

Yunicorn Limited Hawthorns

Inspection report

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Date of inspection visit:
25 January 2018
31 January 2018

Date of publication:
12 February 2019

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 25 and 31 January 2018. Both visits were unannounced.

We previously inspected Hawthorns on 02 November 2015 and rated the provider to be Good overall with a Requires Improvement rating in the effective question. At this inspection, we have rated the key questions Caring, Responsive and Well led as Requires Improvement. As a result, the overall rating has changed to Requires Improvement.

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.

Hawthorns accommodates four people in one adapted building. Adaptions in place were to assist people with their physical disabilities such as a stair lift. The home has areas where people can spend time together as well as people having their own personalised bedroom. People have access to a garden. There were four people living at the home when we carried out our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection on 02 November 2015, we asked the provider to take action to make improvements. This was in relation to a consistent approach being undertaken when people did not have the mental capacity to make their own specific decisions. We saw action had been completed following the previous inspection.

During this inspection, we found that the registered provider had failed to display their current inspection rating. It is a legal requirement for people to have access to the rating to inform their judgement about the service. You can see what action we told the provider to take at the back of the full version of the report

Applications were made to the local authority when people had restrictions on their freedom as individuals. When applications had been approved, the Care Quality Commission were not notified as required by law. You can see what action we told the provider to take at the back of the full version of the report

People who lived at the home had done so for a number of years. As a result, people's needs had changed. The registered manager was aware of the need to increase staffing levels to meet people's needs and was working to achieve this. We heard conflicting accounts from staff as to how care needs were met while providing personal care. The registered manager was not aware of the inconsistency in people's personal care until brought to their attention as part of this inspection.

Systems to access and monitor the quality of the service provided needed to be improved. This was so any shortfalls in standards were identified and actioned. You can see what action we told the provider to take at the back of the full version of the report

People and their relatives felt they were safe living at the home. Staff had received training on recognising and reporting abuse. People were positive about their care and about the staff who cared for them. People were supported to be independent where possible.

Medicines were administered to people by staff who were trained to do this to ensure people received them correctly. People's healthcare needs were identified and professionals were involved in their care as needed to promote wellbeing. People were supported as needed while eating and drinking and had a choice of meal. Staff knew how to reduce the risk of cross infection within the home.

People were supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible.

Relatives spoke positively about the registered manager and felt any concerns they had would be listened to and addressed. The registered manager was responsive to the concerns identified during the inspection.

You can see what action we told the provider to take at the back of the full version of the report.

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 felt safe living at the home and staff were aware of how to keep people safe. People were supported by staff who were recruited safely. People's medicines were administered as prescribed by a doctor. People at risk of accidents were monitored to reduce the risk of similar incidents occurring.

Is the service effective?

Good ●

The service was effective.

People were asked for their consent and decisions were made in people's best interests so care was provided lawfully. People were supported by staff who had received training and support. People enjoyed their meals and were involved in planning and preparing these. People were supported to access healthcare professionals as needed. People were able to make their room personal to their likes. People's needs were met in an adapted building.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People's right to privacy was not always respected due to staff practices identified at this inspection. People were supported by staff who were kind and caring. People were encouraged to express their likes and dislikes. People were encouraged to retain relationships with their family members.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care as described by staff was not always responsive to their individual needs. People had opportunities to do fun and interesting things and to make choices about how they spent

their time. Relatives felt able to raise complaints or concerns and felt these would be listened to and acted upon.

Is the service well-led?

The service was not consistently well led.

People did not have information about the provider's previous rating displayed within the home. The Care Quality Commission were not notified when restrictions to people's freedom were authorised. People could not be assured quality audit checks would identify areas of practice in need of improvement. People and their relatives were complimentary about the service provided.

Requires Improvement 

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 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 25 and 31 January 2018 and was unannounced. One inspector carried out this inspection.

We reviewed the information we held about the provider. We also looked at information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with all four people living at the home as far as possible, taking into account people's complex care needs, which limited our ability to communicate effectively.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with the registered manager, the registered provider and four members of staff. We also spoke with one relative while at the home and an additional two relatives on the telephone following our inspection.

We looked at two people's care records and other documents relevant to people's support such as risk assessments and daily records. We looked at people's medicine records as well as quality assurance checks,

meetings, complaints, staff records and accident records.

