Parkside Residential Homes Ltd

Hawthorn House

Inspection report

19 Ketwell Lane
Hedon
East Riding of Yorkshire
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Tel: 01482898425

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 26 September 2017 and was unannounced. The provider is registered to provide accommodation for up to 22 older people some of whom may be living with dementia.

The service is located in Hedon, a market town in the East Riding of Yorkshire. Accommodation is provided across two floors. There are gardens which are accessible to people and car parking is available at the front of the property. At the time of our inspection there were 20 people living at Hawthorn House.

At the last inspection in August 2016 the provider was rated as required improvement. The service was in breach of one regulation under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was in Regulation 19, Fit and proper persons employed. We asked the provider to submit an action plan regarding the breach and during this inspection we saw these actions were met. The service was no longer in breach of this regulation.

There was a manager who had been registered with CQC on the 8 November 2016. 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.

Staff knew how to keep people safe and understood their duty to protect people from the risk of abuse. Risks were managed so that people were protected, as far as reasonably practicable, from avoidable harm.

Sufficient staff were on duty to meet people's needs. Safe recruitment procedures were followed and appropriate pre-employment checks had been made including satisfactory written references. Appropriate background checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely and people received them as prescribed. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People received care and support from staff who had the skills and knowledge to understand their role. Staff received documented supervision to ensure they were supported in their role and development.

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

People were supported to eat and drink sufficiently. Any specific dietary needs were recorded in their care plan and staff confirmed they requested support from other health professionals where it was required.

We saw people were supported with kindness, patience and consideration. Peoples privacy and dignity was

respected.

People's needs were assessed and their care plans provided staff with guidance about how they wanted their individual needs to be met. Care plans were person centred and contained appropriate risk assessments. They were reviewed and amended as necessary to ensure they reflected people's changing support needs.

There was a complaints procedure for people to follow when they raised their concerns.

The service was clean, well maintained and accessible. There were systems of audit in place to check, monitor and improve the quality of the service. Associated actions were recorded with timely outcomes and these were reviewed for their effectiveness.

The registered manager had an understanding of their role and responsibilities and requirements in regards to their registration with CQC.

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.

Risks to people's health and welfare were identified and steps were taken to minimise the risks to keep people safe.

Staff were aware of safeguarding adults procedures and were confident in reporting all concerns appropriately.

Staffing levels were sufficient to ensure people received a safe level of care. People were protected by thorough recruitment practices, which helped ensure their safety.

Medicines were stored and administered safely and accurate records were maintained.

Is the service effective?

Good

The service was effective.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff were up to date with their training requirements and had the knowledge and skills to meet people's needs.

People were able to access external health care services as required.

Is the service caring?

Good

The service was caring.

People told us they were supported by staff that were kind and caring; who listened to them and responded to their needs.

People's privacy was respected and they were supported to maintain their dignity and independence.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff who understood their likes and dislikes.

People and their relatives told us the service was responsive to their changing needs and that they were involved in discussions about how they were cared for and supported.

The service provided a range of activities that people enjoyed.

People and their relatives knew how to raise any concerns or complaints.

Is the service well-led?

Good

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements.

The staff we spoke with told us the registered manager was approachable and that they felt supported in their work.

There were quality assurance checks in place to monitor and improve the service.

Hawthorn House

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 was 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 was carried out on 26 September 2017 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of one inspector, one inspection manager and an expert by experience who had experience of older people and those living with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as safeguarding information and notifications we had received from the provider. Statutory notifications are when providers send us information about certain changes, events or incidents that occur. As part of the inspection planning process we contacted the local authority and safeguarding team for their feedback; they had no concerns about the service.

During our inspection we spoke with three people who used the service and three relatives who were visiting people. We also spoke with the registered manager, deputy manager, three care workers and a visiting health care professional.

We were shown around the building and looked at communal areas and with people's permission, some private bedrooms. We observed interactions between care workers and people who used the service throughout the inspection.

We reviewed care records for two people who used the service and four people's financial records. We also looked at medication administration records, recruitment and training records for four staff and other

records relating to the management of the service.

