

Parkside Residential Homes Ltd

Hawthorn House

Inspection report

19 Ketwell Lane
Hedon
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hawthorne House is a residential care home that was providing personal care to 21 people at the time of the inspection. The service can support up to 22 people.

People's experience of using this service

Since our last inspection the provider had failed to maintain high quality standards of practice within the service. The provider demonstrated their willingness to improve by working with us during and after the inspection.

The quality of the record keeping varied and some care records we looked at did not have the right information in them to manage people's care safely. The assessment and monitoring of risk for people was ineffective.

Care plans and risk assessments had not been reviewed on a regular basis or when people's care needs had altered.

Staff were not recruited safely. The provider had failed to assure themselves that staff were suitable to work with vulnerable people.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

Complaints were not recorded or responded to in line with the provider's policy. Improvements were needed to provide information to people in an accessible format.

People told us they felt safe and well cared for and staff treated people with respect and dignity.

Staff were proud to work at the service and were self-motivated to provide person centred care for people. Staff were trained appropriately to meet people's needs and received regular supervision meetings.

The provider had taken appropriate action when concerns had been raised regarding the registered manager's practice, subsequently they were not present during this inspection. Quality assurance systems were ineffective at identifying improvements required at the service.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around safe recruitment of staff, consent and good governance. Details of action we have asked the provider to take can be found at the end of this report.

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

Rating at last inspection

At the last inspection the service was rated as good (published November 2017).

Why we inspected

This inspection was prompted by information of concern.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Hawthorn House

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. This inspection was planned to check 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.

The inspection was prompted in part by information of concern. The information shared with CQC indicated potential concerns about the management of risk within the service. This inspection examined those risks around staff recruitment, management of the service and people's finances.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Hawthorn House 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.

At the time of the inspection the registered manager was suspended from their duties. The provider and deputy manager were managing the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information available to us about this service. This included incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority that worked

with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the nominated individual, and the deputy manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with one health professional who was visiting the service, and five members of staff. These included senior care staff, care staff and the chef.

Over the two days of inspection we spoke with two relatives and four people about their experience of the care provided. 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 reviewed a range of records. This included three people's care records and all medication records for people using the service. We looked at four staff files in relation to recruitment, supervision and appraisal. Multiple records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at a variety of policies and procedures, training data, staff rotas and other information collected during the inspection.

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 good. At this inspection we have rated this key question requires improvement. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were supported by staff who had not been recruited safely. We found some staff files contained information to question the conduct and good character of staff. These were not explored by the provider to ensure of suitability of staff employed, in line with their policy.
- The provider did not take appropriate, timely action following concerning information received about staff who were employed at the service.

Failure to ensure staff employed at the service are of a suitable character is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these concerns with the provider, who following the inspection completed a full audit of all staff files and provided us with a clear action plan to address all concerns identified.

- People told us they felt safe in the service. Comments included, "It's lovely here, I am very safe", "Yes, it is a safe place for me to be" and "I like it here, I feel safe."
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- Service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were at risk of receiving unsafe care and support. People with specific health conditions, such as diabetes and catheter care, did not have risk assessments were not in place to inform staff of possible risks and how to manage or mitigate these risks.
- Care plans and risk assessments lacked detail and did not always reflect the current needs of people.
- There were no systems or processes in place to review, investigate and monitor accidents or incidents within the service to use as learning opportunities to improve practice.
- People had emergency evacuation plans in place that were not up to date and did not reflect their current needs.
- Staff we spoke with knew people and their support needs well.

Using medicines safely

- Medicines were stored, administered and recorded appropriately.
- Staff had received appropriate medicines training and their competency had been assessed.

- Some people had medicine prescribed for as and when needed (PRN). We found that PRN protocols did not provide enough detail.

Preventing and controlling infection

- Staff received training in infection control. Staff wore gloves and aprons when supporting people with personal care.

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 good. At this inspection we have rated this key question requires improvement. The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Capacity assessments were not completed within the service. People were not always involved in decisions made about their care and support needs.
- Staff showed a lack of understanding of the principles of Mental Capacity Act and failed to ensure decisions made were in the best interests of people.
- DoLS authorisations had been requested for all people within the service even though some had capacity to make their own decisions. This imposed restrictions on people on what they can and cannot do without their consent and showed a lack of understanding regarding DoLS.
- Consent was not sought in line with the principles of the MCA..

Failure to follow the principles of the Mental Capacity Act 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Assessments of people's needs were completed on admission. Risk assessments and care plans were not always updated following accidents, incidents and changes in need.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction, supported by a planned training program.
- Staff felt supported by the deputy manager and received regular supervision meetings to develop their

practice. However, supervision records did not evidence that this gave staff the opportunity to discuss any concerns or aspects of their role. Staff did confirm discussions took place.

