

Positive Community Care Limited

Hawthorn Farm

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 

Overall summary

This inspection took place on 28 and 29 April 2015 and was unannounced. At the last inspection on 13 December 2013 we found the service was not meeting the regulations relating to medicines management and staffing. At this inspection we found that improvements had been made in all of the required areas.

Hawthorn Farm provides accommodation and personal care to 11 people. There were 11 people using the service at the time of our visit.

The service did not have a registered manager. The previous registered manager had left the service in

December 2013. We had been informed about this by the provider in accordance with their responsibility as set out in our regulations. The provider was in the process of applying to be the registered manager. 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.

Summary of findings

People told us they felt safe whilst using service and we saw there were systems and processes in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding procedures and what to do if they had concerns about a person's safety.

There were enough staff on duty to meet people's needs in a safe way.

Risks were managed and monitored to ensure people's individual needs were being met safely. Assessments carried out by the staff identified people's needs.

Medicines were stored safely, and people received their medicines as prescribed.

CQC is required by law to monitor the implementation of the Mental Capacity Act (MCA) 2005 and the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. The service met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Where people did not have the capacity to consent to specific decisions the staff involved relatives and other professionals to ensure that decisions were made in the best interests of the person and their rights were respected.

There was a programme of training, supervision and appraisal to support staff to meet people's needs.

People were supported to keep healthy and well. Staff responded to people's changing needs and worked closely with other health and social care professionals when needed.

Care plans were in place which reflected people's specific needs and their individual choices and beliefs for how they lived their lives. People were appropriately supported by staff to make decisions about their care and support needs.

People were supported to access activities, education, employment and facilities in the local community, so that they developed their skills and independence. Opportunities were provided for people to be part of the local community.

The provider regularly sought people's, relatives and staff's views about how the care and support they received could be improved. There were systems in place to monitor the safety and quality of the service that people experienced.

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?

The service was safe.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.

There were sufficient numbers of skilled and experienced staff to meet people's needs and keep them safe.

People had individual risk management plans to help support them to maintain their safety and the safety of others.

People's medicines were managed safely.

Good



Is the service effective?

This service was effective.

People received care and support that met their needs.

Staff were trained to care and support people who used the service safely and to a good standard. Staff were knowledgeable about how to meet people's needs

Arrangements were in place to ensure people's health and wellbeing was monitored. Advice was sought from other healthcare professionals when required so that people could receive appropriate care and treatment.

Staff had undertaken training on the Mental Capacity Act 2005 and were aware of their responsibilities in relation to Deprivation of Liberty Safeguards.

People were supported to eat and drink well and stay healthy.

Good



Is the service caring?

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff had a good understanding of people's support needs and enabled people to work towards their goals and aspirations.

People were involved in decisions about their care and the support provided by staff.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement.

Staff demonstrated a good understanding of people's individual needs and choices.

The home had links with the local community and people enjoyed taking part in a range of activities.

Good



Summary of findings

Is the service well-led?

The service was well- led.

People told us the managers were approachable and wanted to hear what they had to say. The culture in the home was open, inclusive and transparent.

Arrangements to assess and monitor the quality of the service were in place, so that people benefited from safe quality care, treatment and support.

Staff were clear about the values of the organisation and spoke confidently about caring for people in a person centred and safe manner.

Good



Hawthorn Farm

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 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 28 and 29 April 2015 and was unannounced. The inspection team consisted of one

inspector. We looked at all the notifications we had received about the service since we last inspected on 7 December 2013 and reviewed any other information we held prior to our visit.

During our inspection we spoke with three people using the service. We spoke with the provider, deputy manager, three care staff, one relative and one healthcare professional. We reviewed two people's care records. We reviewed records relating to the management of the service including medicines management, staff training and supervision records, audit findings and incident records. After the inspection we spoke with one relative and one healthcare professional and asked them for their views and experiences of the service.

Is the service safe?

Our findings

People told us they felt safe within their home and out in the community. They said staff supported them in making decisions about risks, which helped them to stay safe. For example, one person said “We can invite people here but we need to tell the staff about people we invite to the service and they have to leave by a certain time.” Another said “I telephone the staff and tell them if I am going to be late.” Both healthcare professionals and relatives we spoke with said people were cared for safely.

All staff understood their roles to protect vulnerable people and had received training in safeguarding. Training information we viewed confirmed this. Staff were able to describe signs and symptoms of potential abuse, and were aware of the reporting procedures they would follow if they had concerns about a person’s safety. Staff have us examples of how they safeguarded people, such as following ‘missing persons’ reporting procedures when a person did not return to the service within a specified time period.