Good

Is the service safe?

Our findings

During our previous inspection in August 2016 we found that appropriate recruitment procedures had not been followed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had implemented an action plan and we found during this inspection the actions had been completed resulting in the breach of regulation being met.

During this inspection we looked at the provider's recruitment procedures. We checked the recruitment records for four staff employed at the service and we found appropriate procedures had been followed, including application forms with employment history, interviews and reference checks. Before staff were employed, the provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with people who use care and support services. Care workers who we spoke with confirmed that they were not allowed to start work until these recruitment checks were in place. One care worker who had started working at the service early in 2017 told us, "I had an interview then my DBS. I didn't start until it was received."

People told us that they liked living at Hawthorn House and felt safe there. One person said, "Yes, there are people around, and my belongings are safe." Another person commented, "They (staff) are very keen on doors being shut and fire drills; staff are about." A relative said, "Yes, she (relative) was unsafe at home; she has someone watching over her here."

People were protected by staff who knew how to recognise the signs of possible abuse. Training records showed that staff had completed safeguarding training and staff we spoke with confirmed this. One care worker said, "Safeguarding is there to protect people" and another said, "I have done safeguarding training and am due to do this again next month. It can be physical or verbal and I would go and speak to my manager and also CQC if needed. There are leaflets around for complaints and safeguarding policies to follow."

We saw there was sufficient staff on duty in the communal areas and people did not have to wait for any help or support they required. People and relatives told us call bells were usually answered in a timely manner if they used them. One person told us, when asked if there were sufficient staff on duty, "I think so, one staff member took me to visit my husband on Sunday (in a different care home)" and another said, "A bit short first thing on a morning when everyone's getting up, my call button is usually answered in a few minutes, even at night, and it's the same at weekends." One relative told us, "Happy with staffing levels, there are always staff around" and another said, "There are generally staff about, we usually come every Tuesday afternoon and there are plenty of staff."

At the time of our inspection 20 people were living at the service, 18 of those were usually independent with their mobility. Two people required two staff to assist them with all transferring. People were supported each shift by two care workers including a senior member of staff from 8am, in addition to this a 'therapy' staff worked from 9am to 1pm five days a week. This member of staff supported the care staff if needed and

co-ordinated activities with people using the service. There were ancillary staff to cover domestic, kitchen and maintenance areas.

The registered manager told us that they kept staffing levels under review and since the last inspection an additional care worker was now on duty over the weekend from 8am to 10.30am and 6pm to 9pm. Commenting on staff levels, one care worker said they thought the service had enough staff, and another said, "I think sometimes we can be a bit short. The residents are okay and I think we have the right amount of staff at the minute. At the weekend we have a third person which is better." A senior member of staff told us, "There is a different structure of staff and the shift pattern is now better. Numbers are the best they have ever been; we have more cooks, more domestics and more therapy staff."

In discussions with care workers, they were clear about how they helped people to transfer safely using equipment. They said, "Always use the hoist and the correct sling. Hoists are serviced and there is always two staff. I have done moving and handling training. We have a hoist, a stand and turn table and belts. I think the equipment is okay" and "We have equipment that has to be used and staff have done moving and handling training. People's levels of need are dependent on how they are on the day and two people currently need two staff to transfer them. I wouldn't say the moving and handling is excessive."

We saw the service had systems in place to ensure that risks were minimised. Care plans contained risk assessments that were individual to each person's specific needs. This included moving and handling, physical health, nutrition and pressure care. We saw the registered manager monitored all accidents and incidents for further analysis. This was a measure to help ensure that any learning was identified and appropriate adjustments made to minimise the risk of the accidents or incidents occurring again.

There were arrangements in place to deal with foreseeable emergencies. Personal emergency evacuation plans documented the support people required to evacuate the building safely. The risks associated with the environment and equipment in use were assessed and reviewed. Safety checks were regularly carried out including those for hoists, installed fire alarms, gas and electrical equipment. The service had a contingency plan in place in the event of an emergency situation. For example, an unforeseen event such as flooding or a fire. The contingency plan explained how people would continue to receive care and support.

