Transparent Care Limited

Hawthorns

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 31 May 2018 and was an unannounced inspection.

The Hawthorns is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation and support for up to six adults who have learning disabilities. It is owned by Transparent Care Ltd. This is The Hawthorns first inspection under this provider. At the time of the inspection there were six people living at the service.

There was 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.

People and relatives told us they were safe living at The Hawthorns. Staff demonstrated they understood how to keep people safe and we noted that risks to people's safety and well-being were managed through a risk management process. We observed people's needs were met in a timely way by sufficient numbers of skilled and experienced staff. People were supported by staff who had been trained in the Mental Capacity Act 2005 and applied its principles in their work.

People and relatives were complimentary about the staff and management at the home. They told us staff were kind, caring and compassionate. Staff members, including the management team, were knowledgeable about individuals' care and support needs and preferences.

People's health care needs were met and they had access to a range of healthcare professionals. Where required appropriate referrals were made to external health professionals, such as GPs or social workers.

The provider had systems in place to receive feedback from people who used the service and staff members about the service provided. People were encouraged and supported to raise any concerns with staff or management and were confident they would be listened to and things would be addressed.

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager) and yearly appraisals. People were supported appropriately to eat and drink sufficient amounts to help maintain their health and well-being.

The provider had safe recruitment processes in place, which helped to ensure that staff employed were of good character and suited to the roles they were employed for. People's medicines were managed safely and kept under regular review. Infection control measures were in place to help reduce the risks of cross infection.

There was an open and inclusive culture in the home and people and staff felt they could approach the management team and were comfortable to speak with the registered manager if they had a concern. We saw evidence that arrangements were in place to formally assess, review and monitor the quality of care provided at the home.

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.

Staff were aware of how to safeguard people from harm and were aware of potential risks and signs of abuse.

People and staff told us that there were enough staff available to meet people`s needs.

Staff administered medicines to people in line with their prescription.

Is the service effective?

Good

The service was effective.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

Staff had the training, skills and support to meet people's needs.

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 benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good

The service was responsive.

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

People's needs were assessed to ensure they received personalised care.

People had access to activities that matched their individual needs.

Is the service well-led?

Good

The service was well-led

The home manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

Arrangements were in place to formally assess, review and monitor the quality of care provided at the home.

The service had a culture of openness and honesty.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 June 2018 and was an unannounced inspection. This inspection was conducted by one inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a 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 looked at previous inspection reports and notifications received from the provider. A notification is information about important events, which the provider is required to tell us about by law. This ensured we were aware of any areas of concern.

We spoke with four people, three care staff, the deputy manager, the home manager and the registered manager. We looked at six people's care records, six staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us "I love living here it's safe and relaxed". One relative we spoke with told us "[Person] is safe". A second relative said "[Person] is safe so as far as I'm concerned". A third relative told us "It's very good my relative is very happy and has come a long way since being there".

People experienced care in a safe environment because staff were aware of how to safeguard people from avoidable harm and were knowledgeable about signs of potential abuse. Staff were able to describe the process for reporting concerns both within the service and externally, if required. One staff member told us, "I would speak to management immediately, if it was out of ours then I would use the on-call system. I could also raise a safeguarding alert with the local authority. I could also contact CQC, the police, peoples case managers or people's social workers".

We saw there was information about how to report concerns, displayed in areas of the home, which reminded staff of the contact numbers they needed to report concerns. Systems were in place to protected people against the risk of untoward incidents. For example, people had personal evacuation plans in place to support staff to evacuate or keep people safe in the event of an untoward incident or an emergency such as a fire. These additional systems demonstrated that the provider had taken appropriate action to help ensure that people were protected from abuse and harm.

Accidents and incidents were recorded and regularly reviewed to ensure any learning could be discussed and shared with staff to reduce the risk of similar events happening. For example, following a number of episodes were a person disclosed to staff that they had started having thoughts and beliefs to engage with a behaviour which could be detrimental to their health; the service sought the advice from the appropriate professionals. The person was referred to a psychologist and as a result their well-being improved. A relative told us, "There was an incident not so long ago, staff dealt with it very promptly and contacted me by telephone to inform me".

