

Outlook Care

Hawthorn Bungalow

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

About the service

Hawthorn Bungalow is a residential care home that was providing accommodation and personal care to 10 people with a learning disability or autistic spectrum disorder, a physical disability and younger adults. At the time of inspection eight people were living there.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received safe care and there were enough staff to provide support to people to meet their needs. Staff had been suitably recruited to ensure they could work with people who used the service. People were protected from the risk of harm and received their prescribed medicines safely.

Staff told us they enjoyed working at the service and spoke highly of the support and encouragement provided by the registered manager. People who used the service were supported in a safe way by kind well trained staff who knew people well.

Risk assessments and care plans were reviewed at regular intervals to ensure these were reflective of people's needs.

People were provided with the appropriate care and support at the end of their life. We have made a recommendation about recording people's preferences and wishes for their end of life care.

The service had good quality assurance arrangements in place and completed internal quality checks and audits. Findings from these were regularly reviewed by the registered manager and provider. The management team continued to drive improvement within the service to ensure people received consistent standards of care and support

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 10 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hawthorn Bungalow

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Hawthorn Bungalow 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

People were unable or chose not to speak with us therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk with us. We spoke with four members of staff including the registered manager. We also spoke with a visiting professional.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

After the inspection

We spoke with two relatives about their experience of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the service's policies and procedures in relation to safeguarding. They could recognise types of abuse and understood their individual responsibilities to report concerns.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Records showed the registered manager had appropriately reported and investigated safeguarding concerns.

Assessing risk, safety monitoring and management

- Staff were aware of risks associated with people's health and wellbeing.
- Risk assessments for falls, skin damage, eating and drinking enough and specific health needs were reviewed at regular intervals to ensure they were reflective of people's needs.

Staffing and recruitment

- There were enough staff to meet people's needs. A relative told us, "Yes and I think consistency of staff is better. I walk in at weekends and I know the staff that are on." A staff member told us, "People are safe, and we try to offer as much as we can, so they have something to do."
- Safe recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. This included seeking an enhanced disclosure and barring service (DBS) check and references from previous employers.

Using medicines safely

- Medicines systems were organised, and people received their medicines on time and as prescribed.
- Staff were trained and monitored to ensure they followed safe practice. We observed the senior staff member administering medicines to people in a person-centred way.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the service. The service was clean.
- Staff used personal protective equipment (PPE) appropriately when delivering personal care to people.

Learning lessons when things go wrong

- The registered manager took appropriate actions following incidents and learning was shared with staff. All incidents were entered on to an electronic system to enable the provider to monitor any actions which were completed.

- Risk assessments and care plans were updated after accidents and incidents to ensure the measures in place were effective and reflective of people's current need.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager used recognised models of research and principals of good practice in the assessment of people's needs.
- Care plans were very detailed for each identified need people had. Staff had clear guidance on how to meet those needs.
- A relative told us, "Staff know [family member] well and while they have no verbal communication they are able to anticipate their needs."

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their roles. A staff member told us, "Training is very good, we can request any training we are interested in and the registered manager will book it. We have all been put on epilepsy training and we have done dysphasia training. I already have a level three diploma."
- A relative told us, "On the whole they are well trained, I have brought up one area where they might need more training and I know they are looking into this."

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in the development of the menus. A relative told us, "They consult [family member] about their food choices and they are very respectful of [family member's] preferences about when they want to eat."
- Specialist diets were catered for and guidance from healthcare professionals were recorded in care plans. During the inspection we were able to see this guidance was followed. The service was working in conjunction with the speech and language team to introduce a communication board for one person to support them with their choice of food.
- Staff told us they were in the process of introducing changes to the meal service. They had introduced smoothies and themed meals were planned.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend hospital and GP appointments in the community. Each person had a hospital passport which detailed essential information for hospital staff on how to deliver person centred care. A relative told us, "They used to have nurses here but there has been no impact since they changed to

residential, the standards have stayed the same."

- A healthcare professional told us, "Always a good atmosphere here. Very particular about medicines and they follow our advice. Staff always escort us to patients and stay with us."
- The registered manager had identified that people using the service were ageing and had linked with the local authorities prosper programme (promoting safer provision of care for elderly residents). A staff member had become a prosper champion.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and reflected their interests and preferences.
- Suitable adaptations were in place; for example, ceiling track hoists and specialist beds to ensure people's needs were met.