Is the service safe?

Our findings

At our last inspection in November 2015, we rated this question as Good. At this inspection, we found people continued to receive a service, which kept them safe and the service remains Good.

People told us they felt safe living at the home. One person said, "Everyone nice" when we asked them whether they liked living there. We saw people responded positively to staff members including the registered manager throughout the inspection. People were relaxed and smiled to staff members while they provided support. This showed they were relaxed and comfortable in their company. Relatives told us they believed their family member to be safe living at the home. One relative told us their family member would tell them if they were unhappy in anyway, and told us they had no concerns about the care provided.

Staff told us they knew what to do if they were concerned about people's safety or in the event of abuse occurring. They were confident people were living at the home were safe from abuse. Staff told us the registered manager would take seriously any allegations of abusive practices. Staff confirmed they had received training in how to keep people safe from abuse and were aware of a the appropriate agencies to report allegations of abuse. For example the local authority and the Care Quality Commission (CQC) to whom they could report concerns.

The registered manager was aware of their responsibility to report any abuse or potential abuse to the local authority and the CQC. Information and guidance was available for reference in the registered manager's office. There had been no allegations of abuse at the home reported since our last inspection.

Staff were seen guiding people while they were moving around the home to keep them safe. Staff offered verbal advice and guidance to people. For example when using equipment, such as a wheelchair, staff ensured people were safe and not at risk of injury. Staff supported people and made sure they were safe while eating their meals. Staff were knowledgeable about keeping people safe from the risk of choking and about the importance of food textures. The information given by staff members was consistent to the care described by the registered manager and recorded in people's care plans and risk assessments covering these assessed needs.

We saw equipment within a bathroom to assist people in and out of the bath safely. We also saw a personal hoist in one person's bedroom. Items of equipment had been serviced to ensure they were safe to use.

On the first day of our inspection, the registered manager worked alongside their staff team, as there was staff absence due to illness. The registered manager told us they planned to recruit additional staff to cover absences within the staff team in the future. During the inspection, the registered manager informed us they had recently made changes to provide staff who would remain awake throughout the night so people had the care and support they required to meet their changing needs. There was sufficient staff on duty at the time of our inspection to meet the needs of the people who were living there and for people to go out in the mini bus.

We saw checks were undertaken regarding a recently employed member of staff. These checks included one to the Disclosure and Barring Service (DBS) and obtaining references. The DBS is a national agency that keeps records of criminal convictions. These checks were carried out to ensure potential staff members were of good character and therefore suitable to work with people who lived at the home. Potential staff members had also completed an application form and attended an interview.

Staff confirmed they had received training in the administration of medicines. Medicines were recorded when administered by staff and were stored securely. Some medicine was prescribed on an 'as and when needed' basis. Staff knew people well and consistently assured us they knew when people needed these medicines if they were not able to request them. However, there was no written information in place to provide staff with written guidelines on the use of these medicines. The registered manager showed us they had commenced working upon these during our second visit to the home. This was so staff had information available to them to support people to receive medicines when needed and in a consistent way.

We looked at communal areas of the home and saw they were clean and tidy. Staff were seen to clean areas of the home after they had used them, such as once a person had a bath or a shower. Staff knew what action to take to reduce the risk of cross infection within the home. For example, the use of personal protective equipment such as disposable gloves and aprons. These items were available for staff as needed. Staff had access to hand gel for hand washing. One member of staff told us they reduced the risk of cross infection at the home by, "Constantly washing their hands," such as before they administered people's medicines.

The registered manager had maintained a record of accidents and incidents, which had occurred. These showed the action taken at the time of the accident. We saw body maps were in place to highlight any injury people had sustained. The registered manager was aware of each incident and kept records of these for monitoring. This meant they had systems in place to ensure lessons were learnt to reduce further incidents.

Is the service effective?

Our findings

At our last inspection in November 2015, we found the provider did not have effective systems in place to assess people's capacity to make certain decisions. At this inspection we found they had made improvements in this area and the question is now rated as Good.

Staff were knowledgeable and had information available to them about the Mental Capacity Act. The Mental Capacity Act 2005 (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 can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager was able to tell us about applications they had made to the local authority to deprive people of their liberty and was aware of those approved. Staff we spoke with were also able to tell about the specific reasons why people who had their liberty restricted. During our inspection assessors from two different local authorities visited people in order to carry out assessments on people who had not previously had restrictions deprived or where a further application had been made.