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

- People were supported to ensure they ate and drank enough. People's weights were in place and relevant professionals contacted if required.
- People were provided with a variety of meals and refreshments throughout the day.
- People appeared to enjoy the meals on offer. We observed staff offering meals using dementia friendly menus or showing people plates of food available to enable them to choose independently.

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

- People had access to health care professionals when required. Advice and guidance from professionals was documented in people's care files and staff followed their instructions.
- Regular visits from other professionals such as opticians and dentists ensured people received the support they required, and their health needs were met.

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

- The environment met people's needs. The service displayed dementia friendly signage to support people to navigate around the service.

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 good. At this inspection this key question has remained good. 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

- People and relatives were happy with the care provided and they praised the staff. Comments included, "The staff are very good", "The staff are lovely and so patient" and "I am very happy here."
- Staff were self-motivated to provide a person-centred culture within the service. Staff demonstrated a good knowledge of people's personalities and diverse needs, and what was important to them.
- People were cared for and supported by staff that were kind, patient and respectful.
- Interactions between staff and people were natural and showed positive relationships had been developed.
- People were valued as individuals. Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- We saw people were offered choices as about their daily routine such as where they sat in the home or what they wanted to eat or drink.
- Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.
- People confirmed staff included them when making decisions about how they wanted their care provided.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff understood and recognised when people needed assistance. People were approached by staff in a polite and respectful way to offer assistance.
- People's families and friends could visit without restriction. One relative told us, "There's no set time to visit, staff always make you feel comfortable."
- The deputy manager and staff showed genuine concern for people who used the service and were keen to ensure people received dignified care and support.

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 good. At this inspection we have rated this key question requires improvement. People's needs were not always met.

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

- Care plans were not person centred and were not reviewed consistently or updated when people's needs changed. This meant staff did not have the information they needed to provide care in line with people's individual preferences.
- People and their relatives told us they were not always involved in developing care plans and regular reviews of care and support needs.

The lack of appropriate records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff spent time with them to find out their likes and dislikes and staff could clearly describe people's support needs.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained basic information of people's communication needs.
- Appropriate records needed to be developed to meet the needs of people with sensory loss.

The lack of appropriate records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were encouraged to engaged in activities, hobbies and interests. One person told us, "I chat with the staff about what I like to do, and they try and arrange for me to do these things."
- People were supported to develop and maintain friendships and relationships. This included spending time with relatives where possible.

Improving care quality in response to complaints or concerns

- Complaints were not dealt with in line with the provider's policy. We were informed that there had only

been one complaint at the service. There was no evidence of this complaint or how it had been responded to.

We recommend that the service reviews its practice regarding receiving and responding to complaints.

End of life care and support

- Some care plans contained information about people's end of life wishes. This provided staff with information to ensure people would receive dignified, comfortable and pain free care at the end of their life, in line with their wishes.

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 good. At this inspection we have rated this key question requires improvement. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes were not used effectively to ensure the service was assessed and monitored for quality and safety in relation to regulation and policy.
- There was no evidence of feedback been sought from people, their relatives or health professionals.
- There was no evidence of meetings for people or their relatives within the service. The deputy manager confirmed these had not taken place.

The lack of effective oversight and monitoring of the service meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The quality of record keeping was poor with a lack of up to date care plans to guide staff in delivering effective support and care to people who used the service.
- Daily monitoring charts and handovers were complicated to use and difficult to understand. Information recorded on handovers was not easily accessible to staff. Staff confirmed that they found these documents problematic.

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

- The registered manager was not present at the time of the inspection, concerns were raised about the registered managers conduct at a previous employer. The provider had taken the appropriate action whilst investigations were concluded.
- The provider was open and transparent about the concerns and safeguards put in place were taken in the best interest of the service.
- The deputy manager was very caring and showed values of ensuring all people using the service received the care they required.
- Staff were proud to work at the service and spoke passionately about the people they supported.
- Staff participated in a range of meetings intended to discuss and address matters related to caring for people and the service provision.

Continuous learning and improving care

- The provider and deputy manager were receptive to feedback throughout the inspection and responded to address concerns and improve the service.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

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 11 HSCA RA Regulations 2014 Need for consent Consent to care was not obtained in line with the principles of the Mental Capacity Act 2005.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure to keep accurate and up to date contemporaneous records about each person who used the service
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People employed at the service are of a suitable character. Appropriate recruitment checks were not completed in line with regulations and policy.