People's care plans contained risk assessments, which included risks associated with specific behaviours that may challenge others, medication, environment and mental health. Where risks were identified plans were in place to identify how risks would be managed. Risk management included 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, people's plans highlighted signs and symptoms that a person may be becoming unwell and what measures needed to be in place to mitigate the risks associated with people's individual care needs. Additionally, guidance was in place on what action staff should take during and after any changes to people's behaviour. Peoples care plans also contained guidance on which professionals to contact either during or following peoples change in behaviours. Records confirmed that staff followed this guidance.

People received their medicine as prescribed and the service had safe medicine administration systems in place. We observed staff administered medicines to people in line with their prescription. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were

completed to show when medication had been given. Medicines were stored securely and in line with manufacturer's guidance.

We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. We saw that staffing levels were reviewed regularly by the management team. During the day we observed staff having time to chat with people. A relative we spoke with told us, "There is enough staff". A second relative said, "When I go to visit there seem to be a lot of staff". A third relative said "[Person] needs to know that someone is always around so that if he has any concerns he can go to someone, staff are always around".

People were protected from the risk of infection. The premises and the equipment were clean, and staff followed the provider's infection control policy to prevent and manage potential risks of infection. Protective equipment (PPE) such as aprons and gloves were available and used by staff. Staff were aware of infection control guidance and we observed staff following the guidance. A relative we spoke with told us, "It always looks clean and tidy".

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they were employed for. We checked the recruitment records of five staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included a disclosure and barring check (DBS). A new member of staff told us, "I had to have my DBS done before I could start".

Good

Is the service effective?

Our findings

Relatives we spoke with told us staff were knowledgeable about people's individual needs and supported people in line with their support plans. One relative told us, "I feel (staff) do a good job and they seem to have a good understanding about [person]". A second relative said, "As far as I have been involved they do understand the [person's] support needs". A third relative said, "The staff are very clued up they have a really good understanding (persons) needs". A forth relative said "I would say the staff know (person) in-side-out my relative has been there now (a long time)".

People's needs were assessed prior to their admission to ensure their individual care needs could be met in line with current guidance and best practice. People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, where people had been identified as having specific conditions, referrals had been made to people's individual social workers and specialist healthcare professionals. Care plans contained details of recommendations made by community psychiatric nurses and we saw evidence staff followed those recommendations.

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 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported by staff who had been trained in the MCA and applied its principles in their work. Where appropriate people's care plans contained capacity assessments. Where decisions were made on people's behalf, we saw evidence that the service followed the best interest process. For example, one person lacked capacity in making decisions about leaving the service alone. We saw evidence of how the service had included the person, their social worker and a relative and followed the best interest process to ensure that the person could go out into the community with the support of staff.

Staff we spoke with had a good understanding of the Act. One staff member told us, "We must always act in the least restrictive way". Another staff member said, "An unwise decision does not mean that a person lacks capacity. We all make unwise decisions at some point. Relatives we spoke with told us that staff continuously sought people s consent. One relative told us "[Person] definitely gets to make his own choices". Another relative told us, "They seek consent as much as they can within [person's] capability".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the provider was meeting the requirements of DoLS.

Records confirmed people were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training, which included; moving and handling, food safety, safeguarding, MCA, health and safety and basic life support. One staff member told us, "I feel supported 100%, I have had loads of training and all of it has been brilliant"

Newly appointed care staff went through an induction period. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. One staff member told us, "My induction lasted three and a half months. It was really good, they made sure I had time allocated to go through peoples care plans and really get to know the service users. I also started out by shadowing other staff"

Staff were supported effectively through regular supervision, which is a one to one meeting with their manager and yearly appraisals. Staff told us they felt supported by the registered manager and the provider. One staff member told us, "We get regular supervision and we talk about what is going well and what we can improve on". Another staff member said, "I feel supported by the provider they always do what they say they are going to do". Records confirmed that staff had access to further training and development opportunities. One member of staff we spoke with told us, "I'm doing some specialist safeguarding training".

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.

We observed that the environment was suitable to meet people's needs. Rooms we observed had been personalised to people's individual tastes.