When people were unable to make an informed decision such as the use of door sensors, best interests decisions had been undertaken involving suitable professionals and relatives as well as staff who knew the person. Staff we spoke with were familiar on how to support people so specific decisions were made in their best interests.

People's needs were assessed. There was a recognition that people's needs had changed over the time they had lived at the home. The registered manager had involved professionals when equipment had been needed and made changes to the environment in line with recommendations received to maintain people's independence within the home. For example, additional handrails were due to be fitted on the staircase to aid one person to remain independent.

Staff told us they ensured people were offered a choice regarding their day-to-day living. For example, one member of staff told us they asked people what they wanted to wear each day and whether they wanted to go out or not. People were offered choices during the inspection such as whether people wanted a drink and whether they wanted to take part in an activity.

Relatives we spoke with believed staff to be trained to care for their family member. They felt this gave staff the skills required to provide care for their family member. One relative told us, " Good training programme

they (the provider) operate here". We saw staff respond with people appropriately giving them time to make choices about what they wanted to do.

Staff informed us they had undertaken training to ensure they had the skills and knowledge to meet the needs of people who lived at the home. The registered manager had attended specialist training in the care of people who lived with dementia. Staff we spoke with also had knowledge of dementia and an understanding of how this could affect people's abilities. We saw the most recently appointed member of staff had received an induction into the service. The registered manager confirmed the training undertaken was not in line with the Care Certificate and knew it should have done. The Care Certificate is a set of standards that should be covered as part of induction training of a new care worker.

Staff had a good understanding of people's dietary needs and the risks associated with eating and drinking. People indicated they liked the food they received. Staff told us people preferred to have a sandwich or pizza at lunchtime when at home and their main meal of the day in the evening. Staff asked people whether they wanted a drink and were seen supporting people with these. Staff knew people's likes and dislikes and supported people to have the food they liked.

The registered manager informed us they had built a good relationship with healthcare professionals such as local doctors. We saw people had a health action plan. A health action plan records what services and support a person requires to maintain a healthy life style. The health action plans we saw gave details of people's healthcare needs and documented the involvement of healthcare professionals. For example, the involvement of doctors, dentists, speech and language therapists and occupational therapists. We saw evidence of work due to take place following an occupational therapist visit to assist a person's mobility.

Some people wished to show us their bedroom. We saw these were personalised to reflect their individual preferences. For example photographs of holidays in the past. People told us they liked their bedroom. Communal rooms of the home included areas where people could eat as well as areas where they could sit and relax watching television or be involved in activities. The registered manager had introduced some signage within the home to show the location of communal facilities such as bathrooms. This was to assist people to orientate themselves around the home as well as maintain their independence. We saw pictorial guidance of the actions to be taken in the event of a fire were in place to provide people with this information and in order to meet the accessible information standards.

Is the service caring?

Our findings

At our last inspection in November 2015, we rated the service for this question as Good. At this inspection, we found it to be Requires Improvement. This was because practice described by some members of staff showed a lack of regard for people's right to privacy.

Staff we spoke with described how they ensured people's privacy. For example, communal bathrooms and toilets had door locks fitted. Staff were seen to be respectful to people when chatting and providing support. However, staff described to us how they provided care and support to one person. These demonstrated some staff had provided personal care to one person having used another person's bedroom and their private facilities. Permission had not been sought from the person whose bedroom it was. This meant a person could be in their own bedroom while staff use this space to care for another person. Staff had not fully considered people's rights to privacy. The registered manager told us they were not aware staff were providing care using another person's facilities. They confirmed permission had not been sought to do this and had therefore taken place without the person knowing.

People living at the home were limited in their verbal communication skills however; they either told us or indicated by other means that the staff were kind to them. We saw people responded positively with staff members when sat in the communal areas of the home. Staff spent time asking people if they wanted to go out on the mini bus. This was done so people could make a decision on what they wished to do. We saw staff had built up a trusting relationship with people who they knew well.

