Mrs M Mather-Franks

# Hawthorns Residential Care Home

## Inspection report

The Hawthorns
86 Wymington Road
Rushden
Northamptonshire
NN10 9LA
Tel: 01933 395533

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## Ratings

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

## Overall summary

Hawthorns Residential Care Home provides personal care and accommodation for up to six people who have learning disabilities. The home is located in a residential area of Rushden.

The inspection took place on 30 April 2015.

The service did not have a 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.

At our previous inspection on 25 September 2014, we found that people who used the service were not protected against the risks associated with medicines because the provider did not have appropriate

# Summary of findings

arrangements in place for the safe administration of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We also found that people who used the service were not protected from the risks of unsafe care because the registered manager did not identify, assess or manage risks. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to provide us with an action plan and to inform us when this was complete.

During this inspection we looked at these areas to see whether or not improvements had been made and we found that the provider was now meeting these regulations. Systems and processes in place for the administration, storage and recording of medicines although there were some improvements to be made.

People told us that they felt safe. Staff were knowledgeable about the risks of abuse and there were suitable systems in place for recording, reporting and investigating incidents.

Risks to people's safety had been assessed and provided staff with guidance to protect and promote people's independence. However there was some inconsistency in the way in which review of this documentation was recorded.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs.

The provider carried out proper recruitment checks on new staff to make sure they were suitable to work at the service.

People were supported by staff that had been trained and provided with appropriate knowledge and skills to carry out their roles and responsibilities.

Staff knew how to protect people who were unable to make decisions for themselves. There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's nutritional needs had been assessed and they were supported to make choices about their food and drink.

People's health was monitored, so that appropriate referrals to health professionals could be made.

Staff were motivated and provided support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

The service had an effective complaints procedure in place. Staff were responsive to people's concerns and when issues were raised these were acted upon promptly.

Systems were also in place to monitor the quality of the service provided and drive continuous improvement.

# 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?**

**Requires Improvement**

The service was not always safe.

Risks were managed so that people's choice and control was not restricted more than necessary. There was however some inconsistency in the frequency of reviews of some of the risk assessments.

People's medicines were managed so that they received them in a safe way. Improvements were required to the way in which some codes were recorded on medication administration charts.

Staff understood how to protect people from avoidable harm and abuse.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

The provider carried out proper checks on new staff to make sure they were suitable to work at the service.

**Is the service effective?**

**Good**

The service was effective.

Staff had received appropriate training and development and were knowledgeable about the specific needs of the people in their care.

People's consent to care and support was sought in line with current legislation. Where people were not able to make decisions about their care, decisions were made in their best interest.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

**Is the service caring?**

**Good**

The service was caring.

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

**Is the service responsive?**

**Good**

The service was responsive.

Care plans were reviewed on a regular basis and where appropriate, changes incorporated into them.

# Summary of findings

People were supported to do the things they wanted to do and a range of activities in the home were organised in line with people's preferences.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

**Is the service well-led?**

The service was not always well-led.

The service did not have a registered manager in place.

Staff told us that they were listened to and felt able to raise any concerns or questions that they had about the service

Systems were in place to monitor the quality of the service provided to people.

**Requires Improvement**

# Hawthorns Residential Care Home

**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 30 April 2015 and was unannounced.

The inspection was undertaken by one inspector.

We checked the information we held about the service and the provider and saw that some recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We contacted the local authority that commissioned the service to obtain their views.

We spoke with two people and observed three others, in order to gain their views about the quality of the service provided. Some people communicated with us by gestures and facial expressions or spoke a few words, rather than by fluent speech. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with two care staff and the deputy manager, to determine whether the service had robust quality systems in place. We reviewed the care records of three people who used the service, to determine if they met their care needs and the recruitment and training records of two members of staff.

Requires Improvement

# Is the service safe?

## Our findings

During our previous inspection on 26 September 2014, some staff had not been provided with appropriate training so they could deliver suitable care to people. We found that two members of staff who worked alone on night duty had not been trained in the administration of medication, including buccal midazolam. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider told us after the inspection that they would take steps to address this.

During this inspection, we found that improvements had been made to ensure people's medicines were managed so that they received them safely. People told us they received their medicines when they needed them. One person said, "Yes, I always get my tablets. They know what I need."

Staff told us that they administered medication to people in accordance with their prescription. One said, "We have all had training and we know what people need. We follow their prescriptions and always make sure we have enough."