Staff were trained in first aid and fire awareness. People we spoke with said staff discussed fire safety with them at each house meeting and that regular fire drills were carried out. Records we viewed confirmed that fire drills were carried out and all fire protection equipment was regularly serviced and maintained. One person told us that health and safety checks of their bedroom were carried out weekly. They also told us they could participate in a personal safety programme that was run by the staff and included areas such as safety in the community, safety in the home, kitchen safety and first aid.

Risks to people’s health, safety and welfare had been assessed and managed. People’s care records outlined the potential risks to their safety, risk history, trigger factors and the plans that had been put in place to support them to keep safe. For example, there were plans in place to support people at risk of self-neglect and relapse of their mental health condition. Staff described the risk management plan they followed to keep a person safe that was at risk of falling. They told us about the equipment the person used and how they were supported with their mobility. We observed staff attending to the person as detailed in the individual guidance. Staff told us that any potential bullying, harassment or acts of aggression between people were promptly dealt with and police were

notified if required. Both healthcare professionals said that staff had a positive attitude towards risk taking, this had allowed people to take risks safely whilst ensuring their independence.

At our last inspection in December 2013, we were concerned that there was not enough qualified, skilled and experienced staff on duty to meet people’s needs. At this visit we found that improvements had been made in this area. People told us there were sufficient staff to keep them safe. They said staff were available to support them with their recovery programme which included undertaking activities in the community, cooking and laundry. Staff confirmed that staffing levels had been increased and this had allowed them to focus on supporting people to meet their individual goals. Duty rotas confirmed the number of staff on duty. Throughout our inspection we saw that staff were present to attend to people’s needs and a staff member was always available in the lounge or dining area to observe, sit and chat and to support people.

At our last inspection in December 2013 we found that controlled drugs held at the service were not appropriately administered and recorded. At this visit we found that improvements had been made in this area. We saw that two staff were on duty and had signed when controlled drugs were administered. A record was also kept of the handover of the controlled drugs at each shift to ensure that this was monitored appropriately.

People were supported by staff to take their prescribed medicines when they needed them. We observed a person give staff the medicines they had collected from the pharmacy. Medicines were obtained, stored and administered appropriately and safely. A record of all medicines received, carried forward from the previous medicine cycle and disposal records were maintained. Daily and weekly stock checks were carried out. This helped staff to identify any issues which could then be addressed. Medicine Administration Records (MAR) sheets were appropriately signed when medicines were administered, this showed that people had received their medicines safely as prescribed. The MAR sheets were checked daily to ensure that any omissions and gaps were identified and corrected. We checked a sample of medicines and the stock balance was correct and matched the quantity that had been administered.

All accidents and incidents were recorded, reviewed and monitored for any trends or patterns. Learning from

Is the service safe?

accidents and incidents took place and appropriate changes were implemented, for example the provider told

us they had arranged an 'Understanding Anger' workshop for people using the service in response to incidents of conflict. This showed that steps were taken to protect people and reduce this type of incident from recurring.

Is the service effective?

Our findings

People who use the service were supported by staff that had the skills and knowledge to meet their needs. Three people, two relatives and two healthcare professionals told us the staff were skilled and knew how to care for people. One person told us the staff provided support with their substance misuse plan. Another said staff provided support when they were low in mood.

Staff we spoke with demonstrated that meeting people's needs was at the centre of the support they provided. One healthcare professional said "The service focus on the person and their individual needs, the staff approach is good, consistent and they have adapted their approach towards my client."

All staff confirmed they were supported in their roles. They said they received induction, training, development and supervision which enabled them to carry out their roles and meet people's individual needs. They told us about the training they undertook which included a mixture of computer based and face to face training. Staff confirmed they received mandatory training as well as training to meet the specific needs of people using the service including cultural issues in mental health, mental health recovery, substance misuse, crisis management, challenging behaviour and conflict resolution. We spoke with one member of staff who had recently joined the service. They told us they had completed a detailed induction where they had been monitored and assessed to ensure they understood their role, and had the support and information to make sure people's care and support needs were fully met.