We saw people laughing and smiling with staff members when they were together and taking part in social activities. One person told us, "Everyone nice" when we spoke about the staff. We saw a person take part in friendly banter while they were assisting with washing up in the kitchen. Staff told us they liked working at the home due to the relaxed atmosphere. A relative told us they liked the home due its size and the small number of people who lived there.

Staff knew people well and had a good knowledge of their likes and dislikes. For example, what people wanted to do, what they wanted to wear and whether they wanted a drink. One staff member described the home as, "Lovely" they told us this was because everyone including staff and people living at the home were, "Friendly". Staff we spoke with told us they liked working with people and providing care and support.

People were involved in their own care where possible and staff ensured people remained independent. The registered manager informed us they were planning to use pictorial cards in the future to assist them in communicating with people. They saw this as a key priority in order to involve people more while acknowledging their changing care needs.. During the inspection, we saw staff took time to check people understood what they were saying. Staff understood people when they requested assistance such as personal care to be provided. People were seen holding staff member's hands to seek reassurance. This was done in a calm and caring way. People were seen taking staff members elsewhere in the home such as the kitchen or another sitting area if they wanted to show them something.

Relatives told us they were able to visit their family member when they wished to do so. They told us they were made to feel welcome. Relatives knew the staff team as well as other people who lived at the home.

Information about people's care was stored securely. Records regarding certain aspects of people's care were kept securely within the home. Computer documents were password protected. This meant information was only accessible by authorised members of staff. Discussions with other professionals were held in private to make sure people's right to confidentiality was respected.

Is the service responsive?

Our findings

At our last inspection in November 2015, we rated the service for this question as Good. At this inspection, we found it to be Requires Improvement. This was because staff were unable to consistently describe how personalised care was provided to meet people's needs.

We asked staff about care plans and risk assessments about an aspect of care provided for one person. These were in relation to how personal care including the location and the need to use any special equipment such as a hoist. Although the registered manager assured us, a risk assessment was in place they could not provide us with this information and staff told us they had no knowledge of this. This meant the person was at risk of receiving inconsistent care and support which was not always responsive to individual needs. Following our inspection the registered manager sent us a risk assessment covering these needs.

Care plans for other elements of people's care were in place for staff to refer to. Although we found inconsistency in how staff described one person's care and support staff told us how they were about people's needs. They told us they gained this information from reading care plans and by talking with management, colleagues and healthcare professionals. Where care plans were in place, they had been reviewed to provide staff with the information they needed to care for people. Personal life histories were in place and staff knew of people's preferences. They were able to use this knowledge to support people in their needs. For example, knowing where a person's family lived and an ability to communicate with them about this.

Relatives we spoke with confirmed their family member had lived at the home a long time. They informed us as a result people's needs had changed and they were aware of these. These had often resulted in people needing additional staff input. Relatives we spoke with were happy with the level of care their family member received. One person told us, "I am very happy with the care." The same person told us they found the staff to be, "Very friendly" and "Very kind".

We saw staff responding to requests made by people such as what they wanted to do. For example, watching the television and having lights on in the lounge area. We saw photographs of people taken while on different holidays. People had holiday brochures in order to start discussions about a future holiday. During our inspection, three people went out with staff for a drive and a meal out. The other person was going out for a meal during the evening with a member of staff. We saw people engaged in individual activities such as games, arts and crafts and assisting with tasks in the kitchen such as washing up.

The provider had a complaints procedure, which was available to anyone who wished to make a complaint. We saw this was displayed in the hallway of the home for visitors to see. Staff told us they would know if a person was unhappy with their care and would speak with the registered manager about this. Since the previous inspection, the registered manager had investigated an anonymous concern raised with the local authority. We saw the registered manager had discussed the allegations with staff members and concluded it was unfounded. They had however looked at lessons learnt because of the allegations around confidentiality. The registered manager described the improvements they had made because of lessons

learnt. For example, an awareness of how conversations could be overheard by neighbours if in the conservatory or in the garden.

The registered manager had asked relatives their opinion of the service provided for their family member. We saw relatives had commented on feeling welcome when they visited their family member. Relatives confirmed on a questionnaire that they felt able to make a complaint if needed. One relative had written, the registered manager was, 'Extremely approachable, professional and eager to help.' Another relative had stated, 'Access to manager is a great advantage.' When we spoke with relatives, they confirmed they had confidence in the registered manager and their ability to make any comments. Relatives believed their comments or concerns would be taken seriously and acted on.

