be listened to. Some of their comments included, "My keyworker is someone I am comfortable with and if I had a complaint I will raise it with him", "Staff listen to our views", "We have a group meeting once every month but you can also talk to staff if things are not right". We noted in the minutes of tenants meetings that complaints were discussed. This meant that people were given support by the provider to make a complaint where they needed assistance.

The home had a complaints policy and procedure. This was on display in the home. We spoke to four staff, including the director, manager and two carers. They were all aware of action to take when a complaint was received.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We reviewed the records of some people who used the service. These contained detailed information relating to people's care and treatment. Evidence from people's plans of care showed that care plans were regularly reviewed and were up to date. This ensured people were protected from the risk of unsafe or inappropriate care.

Records were kept securely and could be located in a timely manner when needed. All care records and records associated with the management of the service were kept locked in the manager's office.

Staff demonstrated a clear understanding of protecting people's confidentiality and had completed relevant training in data protection.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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