Staff received regular supervision from their line manager. Staff told us supervision sessions included a review of their performance, training and professional development and discussions on how to improve the quality of care and support provided. Staff confirmed that supervision records were maintained and that they completed an annual appraisal of their work performance.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people were only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after

them. People we spoke with told us they were free to come and go as they wished. We observed this throughout our visit. They confirmed there were no restrictions to their freedom. Staff told us that people were involved in decisions about their care and consented to the care and support provided by staff. Staff had a good understanding about the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). They told us they had undertaken training in this area and where people did not have the capacity to consent to complex decisions they would work with the family and other healthcare professionals to ensure that a decision was made in the best interest of the person. Staff were able to describe the DoLS authorisation that was in place for a person to keep them safe. Records we viewed confirmed that the correct procedures had been followed in the best interest of the person and health and social care professionals had been appropriately involved in the decision.

People told us they liked the meals at the service and were able to participate in meal preparation if they wanted. People said meals were flexible dependent on their activities and plans. We saw that the evening meal had been prepared and kept aside for people that had not returned to the service. They said they agreed the menu with staff at the house meeting and could request an alternative if they did not like what had been prepared. One person said "When I want to cook the staff support me in the kitchen. There is always a member of staff to help you and we are not left unsupervised." Another said "We have a take-away at the weekend and we can choose what we like, I really like it." Staff encouraged people to consider healthy eating options for their health and weight. There was a staff member who was the designated food champion. They told us their role included having discussions with people, developing menus and providing health education.

People we spoke with confirmed that they were supported to attend routine appointments for health checks and treatment. One person told us "I go to the GP by myself and also pick up my prescription." People were supported to maintain good physical and mental health and had access to local health services. Staff made referrals to relevant healthcare professionals and worked with them to make sure any changes in people's care and health needs were addressed in a timely manner. This was confirmed by the two healthcare professionals we spoke with.

Is the service effective?

Care records detailed that people had received input from other healthcare professionals, including GP, community psychiatric nurse, psychiatrist, optician and podiatrist, to ensure their healthcare needs were being met. For example, we saw that regular blood pressure monitoring was carried out by staff for a person that had high blood pressure. The healthcare professionals we spoke with said they were kept informed about people's care and that the

staff liaised with them if they had any concerns about the person's mental health. Staff were knowledgeable in recognising signs and symptoms that a person's mental health may be deteriorating and supported the person to get the required help. Staff participated in care programme approach (CPA) meetings where this was part of people's treatment and support plans.

Is the service caring?

Our findings

People told us the staff were “supportive” and “caring”. One person told us “It’s like a family here, the staff are very good, they always give you an explanation, they never brush you aside.” Another person said “I have been moving backwards, now I am moving forward. The staff are helping me.” They told us they were listened to, respected, valued and had good relationships with the staff.

The provider and staff spoke respectfully about the people they cared for. Staff talked about valuing people, respecting their rights to make decisions, being inclusive and respecting people’s diverse needs. We observed staff speaking to people politely and respectfully. People approached staff as they needed to, walking into the office, telling staff what their plans were, requesting information and just sitting down to have a chat. We heard staff addressing people with their preferred name. One staff member said “We do not discriminate here, every person has their strengths and weaknesses.” Another said “People would never get better if we were judging them.”

Throughout our inspection we observed staff interaction to be professional, positive and non-judgemental. In the kitchen/dining and lounge area we observed staff chatting and spending time with people. Both healthcare professionals confirmed that the care and support provided was individual to the person.

People told us they were able to maintain relationship with those who mattered to them, they told us where required staff supported them to visit family, keep in contact by telephone and for family to visit them at the service. One relative said “I’m kept informed, if there is anything the staff just call me.”

People’s privacy, dignity and human rights were respected. All staff had completed equality and diversity training and they were aware of the importance of promoting people’s rights, dignity and independence. Each person had a key to their bedroom and throughout our inspection we saw staff knocking on people’s bedroom doors and seeking their permission before entering. People said staff always waited for a reply and if they requested that staff come back at a later time this was respected. They also told us staff respected their wishes for time alone in their bedroom and that staff carried out checks to ensure they were safe and well.

Advocacy arrangements were in place for those people who required the support of an advocate. We looked at one person’s care records which showed that the advocate was available for the person, to ensure their rights were protected and they were supported to be involved in making decisions about their care and support.

Is the service responsive?

Our findings

People received care that was assessed and planned to meet their needs and supported them to achieve as much independence and choice as possible. Both healthcare professionals confirmed that pre-admission assessments had been carried out by the provider prior to their clients moving to the service. Each person's needs had been assessed before they moved into the service. This ensured that the staff were knowledgeable about and able to meet their particular needs. Staff told us they discussed all referrals that had been made, so that they had all the information they required about a person before accepting the referral.