We checked the personal finances held at the service for four people. Their money was stored safely, transactions were recorded and money was checked regularly to ensure balances were correct. People told us, "Yes, I have some money in their (service) safe, they are looking after it for me, I have no concerns", "My son looks after my money" and, "My family looks after all that, I have no concerns." A relative told us, "My sister manages (Name of relative) finances; they have petty cash in the office. I am happy and they complete list of where finances have gone."

People and their relatives we spoke with were happy and confident their medicines were handled safely. One person told us, "I handed my medicines in and they give me them every day and night, I take two (pain relieving tablets) every four hours for leg pain" and another said, "Staff sort my tablets, no problems." We saw medicines were stored safely and securely with the majority of medicines supplied to the home in blister packs by a local pharmacy. Additional records were kept for medicines supplied in their original containers to make sure they corresponded with the quantities of medicines being kept on behalf of people using the service. The administration records we checked were fully completed and audit systems were in use to make sure people were receiving their medicines as prescribed.

Good

Is the service effective?

Our findings

People received support at Hawthorn House from staff that knew them well and had the necessary knowledge and skills to meet their identified care and support needs. People and their relatives spoke positively about the service and told us they had no concerns about the care and support provided. One person told us, "Carers are very good, I can't fault them" a relative said, "She (Name of relative) is happy here, I have never felt she was unhappy." A health care professional told us, "People look happy."

We saw that staff had the skills and knowledge to meet people's needs and promote their wellbeing. Care workers told us that they received the training they needed to care for people effectively. One described their induction programme, which had included shadowing a senior member of staff and observing medicine practices in the service. They went on to tell us they had the opportunity to ask questions about people and their needs.

Care workers were up to date with their training the provider considered to be essential in topics such as moving and handling, infection control, food hygiene, fire and infection control. The registered manager told us all of the training was provided by an external company and delivered face to face with staff. This was supported by staff we spoke with and through training records we saw. One care worker told us, "We have an in-house trainer that comes in. I have done fire, moving and handling, medicines and first aid" another said, "I've completed the Care Certificate. I have never asked for any training but I know I could approach (Name of registered manager) if I wanted to." The Care Certificate is a set of standards that social care and health workers stick to in their daily working life.

Staff were supported to reflect on their roles, responsibilities and training needs through supervision meetings and annul appraisals with the registered manager. The registered manager also carried out observations of staff carrying out their roles enabling them to provide constructive feedback in areas such as medicines administration. Staff said they felt supported in their roles. One care worker said, "I have supervision every couple of months and talk about how I am getting on. At the minute I have asked if I can reduce my days at work and (Name of registered manager) is sorting this out for me." A senior member of staff told us, "To be honest I know I can speak to (Name of registered manager) and (Name of provider) at any time if I needed to."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood people's rights under the MCA and had completed training on the subject with the Local Authority. During this inspection we found that the service was meeting the requirements of the MCA and DoLS. People's care files had information on their capacity to make decisions and how staff should support people to make decisions. No one who lived at the home was subject to DoLS at the time of this inspection.

Where required, people's care plans stated who could make legal and financial decisions on their behalf should they lack capacity to make a decision regarding their care. Staff understood the importance of seeking people's consent and sought consent from people before delivering care. One care worker told us, "I have done training. It's about asking and explaining what you are doing and making sure the person agrees and is aware" another said, "I have done training, you always ask people. No one has issues with their capacity. Everyone tells us what they want." Relatives told us, "I have seen them ask Mum, they give her lots of choices "and "I have seen them ask her (relative) things."

We saw 14 people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision in place. We saw three of these decisions required a review to ensure they were still relevant. This was discussed with the registered manager and immediately after this inspection a DNACPR review assessment was completed. The purpose of a DNACPR decision is to provide immediate guidance to those present, mostly healthcare professionals on the action to take should the person suffer cardiac arrest or die suddenly.

