Meriden Homes Limited

Hawthorns

Inspection report

2 Bushey Ground
Minster Lovell
Oxfordshire
Tel: 01993 776336
Website: www.meridencare.webeden.co.uk

Date of inspection visit: 2 October 2015
Date of publication: 15/12/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 2 October 2015. It was an unannounced inspection. When we last inspected this service in May 2013 and found the service was meeting its requirements.

The Hawthorns is registered to provide accommodation for people who require nursing or personal care. The home provides accommodation and support for up to six adults who have learning disabilities. It is situated in Minster Lovell near Oxford. On the day of our inspection four people were living at the service.

At the time of our inspection there was not a registered manager in post. 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. The registered manager had recently left the service and the provider was recruiting a new manager. The service was being managed by an interim manager who was in the process of registering.

People benefitted from staff who understood and implemented the principles of the Mental Capacity Act (2005). The MCA is the legal framework to ensure that

Summary of findings

where people are assessed as lacking capacity to make decisions for themselves, decisions are made in their best interests. Care staff we spoke with had completed training on the Mental Capacity Act 2005.

People were safe and protected from the risk of abuse. Staff told us they received regular training to make sure they understood their responsibilities to report concerns. Risks were assessed and managed to protect people from unsafe or inappropriate care. People received their medicines as prescribed and staff carried out appropriate checks before administering medicines.

Staff had the knowledge, training and skills to care for people effectively. Staff told us, and records confirmed they were supported to carry out their role. Staff had regular meetings with their line manager and could access further training, for example, national qualifications.

People had sufficient to eat and drink and were supported to maintain good health. The service worked with other health professionals to ensure people's physical health was maintained. People were treated with dignity and compassion. People's preferences regarding their daily care and support were respected.

Activities in the home were tailored to suit people's individual needs and preferences and each person had a personal activity schedule. This included activities in the home as well as trips out into the community and holidays.

People were involved in the running of the home and staff had a culture of openness and honesty where people came first. The manager was visible around the home and available to people and staff. The manager had systems in place to monitor the quality of the care provided and used this information to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe.

Staff had been trained and understood their responsibilities to report safeguarding concerns.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed. Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff had the training, skills and support to care for people. People had sufficient to eat and drink and were supported to maintain good health.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefitted from caring relationships.

People's preferences regarding their daily care and support were respected.

Is the service responsive?

Good

The service was responsive. People's needs were assessed to ensure they received personalised care.

There was a range of activities for people to engage with. Activities were tailored to people's individual needs and preferences.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

Is the service well-led?

Good

The service was well led. The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

The home had a culture of openness and honesty where people came first.

Hawthorns

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 checked whether the provider was 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 2 October 2015 and was unannounced. The inspection team consisted of two inspectors.

At the time of the inspection there were 4 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also looked at 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.

We spoke with four people, two relatives, four care staff, the director of care, the manager, the deputy manager and three healthcare professionals. We reviewed four people's care files, six staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "I've been in care homes since (age) and this is the safest I've ever felt". A relative told us their relative was safe in the home. They said "We know that [person] is safe, because they are just as happy to return to the home as (they) are to come to us" and "From what I have observed [person] is safe".

People's rooms throughout the home included information packs on what constitutes abuse and what to do if you believed you were being abused. This information was supplied in standard and easy read formats. The packs included contact details of external agencies such as Thames Valley Police, Oxfordshire Adult Safeguarding and the CQC (Care Quality Commission). One person told us "If I felt unsafe I would come straight to CQC".

Staff understood how to recognise and report abuse, particularly when supporting people who had difficulty reading the information packs and/ or specific communication needs. Staff told us, and training records confirmed, that staff received regular training to make sure they understood their responsibilities to report concerns. One staff member said "I'd start off by reporting it internally and if needed I would go straight to safeguarding or the Care Quality Commission". Another said "I would go to my manager first and then consider CQC and safeguarding".

Risks to people were managed and reviewed. Where people were identified as being at risk, risk assessments were in place and action had been taken to manage the risks. Risk management plans were broken down into different levels of strategies that would be used to mitigate the risks. Guidance for staff on how to support people through each strategy was detailed. For example, one person's records highlighted the use of 'Listening to music on the iPod' as a strategy and 'Hand holding' as another strategy'. Staff we spoke with were aware of the individual plans, and told us they followed this guidance.