People were involved in all decisions about the care and support they received. They told us they had regular meetings with their keyworker and were involved in developing their care plan, setting goals and reviewing their progress. Care plans took people's history, individual likes, dislikes, what was important to them and preferences into consideration and promoted choice and independence.

All of the care plans viewed had been reviewed at regular intervals and updated to reflect people's changing needs. For example, one person preferred their personal care from a male member of staff and staff respected this. For another person they told us they had an agreement with staff to be tested for drugs and was happy with the agreement they had in place. Relatives told us they were invited to review meetings and that staff kept them informed of changes in their family members condition or support, along with any progress they had made. The healthcare professionals we spoke with confirmed that staff were responsive to people's needs. One of them told us that staff had undertaken training in dementia care in response to a person's cognitive impairment.

The service used the recovery model of care to support people recovering from mental illness. This is a recognised model of care and encourages people recovering from

mental health problems to move forward, set goals and do things and develop relationships that give their lives meaning. People told us they were supported to be independent and take responsibility for their own lives. One person told us they wanted to develop their living skills so that they could move into the community with reduced support. Another said they wanted to return home following a period of rehabilitation.

People using the service had made a short video for student nurses at the University of Buckinghamshire about the mental health recovery model they were following. The video which was available on You Tube showed people talking about the type of support they received and how this increased their independence, confidence and well-being.

People were supported to pursue activities, educational programmes, hobbies and employment opportunities in line with their abilities. People we spoke with told us they went out and did the things they enjoyed, comments we received included "There is so much to do here, we are. I play football with people from the other home. I enjoy it." And "I like cooking at the weekends with the staff." We saw that most people went out of the home with or without staff support to access community facilities or to go shopping. We saw photos of various activities that people had undertaken with staff which included trips outside, parties and events with the providers other service.

People told us they were confident to speak out if they had any concerns or complaints. They told us they could speak with any of the staff, and were aware of the complaints procedure. Comments we received included "I would go to the main lady and tell her." And "I can speak with any of the staff here. We discuss our concerns at the house meeting, with our keyworker and the staff have an open door policy here." The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families.

Is the service well-led?

Our findings

People using the service, staff, relatives and healthcare professionals spoke positively about the provider and the staff team. Comments we received included “very open”, “supportive”, “approachable” and “listens”. One relative told us they spoke with the provider regularly, that she was easy to speak with and that they were listened to. The healthcare professionals we spoke with said the staff worked with them using a collaborative approach towards each individual. We saw that the provider took an active role within the running of the home and had good knowledge of the staff and people who used the service.

There was a positive open culture at the service. People and staff were empowered by the provider. Staff said they were enabled to raise any concerns they had about care practice and were confident that they would be supported by the provider. Staff were clear about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. Staff said that they felt confident to whistle blow if they had any concerns about the management or practice at the home.

Throughout our inspection we saw people approaching the provider, sitting in the office and spending time with staff. Handover meetings took place between shifts to ensure effective communication between the staff team about people’s needs and assisted in providing a consistent service. We heard staff sharing information with staff that had commenced their shift and discussing what people wanted to do and the support that was required.

Staff we spoke with described the values of the organisation, which were to ensure people received person

centred support that aided their mental health recovery, and that the support fitted around the person rather than the person fitting around the available support. They told us they were clear about their roles and responsibilities, the quality of the work that was expected and that the managers supported them to carry out their role effectively. Staff we spoke with told us they were encouraged to share their ideas for improving the service and problem solving. They told us the staff team worked so that they could anticipate and discuss solutions to particular challenges that individual people using the service had.

There had been no registered manager at the service since December 2013. We had been informed about this by the provider in accordance with their responsibility as set out in our regulations. A manager had been recruited, however they left in January 2015. The provider knew about the condition of their registration which required the service to be managed by a person who was registered with the Commission. They had made a decision to apply for registration as the manager and were in the process of submitting their application.

People and their families were asked for their views about their care and support and they were acted on. Feedback was sought through care plan review meetings, individual meetings and by completing feedback questionnaires. All completed questionnaires we viewed were overall positive. Two people told us the service held regular meetings for people. Minutes we viewed showed that people were able to provide feedback on the service, raise any concerns they had and make suggestions. There was a service user representative (a person who people could go to that could discuss any concerns on their behalf) that people could also speak with to raise their concerns.