The service worked closely with healthcare professionals from a wide range of healthcare and social care professionals, to ensure that people received effective care and treatment. Where professionals provided advice about people's care this was incorporated into people's care plans and risk assessments.

Good

Is the service caring?

Our findings

People told us they benefited from caring relationships with the staff who supported them. One person told us "I am well looked after here". A relative told us "The care is excellent. I would absolutely recommend Hawthorns to anybody". A second relative said "I'm very happy with the staff at the Hawthorns, I'm happy (person) is there". A third elative told us "I think the staff are very good, I think they do a good job" and "They are definitely caring".

Throughout the day of the inspection, we noted there was good communication between staff and the people who used the service. People were treated with kindness and respect by staff, who understood their individual needs. For example, one person had difficulties communicating. This person's care records gave guidance for staff to recognise and respond to the person's needs. During our inspection, we observed this staff communicating effectively with this person. Staff gave the person the time they needed to explain what they were asking or discussing. This demonstrated that staff knew and respected the people they were supporting.

Staff showed concern for people's wellbeing in a caring and meaningful way. For example, one person hurt their finger. Staff reassured this person and explored with the person if they needed first aid treatment. We observed staff speaking with this person in a warm and gentle manner whilst supported them to put a plaster on their finger.

Staff told us they respected people's privacy and dignity. One staff member said, "We must promote dignity and respect by making sure people are comfortable, we do this by ensuring the simple things are taking place, such as knocking on doors before entering, speaking to people before the task so they know what's happening". Another staff member told us, "We ensure people are kept covered up during personal care". A relative told us "[Person's] privacy and dignity is respected".

Staff spoke with people with respect using the people's preferred names. When staff spoke about people to us or amongst themselves they demonstrated compassion and respect. During our inspection we noted that staff were always respectful in the way they addressed people with diverse needs. We observed staff knocking on people's doors. A relative told us, "They always knock on the door before entering".

Care records highlighted what people wished to do with their time in order to remain independent and living within the community. This included going out into the local town with or without staff support. Were people had expressed interests in working within the community they had been supported by staff to identify appropriate access to voluntary and paid work. Staff told us how they supported people to live active lives within the community do as much as they could for themselves. One staff member we spoke with told us, "We always make sure that we encourage people to do what they can for themselves, it's all about being person centred. It improves and supports people to get the most out of their lives". A relative we spoke with told us, "They support independence as much as possible, obviously there is a limit due to [person's] capacity but they get person to do as much as possible". Another relative told us, "[Person] wanted to spend a weekend with me and they brought my relative down".

Staff understood and respected confidentiality. Records were kept in locked cabinets and only accessible to staff.

Good

Is the service responsive?

Our findings

Relatives told us that the service was responsive to people's needs. One relative told us, I do get informed of things, the staff telephone me". Another relative said, "They have always kept me posted on any appointments [person] may have coming up or has already attended".

People's needs were assessed prior to admission to the service to ensure the service could meet their individual needs. People had contributed to assessments and care plans. People's care records were personalised. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's initial assessment highlighted that the person could sometimes display behaviours that may challenge others. The persons care record highlighted signs and triggers that the person could be becoming unsettled. We spoke with this person who was able to explain in detail the signs, triggers and de-escalation techniques which were highlighted in their care plan well. They told us that their care plan had been formulated in full corroboration with themselves. The person told us "(Staff) know exactly what to do and when to do it".

The service was responsive in ensuring support was tailored to meet the needs of individuals and delivered in a way to ensure the diverse needs of people using the service were met. This included individual needs that related to disability, gender, ethnicity, faith and sexual orientation. We saw one example of how staff had responded to two peoples needs and supported them effectively in relation to making informed choices surrounding protected characteristics. We spoke with the deputy manager about this and they told us, "It's all about people's basic human rights. We all have a right to express ourselves in any way we choose regardless of any disability or mental status". The provider's equality and diversity policy supported this culture. We saw evidence that people had access to information about their care. For example, complaints procedures and provider information were available in large print and picture format.

We saw evidence of how the service responded and sought the advice from other professionals and took practical action when responding to peoples changing psychological needs. For example, one person's had increased a specific behaviour. This person's care records evidenced how the service had made a referral to their social worker and put additional monitoring and support in place for this person. As a result the person's specific behaviour reduced.