People at the home had lived there for a number of years. Nobody had needed end of life care and nobody at the time of the inspection required this level of care. The registered manager was however aware that people living at the home were getting older and acknowledged that these needs may need to be explored with people appropriately and recorded within their care documents.

Is the service well-led?

Our findings

At our last inspection in November 2015, we rated the location for this question as Good. At this inspection, we found it to be Requires Improvement. This was because the registered provider was not meeting their regulatory responsibilities and quality checks were in need of strengthening to ensure they were aware of shortfalls within the service.

The registered provider had not displayed at the home their most current inspection rating from our last inspection in November 2015. The registered manager acknowledged this was not displayed in the home and told us they were not aware this needed to be done. It is a legal requirement that a provider's latest rating is conspicuously displayed no later than 21 days after a report has been published on the Care Quality Commission (CQC) website. This is so people, visitors and those seeking information about the service could be informed of our judgements.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Once we brought the requirement to the attention of the registered manager, they took immediate action to ensure the information required was downloaded from the CQC website and was placed on display in the hallway of the home.

We found some shortfalls in the management of the home. Three people had an authorised Deprivation of Liberty (DoL) following assessments completed on behalf of the local authority. These had been approved during the previous 13 months. The registered manager was not aware they were required to notify the Care Quality Commission each time an authorisation was granted.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

The providers systems to monitor the quality of the service had failed to identify that staff practices were inconsistent. We spoke with the registered manager following staff telling us conflicting ways of meeting a person's needs. The registered manager told us they were not aware of the different care practices in place. This meant different care regimes were in place and these had not been brought to the attention of the registered manager to ensure people received care, which met their needs consistently.

We saw tests on portable electrical equipment had previously taken place. However, the provider's systems to ensure that equipment was well maintained and safe to use were not effective, as the retesting of these items had not been completed in line with the frequency recorded at the time of the previous check. As a result, we saw electric items were in use outside of the frequency for testing devised by a trained member of staff. The registered manager assured us they would take action to ensure all electrical items were safe to be used.

The providers systems to monitor the safety of cleaning products were not effective. The door to the laundry

was unlocked. On the day of our second visit to the home, we saw unsecured detergent on a washing machine. The registered manager told us they did not believe people to be at risk of harm.

The registered manager completed an annual health and safety assessment and quality audit. These covered a range of management responsibilities such as assessments and equipment checks. The registered manager confirmed they completed no other audits throughout the year and as a result, they had not identified areas we brought to their attention as part of the inspection such as electrical appliances, which were in need of testing. Following our inspection, they told us they believed these needed to be undertaken more frequently.

We saw a record of visits undertaken by the provider. Although the most recent visits were not written up it was evident this person regularly visited the home and spoke with staff and the registered manager. These visits gave the provider an opportunity to seek any feedback from staff members regarding the care people received. These visits had not however identified the shortfalls identified during our inspection.

All of the above information demonstrates there was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

There was a registered manager working at the home at the time of our inspection. 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 told us they were keen to make continuous improvement by listening to people's feedback, by working with other agencies, the provider and other registered managers. They were open with us, took on board our findings, and gave us assurances they would make the required improvements.

Staff we spoke with told us they liked working at the home and we heard positive comments about the registered manager from staff members. One member of staff told us, "The manager is very good to me." Another member of staff told us they received, "Support from the manager". Staff told us they were able to attend staff meetings and were able to raise concerns and discuss people's care.

The registered manager had sought the opinions of people's relatives by using a satisfaction questionnaire. The questionnaire gave relatives an opportunity to feedback on the care their family member had received. The comments from relatives recorded on these were positive. One relative told us they had used the questionnaire to raise an issue about their family member's care and believed they were addressed as a result.

Regular checks to the fire alarm and equipment such as emergency lighting had taken place. This was to ensure the alarm and equipment needed in the event of an emergency were in good working order to keep people safe.

Within the Provider Information Return and during our inspection the registered manager described how they wished to develop the service provided within the home and in the consultation of family members to seek their views.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to send notifications following the approval of deprivation of liberty applications. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems to monitor the quality provided failed to identify shortfalls in the service provided. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had failed to display their current performance . |