There was guidance in place to guide staff on action to take following an incident. One incident report showed staff had followed the guidance and had spoken with the person involved. Staff had ensured the person had their own space to reflect on what had happened. Staff then had a meeting to check on people and staff welfare. A staff member we spoke with told us "It important to (meet following the incident) because it gives you time to reflect on the incident and look at future learning".

There were personal evacuation plans in place for each person. This ensured people were protected during untoward events and emergencies.

There were sufficient staff on duty to meet people's needs. Staffs comments included "It's perfectly adequate". A relative told us "Whenever I've visited I've never had any concerns, there always seems to be enough staff about".

The director of care told us "Staffing levels are matched to individual needs and not predicted by budgets and funding. It's all about the people and that's how it should be". During the day we observed staff were not rushed in their duties and had time to chat with people and engage with them in activities. The staff rota confirmed planned staffing levels were maintained.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. This ensured people received the right medicine at the right time. Medicine records were completed accurately. Medicines were stored securely in a locked cabinet and in line with manufacturer's guidelines.

One person received their medicine with yogurt. Staff we spoke with told us this was the person's preferred way of taking their medicine. Records showed the GP had been consulted and had confirmed this was a safe way for the person to receive their medicine. We observed staff speaking with this person in a warm and gentle manner whilst maintaining a clear focus on the person finishing their medication.

Medicines administered 'as and when required' included protocols that identified individual strategies to try before administering medicines. Staff had a clear understanding of the protocols and how to use them. One staff member said "We know our residents really well and understand the signs and what action to take".

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment

Good

Is the service safe?

references and Disclosure and Barring Service checks. These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Good

Is the service effective?

Our findings

People and their relatives told us staff were knowledgeable about people's needs and supported them in line with their support plans. Comments included: "The staff team are brilliant"; "The staff are lovely, they're incredibly patient, they are so good to them" and "Everything they do is embedded no one is treated differently".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Training included; health and safety, epilepsy awareness, safeguarding, moving and handling, medication and infection control. Staff comments included "The induction has been good, it's quite comprehensive" and "The induction gives an awareness of the expectations of the role and what's expected from the team".

Staff received appropriate training to enable them to support the needs of individuals whose behaviour may challenge others. Staff received regular supervision and appraisals. Records showed staff also had access to development opportunities. For example we saw that three staff members had recently completed a national qualification. Another was in the process of completing a national qualification. One staff member told us "It's good training and easy to understand" and "I am also doing my NVQ which has given me a great level of understanding".

Staff told us they found the supervision meetings useful and supportive. Comments included: "It's really good, [person] is very supportive", "I am given an opportunity to reflect on my practice", "Tasks are identified and actions are put in place" and "Having [person] and [person] as my managers allows me to be totally at ease and share my thoughts and feelings"

One staff member we spoke with had requested supervision training. This was supported by the home and as a result this person was now completing supervisions with other staff. The member of staff told us "I was observed on my practice on a number of occasions and after each observation I was given feedback, which supported my development".

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The MCA is a framework to ensure, where people lack the capacity to make decisions, any decisions made on the person's behalf are made in their best Interest.

Records showed that staff had been trained in the Mental Capacity Act (MCA). All staff we spoke with had a good understanding of the principles of the (MCA). One member of staff said "It's there to assess their capacity surrounding things like finance and time specific decisions, but ultimately it's there to protect our service users. You can't presume people don't have capacity, everyone should be deemed as having capacity until proven otherwise".

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provide legal protection for people who lack capacity and are deprived of their liberty in a person's own best interests. One staff member we spoke with told us "DoLS is there for their protection".

People had sufficient to eat and drink. Care records showed people's choices and preferences were identified and recorded. There were monthly meetings with people who were able to identify dishes in magazines that were matched to people's preferences. These pictures were then selected and put into weekly menus. Where people decided they wanted an alternative on the day then they had access to a well-stocked kitchen and were able to select a meal of their choice. One person told us "The food here is lovely", "We are really involved with the menus" and "I would tell them if I didn't like it, I once did and was able to pick an alternative".

People's healthcare needs were regularly monitored. People had access to health care professionals where needed, such as doctors and specialists. Concerns about people's health had been followed up and there was evidence of this in people's care plans. For example, one person's records contained clear advice from their doctor that stated 'If [person] stops (activity) for more than a day that they would need to be seen by a GP immediately'. Staff we spoke with were aware of this.