Care plans contained person specific information that captured people's preferences, hobbies and interest, daily routines and likes and dislikes. Staff we spoke with were knowledgeable about the person centred information with people's care records. For example, all of staff we spoke with told us how people liked to spend their time and what was important to them. One staff member described how a person enjoyed a listening to a specific pop star and how this was important to their wellbeing. The information shared with us by the staff members we spoke with matched the information within peoples care plans.

People had access to a wide range of activities that were matched to people's individual care and personal needs. These activities included outings within the local community, such as going to the local pub, trips to the cinema of going for walks. We noted that people were planning for a holiday. A relative we spoke with

said, "The residents are planning a holiday this year and they get the opportunity to contribute ideas". We saw evidence that this year people had decided to spend a week away at the seaside. One person told us, "I will get some ice cream". However one person had decided that they would like to go abroad, we saw evidence that staff had gone to great lengths to support the person to do this. Relatives we spoke with told us that people had access to a wide range of activities. One relative told us, "There is always something going on and it's a good mix of activities which is nice" and "They seem to be very busy, and they seem to be doing things. Another relative said, "The activities seem to be tailored to each individual". A third relative said, "The activities are good, my relative likes to go for walks, go out into the garden". A forth relative told us, "The activities are good, they have a wide variety and it's the service user's choice. They go bowling, swimming, park, shopping, everything is an outing".

People knew how to make a complaint and information on how to complain was available in accessible formats within the home. One person told us, "I would tell [home manager] or [deputy manager] and they would sort it out". A relative told us "My relative so far hasn't complained about anything. I think it's a good home". The service had a complaints policy displayed throughout the home. There had been five complaints since our last inspection. These complaints had been dealt with in line with the provider's policy.

The Hawthorns does not provide 'end of life' care.

Good

Is the service well-led?

Our findings

There was a registered manager in post. However the service was going through a period of transition were the registered manager was stepping away from the home and the home manager was stepping up into the role of registered manager. People told us they knew who the registered manager was. One person told us, "We see her now and again, she is really nice".

People knew the home manager who demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances and family relationships. We saw them interact with people who used the service and staff in a positive, warm and respectful manner. One person told us "[Home manager] works really hard". A relative told us "The manager is a lovely person and does a good job" and "The manager always communicates whenever need be". A second relative said "I think (home manager) is competent, and is very good and I also think she is hands on".

Relatives and staff told us the home was well-led, open and honest. One relative told us "[Provider] are very accommodating and flexible". A second relative said "[Provider] is great, they listen and do everything we ask". A staff member told us "[Home manager] is great" and "[Provider] does everything they say they are going to do".

We saw evidence that arrangements were in place to formally assess, review and monitor the quality of care provided at the home. This included regular audits of the environment, health and safety, medicines management and care records. Results of audits were used by the registered manager, home manager and deputy manager to develop and enhance the performance of staff and systems, to help drive improvements in the service. For example, a recent medication audit identified isolated incidents were safe storage temperatures had slightly exceeded the manufacturers guidelines. As a result, the home manger took immediate action by contacting healthcare professionals to communicate their findings and seek guidance on mitigating any potential risk to people using the service. Although no risks were identified the registered manager and deputy manager took action by developing a contingency plan to prevent future reoccurrence.

The service encouraged open communication between the staff team. A staff member told us, "We get regular meetings". We viewed the team meeting minutes, which showed that staff had regularly met to discuss people's individual needs and to share their experiences.

The home sought people's views and opinions through 'house meetings'. We noted that these meetings were used to discuss peoples view or concerns on how the service was. People we spoke with told us they felt confident in giving feedback on the service and that they would feel listened to. One person told us, "We've got our holiday planning meeting this afternoon".

Staff understood the whistleblowing policy and procedures. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff were

confident the organisation would support them if they used the whistleblowing policy. Staff felt able to approach the registered manager and the provider at any time for help and guidance. One staff member told us, "I feel listened to and I would not have an issue with having to whistle blow". We observed that the home manager was available and approachable and we saw people and staff approach and talk with them in an open and trusting manner.

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

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, and healthcare professionals. Communication between the service and professionals was well documented.