We observed that people received their medicines on time and that staff administered 'as required' medication when needed. Staff had now been trained in the safe handling of medicines and administration of rescue medication. They ensured that people received their medicines as prescribed. We saw evidence that people's medicines had been reviewed by the GP on a regular basis and that changes in prescription were dealt with appropriately. Medicines were stored securely, and records showed staff were administering medicines to people as prescribed.

However we did note that the temperature in the area in which the medicines were stored was not monitored. We discussed this with the deputy manager and were advised that a thermometer would be obtained so that a record of temperatures could be maintained. In this way staff could be assured that no adverse reactions occurred because of extremes of temperature. We also found that for one person, who received their medicines away from the service during the day, that although the correct code was recorded on the Medication Administration Record (MAR); no explanation was given on the reverse of the chart for the service not administering the medication. The deputy manager confirmed that this would be addressed and notified staff of the need to do this.

People told us that they felt safe living in the home and knew who to speak with if they had a concern about their safety. One person said, "I feel safe here, I really do." Another person told us, "Staff keep me safe, that's the main thing."

Staff worked hard to keep people safe, both inside the home and out. They told us that this was an important part of their role and that they were there to ensure people were kept safe at all times. Staff understood the lines of reporting within the organisation. One staff member said, "We all know what to do to report things." Another member of staff told us, "I would have no hesitation to report things if needed." Staff were confident that any allegations would be fully investigated. The deputy manager confirmed that the outcome of safeguarding investigations were fed-back to staff in meetings, to support future learning and help them understand where safeguarding issues have arisen. People's care records confirmed that safeguarding concerns had been referred to the local authority for investigation when required.

Risks to people's safety had been assessed and included those associated with behaviour that challenged, pressure care and nutrition. Staff said that risk assessments guided them as to how to keep people safe and reduce possible risks. The deputy manager told us that all risk assessments were in the process of being reviewed. We found they were generally up to date, although there was some inconsistency within individual care records, where some had been reviewed in April 2015 and others in February 2015. To assist staff in overviewing the frequency for review, a new review sheet had been commenced and we saw that this had been implemented in some records. General and individual emergency plans were in place and supported by policies and procedures. Incidents and accidents were reported appropriately and we saw evidence that they were investigated, analysed and remedial actions taken.

Staff recruitment was managed safely and effectively. We found that the provider carried out staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out though the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check.

Requires Improvement

# Is the service safe?

People thought there was enough staff on duty to keep them safe. One person said, “There is always enough staff here.” Staff felt there were enough staff to meet people’s needs and help keep them safe. One member of staff told us. “There is enough staff on duty, but if we need extra then we can ask.” We spoke with the deputy manager who told us that the staffing levels were calculated on people’s dependency levels. Staff told us that ‘bank’ staff employed by the organisation could be called at short notice when needed. Staffing levels were reviewed regularly and adjusted when people’s needs changed. During our visit we observed that there were sufficient numbers of staff on shift to meet people’s needs and staff rotas showed that staffing levels were consistently at this level.

Good

# Is the service effective?

## Our findings

People received care from staff that had the necessary skills and knowledge to perform their role. People told us that they were happy with the care they received and that staff knew what they were doing. Staff had received training that was relevant to the needs of the people they supported and cared for. We observed through their actions that staff understood how to meet people's needs and use the training they had received to provide appropriate care and support for people.

New staff were required to complete induction training and work alongside an experienced care worker until their practice was assessed as competent. One staff member told us they had shadowed a more senior person for two weeks which helped them to understand people's needs and to get to know them before they began to work independently. All new staff received induction training, which included training on health and safety, fire safety, and medication, along with relevant training to ensure that they could meet people's assessed needs.

Staff members told us that they were well trained and supported by the service. One staff member told us, "We get a lot of training." The deputy manager explained that the service encouraged people to attend training and to embark on further qualifications, such as Qualification Credit Framework (QCF) certificates in health and social care. The deputy manager explained to us that training sessions were repeated so that all staff had the opportunity to attend. We looked at training records and saw evidence that staff members had attended training on a range of subjects, such as moving and handling, safeguarding and nutrition. We also saw training certificates for staff, as well as evidence of future training and refresher sessions which had been planned.

Staff described how they discussed training needs with the deputy manager and provider as part of supervision sessions. Staff told us they found the sessions helpful and that they helped them to evaluate their skills and feel supported. We spoke with the deputy manager who told us that staff supervision meetings took place every couple of months and that all staff received an annual appraisal. Records we reviewed confirmed that the deputy manager undertook regular supervision sessions with staff.