Ensuring consent to care and treatment in line with law and guidance

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 interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had a clear understanding of the MCA and how to apply it safely. The service always assumed capacity when supporting people. One staff member said, "People were involved in the new menus, but we can show them two choices if necessary."
- People had mental capacity assessments and best interest documentation in all the care files we looked at. The assessments were decision specific as required.
- The provider information return (PIR) recorded, "Even though quite a number of people are non-verbal, with the support of their families and key workers they are able to come to decisions as to how they want their room to be decorated, choice of meals, daily activities, likes and dislikes."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed thoughtful and positive interactions between staff and people that demonstrated they knew people well. One person clearly demonstrated they wanted to speak to the registered manager, when they arrived the person was clearly very pleased to see them.
- Staff enjoyed supporting people and one member of staff told us, "It is a friendly atmosphere, we have more 1/1 contact here so quite a lot of rewards." Another staff member said, "It is a nice friendly environment we all work well together for residents."
- A relative told us, "Staff are caring." Another relative said, "We are very pleased with [family members] care, they are well looked after."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were encouraged to share their views at regular reviews and meetings. A monthly keyworker meeting and quarterly review meetings ensured people's views were listened to.
- A relative told us, "We have quarterly carers meetings and the registered manager does a quarterly meeting. They definitely listen to what I have to say and if I do not like something they know about it."
- Staff recognised people's rights to access an independent advocate and other useful agencies to protect their wellbeing. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- People were supported to have their privacy and were treated with dignity. A staff member told us, "Everyone is respectful it is the client's home and we treat it as such. Staff here are kind."
- Staff supported people to be as independent as they could. One person's support plan recorded, "I like to do my own washing, I can load and work the machines."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's preferred method of communication. One staff member told us, "When [named person] asks for a beer we know they mean a coke."
- Information was available to people in an easy read format and communication plans were detailed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff gave people support and encouragement to engage in meaningful activities, hobbies and interests. A staff member told us, "We try to offer as much as we can. We do sensory and tactile activities, pamper sessions, going to the shops, the farm shop, board games and various projects."
- Another staff member told us weekly aromatherapy and reflexology sessions were held and most people in the service enjoyed these sessions.
- A relative told us, "[Family member] used to do a lot and went out shopping, to Church and various events. Now they cannot manage this but has aromatherapy and things like that instead."
- Staff supported people to maintain relationships with family and friends. Relatives we spoke with told us they could visit at any time. One relative said, "We usually visit unannounced and are always offered a drink."

Improving care quality in response to complaints or concerns

- Relatives were confident any complaints they made would be listened to and acted upon in an open and transparent way. The provider ensured the complaints procedure available was in easy read print and pictures.
- A relative told us, "I haven't any complaints but did have one a couple of years ago, they went through everything and I was quite satisfied."

End of life care and support

- The registered manager understood the importance of working closely with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.
- End of life care plans were put into place to support people when it was identified they were at the end of their life. However, when we looked at people's support plans we could not find any information related to any wishes or preferences people had about the care and treatment they would wish to receive if their health deteriorated.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views in relation to their wishes and preferences for end of life care.

- A compliment was recorded from a relative about one person's end of life care, "Care was carried out to highest of professional standards. Your staff overcame these difficulties with great skill and patience and raised [persons] quality of life to the highest that it could be."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open and transparent culture at the service. Staff confirmed this. One staff member told us, "I do feel supported, [registered manager] does listen to me, they will hear me out if have an issue. It is a nice culture."
- The registered manager led by example, treated people with care and dignity and ensured staff understood and implemented the same aims and values.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- When things went wrong or there were incidents, the registered manager was open and transparent about these and informed relevant individuals when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The service was led by a registered manager who had been appointed since the last inspection.
- The registered manager managed this and another of the provider's services. They were supported in their role by a team leader, with whom they had regular communication, to make sure the service continued to provide consistent and personalised care.
- The senior team completed a range of audits monthly and actions were identified and addressed to bring about improvements. Audit results were monitored by the provider through an electronic process. This meant the provider had oversight of the quality of the service and the action being taken to make improvements, if identified.
- The registered manager had a clear understanding of the need to report particular events to CQC in order to meet regulatory requirements. The provider had met the requirement to display the rating of the most recent inspection on their website.
- The management team demonstrated a strong desire to continuously learn and meet the needs of people using the service. The registered manager had recognised some people using the service had additional needs in relation to their age and physical disabilities. They had accessed appropriate training and support for staff to ensure people's needs continued to be met in a person-centred way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff engagement included staff meetings, supervisions and daily communications. At a recent staff meeting one of the directors had discussed the providers business plan with staff.
- The provider regularly asked people to complete a satisfaction survey to provide feedback on the support they received. Relatives and advocates were also encouraged to complete a circle of support survey. We noted the responses from the most recent survey were very positive

Working in partnership with others

- The registered manager attended provider and local authority meetings to share good practice. They worked closely with visiting professionals such as GP's, specialist nurses and district nursing teams. A healthcare professional said, "We have no problems here, they are caring."