People's nutritional needs and any risks associated with their eating and drinking, were assessed, recorded and kept under review by the registered manager and staff. People told us they had enough to eat and drink and were supported to choose between the meal options available. Comments included, "Quite good, choice of two meals at lunch and night, names on the table (where to sit) and I am happy with this" and "Food really lovely, every day there is plenty." One relative told us, "It (food) looks fantastic, very good, she (relative) can eat in her room, but she goes to the day room for a chat, she eats what is put in front of her."

People, their relatives and the healthcare professional we spoke with told us staff monitored people's general health and helped them seek professional medical advice and treatment if they were unwell. One person told us, "If necessary I see a doctor, the district nurse comes in to dress my leg" a relative said, "I was concerned mum was sleepy a few weeks ago and the doctor was brought in." A healthcare professional told us, "I have been visiting this service for a long time. Staff are knowledgeable and there is always someone around to support me. People are always taken to a private area when seen."

People were observed to move around the home with ease and when they required support, were appropriately supported. One person told us, "Very good, they (staff) listen and they help me." The services overall décor and furnishings were maintained to a good standard and we saw evidence of recent investment in the interior of the building by the provider with new carpets and decoration in some areas.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the care and spoke with praise about the staff. They said staff were kind, caring and helpful. One person commented, "Very good, amicable, you can have a laugh with them (staff)" another said, "They are helpful, quite pleasant, and fine with me." A relative told us, "They (staff) are lovely, friendly, very good, and helpful and check on her (relative)."

The people we spoke with told us they liked living at Hawthorn House. Comments included, "It's very good, I have my own room and plenty of company – I am happy" and "It's okay."

We saw one care worker had come in on their day off during the inspection and were not included on the rota. They told us, "I sometimes come in on my days off. I was not on duty today. As the manager was supposed to be out today I popped in to spend some time with people" they went on to tell us, "The staff are very caring, they bring in chocolate, sweets and flowers for people." We asked another care worker about colleagues coming in on their days of and were told, "Staff have done this before and volunteered to come in for a couple of hours."

During the inspection we saw various visitors and health and care professionals having positive interactions with people, staff and the registered manager. A health care professional told us, "Overall its good (the service), there is always something going on, the meals are lovely and tables nicely set. It's as it should be."

The home had a relaxed and welcoming atmosphere. We saw pleasant and meaningful interactions between staff and people as well as between people themselves. For example, we saw people singing and taking part in activities. We observed one care worker assisting a person to walk, using a walking aid. We saw they stood by the person's side, encouraging them slowly and all the time chatting to them.

People's religious, cultural and spiritual needs were considered alongside their individual disabilities. People had in the past attended religious services provided at the home. One senior member of staff told us a person had just come to live at the service who followed a specific religion and they were currently looking at how they could provide services to support this. One person told us, "I would like to attend church but have only lived here for five days." People's human rights were respected. People were supported to maintain contact with family and friends. One relative told us they "Visited regularly and all is okay."

People's personal information was kept confidential and people were encouraged to maintain their independence and to participate in age appropriate activities. People and those important to them were involved in making decisions about their care and support. One person told us, "I am always asked, they did a care plan with me." Where required, relatives provided information about people's day to day lifestyles and backgrounds. One relative told us, "Yes, (Name of relative) is involved. They don't have to do much for her" another said, "They (staff) got to know them (relative), they changed her room and Mum chose all the bedding and colours etc."

The service had an enclosed rear garden which people could access. We spoke with one person who

showed us around the garden and was very keen to show us the flowers they had planted and how they looked after the garden with another person living at the service.

People and their relatives told us staff treated them with dignity and respected them and their privacy. One person told us, "Staff knock on my door before coming in." A relative told us, "They (staff) are always polite and pleasant." We saw staff and the registered manager talking to people in a respectful way and provided care in a dignified way. For example, we saw one care worker gently wake a person for their lunch and discreetly asked if they wished to use the bathroom before eating.

Care workers gave various examples of how they were respectful of people and their choices and how they provided dignity in care. Their responses included, "I make sure people are given their own space, use towels for discretion in bathrooms and make sure doors are closed" and "Personal care is done in private and I always cover people up and close the door. People have keys to their own rooms if they wish." Throughout the inspection we saw they were supportive, reassuring and encouraged people to eat and access and engage in activities.