People's consent to care was sought. Throughout our visit we observed staff asking for consent throughout the day for tasks such as activities, assisting with transfers and before entering somebody's room. People confirmed that consent was obtained regarding decisions relating to their care and support. Staff and the registered manager were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The deputy manager had a good understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety. We found that where people could not make a decision for themselves, the principles of the MCA had been followed and a best interest's decision had been made on their behalf. These decisions indicated that other relevant people, such as family members, were involved, and described how they had been involved or consulted. We found that DoLS applications had been made to the local authority and were awaiting authorisation.

People were regularly offered food and drinks and told us that if they were hungry they could get snacks in between meal times. One person told us, "The food is nice; I had crumpets for breakfast this morning. I can have what I want." Staff understood that it was important to ensure that people received adequate nutritional intake. Although menus were planned in advance and staff told us that a different meal was available for people every day, if people did not want what was on offer, then a range of alternatives were available.

People talked to us about how their day to day health care needs were met. They told us that they always saw their doctor when they needed to. Staff told us that they felt well supported by external healthcare professionals who they called upon when people required more specialist support. For example we learnt that there were regular visits from the district nursing team to support a number of different people living in the home. We saw from records that a variety of external healthcare professionals provided support with meeting people's assessed needs, and that visits to and from health care professionals were recorded.

Good

# Is the service caring?

## Our findings

People were treated with kindness and compassion. They were positive about the staff and the relationships they had developed with them. One person told us, "I really like the staff here; they are all nice to me." Another said, "Yes they are very kind and help me." Another person told us, "I wish I had come here sooner." Staff told us that the needs of people were their priority and they worked with people to ensure they were happy. Staff felt that people were well looked after and confirmed that they enjoyed supporting people; they valued the relationships they had built. Caring relationships were developed between staff and the people who used the service.

We observed polite interactions between people and staff. For example, we saw one staff member taking extra time to sit with a person. Throughout our visit we observed staff chatting, laughing and singing with people in the lounge, there was a happy and cheerful atmosphere amongst people using the service and staff.

People told us they were able to make decisions for themselves and were supported to do so by staff. Throughout our inspection we observed people making their own decisions and also found evidence in people's records that they had been involved in making decisions about their own care. People's care plans recorded their preferences, views and opinions and showed that their consent had been sought as part of the planning process. We saw that life history work had been completed for each person which provided some information on the background of each individual.

The deputy manager told us that people were supported to express their own views and opinions about their care. They were encouraged to share their views on their care plans and to involve others, such as relatives or advocates, to be involved as well. Policies regarding consent were in place and detailed that people's wishes should be promoted and considered when care planning and supporting people. We found that information regarding an advocacy service was available to people to access if required. We also found that people were provided with other information, for example, we saw a notice board which was updated daily with information such as the date, staff on duty and daily activities.

People were treated with dignity and respect. People told us that the way in which staff talked to them, made them feel they were respected and ensured their dignity was maintained. Staff had a clear understanding of the role they played to make sure this was respected. They explained how they knocked on people's doors before entering their bedrooms and always supported them in a private area, for example, their bedroom. Throughout the inspection people's privacy and dignity were respected. Topics including dignity were discussed at staff meetings to ensure that issues were addressed and key messages communicated to the staff team.

We observed staff speaking to people in a respectful manner and displaying patience when supporting people. There were small areas within the service where people could go for some quiet time without having to go to their rooms. This allowed people to be as private and independent as they were able.

Access to advocacy services was however available to people if this was needed and information was accessible for both people and staff on how to obtain this. People were therefore supported to be aware of advocacy services which were available to them if required.

Good

# Is the service responsive?

## Our findings

People told us that an assessment of their needs had been carried out before they came to stay in the home. Information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan. People told us that they had provided information about themselves so that staff would know how to support them. We found that people received care and support from staff which took account of their wishes and preferences, and was delivered by staff that understood what people wanted.

People received personalised care that was specific to their needs. People were involved in planning and reviewing their care and told us that the service listened to the way they wanted their care needs to be met. They told us that they, or those acting on their behalf, were able to contribute to the assessment and planning of their care and felt able to make choices and have as much control over their lives as possible. We looked at people's care records and saw evidence that care plans had been updated on a regular basis. Staff told us that care plans were reviewed with people and their family members where appropriate, to ensure that they were up-to-date and still in line with the person's wishes. We saw that people were involved in care plan reviews and their views and comments had been taken into consideration.