All care records that we looked at contained a 'Hospital passport' which people took with them to healthcare appointments. This included guidance on 'Things you must know about me', 'Things that are important to me' and 'My likes and dislikes. For example, one person's hospital passport informed the healthcare professional to 'tell me

Good

Is the service effective?

what is happening at all times, if I appear anxious I will need reassuring and support that everything is alright'. Another person's passport included detailed signs of agitation and steps that healthcare professionals could take to address the situation and support the person.

Good

Is the service caring?

Our findings

One person we spoke with told us they benefitted from caring relationships with the staff. Comments included: "The staff team are very caring"; Relatives we spoke with told us "The staff are caring, it's evident that this is not just a job to them", "They're really involved with [person] and the care is embedded" and "[person] was really poorly when they went to the Hawthorns, I didn't think anyone could get [person] out of it, but they did, they're nothing other than amazing".

One relative had recently written to the service saying '[person] now enjoys life to the absolute full which is due to the love and care [person] receives at the Hawthorns'. One healthcare professional we spoke with said "Now that [person] is at the Hawthorns I can really see a positive change in them".

Staff spoke with people in a warm, respectful and patient manner. Staff listened to what people were saying and gave them time to express themselves. Interactions were kind and caring. We saw that people were clearly pleased to see staff members when they entered the communal areas.

People were treated as individuals. For example, staff had arranged a surprise birthday present for one person. Staff organised a day out at a race track. The person was driven around in sports cars; there were pictures in the communal areas of this person clearly enjoying the day out. This showed staff were aware of this person's interests. Another person's relative had recently written to the home saying 'Birthdays and Christmas are particular favourites of [person]. Staff always make the effort to do something special on these occasions'.

During our inspection one person became upset. Staff understood the reasons why the person became upset and took action to relieve them from distress. Staff responded in a caring and respectful way, giving the person a hug. Staff told us why the person became upset and what the triggers were. We looked at this person's care record which included guidance on how to support the person when distressed. Guidance included 'likes staff to give a hug in these times as long as they are following the touch policy'.

Staff treated people with dignity and compassion. When staff spoke about people to us or amongst themselves they were respectful. All the records we looked at used respectful language. Staff knocked on people's doors and waited to be invited in before entering. Where they were providing personal care, doors were closed. One staff member told us "Doors are shut, you don't want to expose them, this needs to be alongside good communication about what you are doing as this also supports promoting independence in the long term".

We observed many positive interactions. For example, staff were engaged with two people who were doing an arts and crafts activity. Staff patiently offered help when asked and prompted people appropriately. When we left at the end of our inspection people in the home were in the living room dancing and singing to their favourite artists; there was lots of laughter coming from people in the room. People were clearly enjoying themselves. One staff member told us "The best feeling in the world is seeing the happiness on our residents' faces when you do something good for them".

People had their own rooms which enabled them to maintain their privacy. Staff we spoke with told us people were encouraged to personalise their rooms. Every person's room had been personalised and made to look homely. One person told us "I have personalised my room it's all my own furniture, it's owned by me" and "[person] the (job role) is really helpful, if you want a picture up [person] does it for you straight away".

People were involved in the day to day running of the home. The home had established weekly 'Tenant house meetings', which were used to discuss changes and improvements in the home. For example, we looked at notes from a recent meeting that stated 'We need new table clothes and a new sofa'. We discussed this with the manager who was able to show us this was being followed up. The manager told us, "It's important that the residents are involved with the day to day running, because this is their home".

Information relating to people and their care was held in the office. The office had a keypad door lock ensuring people's information remained confidential.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure the service could meet their needs. People had contributed to assessments. Prior to moving into the home people were encouraged to visit. The director of care told us "Integration is achieved through assessment, stop overs and weekend visits, this gives people the opportunity to see how we do things here and if it's suitable".

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. Care plans provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively whilst responding to people's needs. For example, one person's care plan highlighted details of specific sleeping arrangements and how this person could become distressed in certain situations. The home responded to this person's needs as well as carrying out a risk assessment to mitigate any risks to the person.

People received personalised care. All the care plans held personal information about people including their care needs, likes, dislikes and preferences. Things of importance to people were highlighted in a 'How to Support Me' plan. For example, one person's plan highlighted how they liked to have their baths and the temperature it should be. Another person's plan contained details of how they liked their reading glasses cleaned and the importance of attending regular podiatry appointments. One person's care plan identified the person had difficulty walking. The care plan included guidelines how to support the person. This included positive prompting such as 'you're doing really well'.