Care plans contained the information that was necessary to provide people's care. People told us that they were aware of their care plans and their content. They were regularly asked for their views on their care and to let staff know if things needed to change. One person told us, "I always see staff writing in my notes." Staff told us that care plans were updated whenever needs change and people and their families were involved. One staff member told us, "If people's needs change we always get to find out and the care plans are updated." Staff ensured that they were aware of the content of people's care plans before they delivered care to that person.

Staff told us they kept daily progress notes about each person which enabled them to record what people had done and meant there was an easy way to monitor their health and well-being. We found that any changes were recorded and plans of care adjusted to make sure support was arranged in line with people's up to date needs and preferences.

People were supported to follow their own interests and the service had an activity programme in place which catered for the interests of each person. Staff told us that people took part in activities which interested them and they sought feedback from people to ensure they had activities which they enjoyed. Activities which people took part in were documented in a personal activity diary which recorded what people had done and included pictures, where appropriate of the activity.

People were encouraged to complain and provide the service with feedback. People told us that the deputy manager and staff listened to them if they made comments. The complaints procedure was in each person's bedroom for ease of use. We looked at complaints records during our visit and found that there were no recent complaints. The deputy manager told us that complaints were taken seriously, investigated and people given a response with the outcome of the investigation.

The deputy manager told us that annual satisfaction surveys were sent out to get feedback regarding people's views of the service. We saw evidence of questionnaires completed by people, their relatives and staff members. These had been analysed and actions were taken as a result of the feedback which people had given.

Requires Improvement

# Is the service well-led?

## Our findings

During our previous inspection on 26 September 2014, we found that the provider did not have an effective system to assess and monitor the quality of service that people received or capture their feedback to make service improvements. Despite audit checks on various aspects of the service we found that two people had been placed at significant risk as a result of the staff on duty not being trained to administer their prescribed medication. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider told us after the inspection that they would take steps to address this

During this inspection we found that the provider was now meeting this regulation although they acknowledged that their audit systems and processes could still be more effective. The deputy manager told us that a range of audits had been carried out on areas which included health and safety, care plans, and medication and the records we viewed confirmed this. It was evident that improvements had been made within this area and that quality monitoring was taking place on a regular basis. We found that the provider undertook regular visits to the service and that that the deputy manager and provider worked together to ensure the audit systems were robust in identifying issues.

The service did not have a registered manager in accordance with its statutory requirements. Despite this there was a deputy manager in place who led the service well. People told us they knew who the deputy manager was and felt comfortable talking to them. One person told us that that all staff and the deputy manager took action when they raised issues and were always friendly towards them. We saw that staff addressed all people by their preferred name, as detailed within their records, which demonstrated that they knew the people using the service. Staff told us that the deputy manager was approachable and very supportive; they said they felt happy to speak with her both openly and in confidence. We found that the deputy manager was supported by the provider and the two worked in conjunction with each other in the running of the home.

When we spoke with the deputy manager they were clear about the key challenges for this service and how they might address them. They told us there were regular meetings with people who used the service and within the minutes we saw that people were asked questions on a variety of topics and were able to make suggestions and give feedback about various elements of the service. When we asked the deputy manager to provide a range of documents to demonstrate how the service was run they were able to do so immediately and were able to sit and discuss them with us. They showed a good knowledge of this service and of the needs of people who used the service.

The deputy manager told us that incidents were recorded and monitored appropriately and that action was taken to reduce the risk of further incidents. The information CQC held showed that we received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

From our conversations with staff and the deputy manager, it was evident that the staff team understood the challenges they faced in driving future improvement. They confirmed that they wanted to work together for the benefit of the people who lived at the service but knew that there were areas they could improve upon. The deputy manager told us that they had already reviewed the new CQC methodology and were having more meetings to discuss the changes to regulations, so that they could use these to improve upon areas and review current practices.

Staff were motivated and eager to perform their roles to the best of their abilities. They were encouraged and supported by the registered manager who made themselves available to the staff at all times and provided out-of-hours support when necessary.

Staff used a pictorial questionnaire to ask each individual for their views on the service they received. There were questions about safeguarding, food and activities and how happy people were with the other people they lived with. People were also supported to have house meetings which enabled them to spend time with staff and express their views about the care and support they received.