Care records included guidance on how to support people who may demonstrate behaviour that challenges others. For example, one person's records stated 'Positive reinforcement is to be used, praise [person] when [person] is being (positive behaviour). When [person] starts (behaviour which may challenge others) the behaviour must be blanked'. Another person's care records had guidance for staff not to say to a person that' [Person] can't (behaviour) as that is deemed as a punishing statement'.

Staff were aware of people's needs and preferences. For example, one member of staff told us about how one person was supported to go shopping because it was important to the person that they had a specific coloured vegetable. The staff member also explained the importance of different foods that the person preferred.

People were supported to take part in activities, the planning of activities at the home was led by residents with the support of staff. This included monthly meetings and individual activity schedules, which were displayed in picture form, on the notice board in the dining room. Each person had a 'Personal Planning Book' which contained information about activities enjoyed and not enjoyed. For example, one person's book stated 'new activities to try such as watching (a new film)'. Another person's book stated 'Helping staff with cleaning, listening to music and singing'. Each person had an annual pass to access the grounds of Blenheim palace. One person told us "We recently went to Blenheim palace for a picnic" and "We recently went swimming".

The home manager told us people were encouraged to plan three physical activities each week; these included cycling, bowling, walking and electronic fitness games.

Throughout the home we saw pictures of people enjoying activities and outings such as visits to Christmas markets, Halloween celebrations, enjoying a hot tub at a local gym, carving pumpkins, a visit to holiday camp and birthday celebrations.

People had meetings to discuss holiday options. We saw evidence that people had been on holidays that included holidays to the coast and beach trips. People also had a choice if they wanted to go on their own. One person had been supported to visit a particular country. Staff had made a great effort to help the person achieve this.

The service had a complaints policy displayed throughout the home. There had been one complaint since our last inspection which had been dealt with compassionately and in line with the home's policy. One relative we spoke with told us "I know how to complain and I would not hesitate in doing so because they would listen and act on it".

Good

Is the service well-led?

Our findings

The service did not have a registered manager in post. The home did have a manager in place who was in the process of applying to be the registered manager. The director of care told us the manager was registering with CQC and we were satisfied that appropriate steps had been made within a reasonable timeframe.

Staff spoke positively about the service and the managers. Comments included: "We are 100% there for the guys and their best interests"; "The staff here are brilliant, they have that dedication"; "This is the most rewarding job I have ever had"; "I absolutely love it here" and "It's the best job I've ever had".

There were effective systems in place to assess the quality of the service. Regular audits were conducted to monitor the quality of service and learning from these audits was used to make improvements. For example, a recent audit identified the need for better first aid equipment and a system to ensure that stock levels were maintained. We saw evidence that this was in place. The home was continually looking to improve. For example when we spoke with the director of care about the activities in the home we were told "the activities are good, but they could be better for example we could be looking at community mapping more".

The manager's office had been moved to a more central point in the home from a location in another part of the grounds. The manager told us "You need to see what's going on, but it's also not about sitting behind a door all day". The director for care told us "It's also about being here for the staff. We need them as much as they need us, they need support and encouragement they know so much about our client group". One staff member we spoke with told us "it's much better having the office here, the managers are even more accessible" Following the office move the management team decided to turn the old office area into a training space for staff. The impact of this was that staff now had a space designated to their learning and development.

There was a positive and open culture in the home. The manager and deputy manager were available and approachable. People knew who the manager was and we saw people and staff approach and talk with them in an open and trusting manner. We saw the manager was involved in the day to day tasks of running the home. For example, during the lunch time meal the manager put on an apron and helped out with the tasks whilst engaging with people on a personal level.

The manager told us that the visions and values of the home were "To be as homely as possible and to live a full and supported life". Staff displayed these values in their work during our visit. Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice.

The provider sought to improve the service to deliver consistent, high quality care. Records showed staff had completed training in relation to CQC's new inspection methodology, Key Lines of Enquiry (KLOE) and the key characteristics of service ratings.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The deputy manager of the home had informed the CQC of reportable events.

The provider had put in place unannounced visits from the director. Records from these visits evidenced that there was a clear focus on checking the welfare of both people and staff. We saw that through these visits staff had raised an issue. Records showed that the provider had given clear instructions on how to resolve the issue, and what steps to take next if the staff member did not feel the outcome was satisfactory.

The service worked in partnership with visiting agencies, particularly the NHS and local authority. The service had links with local learning disability teams and with the local community. We spoke with a healthcare professional who spoke positively about the service saying "I'm impressed with the openness of the service "and "They ring me and let me know of any issues, we work really well together".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.