People benefited from some information which was accessible. In peoples bedrooms we saw a 'Custodian & Guest Information Notice Board' which displayed the registered managers name, food available at all times, where the food could be served (lounge, dining or own room), daily activities available and GP surgery information. Some information displayed around the home had been produced using photographs or pictures. For example, in the entrance hall there were photos of all care workers along with stickers which they placed on their photos and removed daily that stated 'on duty'; this also included a brief description of each care workers interests. We noted that the service complaints procedure was not available in an accessible format. We discussed this with the registered manager who addressed this promptly and provided us with evidence of this after this inspection.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to people's individual and changing needs. One person told us, "I feel all my needs are met." A relative said, "They look after (Name of relative) very well, as their needs change they (staff) are on the ball."

People and their relatives told us there were no restrictions on visiting times and it enabled them to continue to maintain their personal relationships. One person said, "I am very fortunate my son comes every day." Staff demonstrated a good understanding of people's likes, dislikes and preferences and provided personalised care. One care worker told us, "Everyone has their own little quirks. (Name) likes to wear make-up and (Name) likes their clothes to be colour co-ordinated."

We looked at two people's care plans. We saw peoples care records had been changed to a new format since the last inspection. A care worker told us, "The care plans are good, they took a lot of getting used to but now they are a good thing. They are individual and the person is involved, there is also information from their family."

The care plans were individualised and outlined people's likes, dislikes, needs, abilities and how their needs were to be met. The new records included individual plans of care which included information on areas of need such as, personal care, diet, sight and hearing, mobility, falls and social life. Plans were reviewed approximately every two months and when people's needs changed. This meant staff were provided with the most current information on people's health and care needs which enabled them to deliver personalised care.

Each plan recorded a description of the area of identified need. For example, one person's plan for social support stated, 'Enjoys a sing along and the garden in summer. Enjoys being taken for a walk'. Care plans provided staff with details about people's preferred name, their GP details and past and present medical history. This showed the service had gathered personalised information to guide staff to deliver support that was responsive to their needs.

Staff supported people to participate in a range of social activities. These included both in-house activities and out in the community. Relatives told us, "(Name of relative) will join in everything she can, everything is taken care of, one carer takes her around the shops in Hedon" and "They do darts, skittles and they play music and bingo on Fridays."

We spoke with a 'therapy' worker who had recently started at the service. They told us every Wednesday they took four people to a local community centre where other neighbouring services also took people for tea and coffee. Care workers told us, "They (people using the service) are always doing stuff, card games, going to the market, museums and café visits. Some people have their own phones in their bedrooms" and "People go out for coffee and one person goes to a local group."

During our inspection visit, we saw people being asked if they wanted to take part in any games and one

care worker sat chatting with a person and doing their nails. 11 people took part in a card game in the afternoon and were observed to enjoy this so much that they asked for another game. The therapy worker stayed after their shift to play another game with people.

People and their relatives were clear about how to raise a complaint with the provider and told us they felt comfortable doing so. One person told us, "I would tell any of staff, I would say something." One relative told us, "I would complain if needed and Mum would too" and another said, "I would see the manager." The provider had a complaints procedure to encourage consistent handling of complaints. We saw that no formal complaints had been received by the service since the last inspection.

Good

Is the service well-led?

Our findings

During our previous inspection in August 2016 we found that there was no registered manager at the service. A new manager had been appointed but was not registered with the Care Quality Commission (CQC). The provider is required to have a registered manager as a condition of their registration. At this inspection we saw the service had a manager who had registered with CQC in November 2016.

At the last inspection we found we had not received any notifications about serious injuries from the service. We saw in accident records that there had been a significant number of accidents recorded since March 2016 and some of these required a notification to be submitted to the CQC so that we could check appropriate action had been taken. We recommended the provider checked the guidance on the CQC website in respect of the requirement to submit notifications.

The registered manager understood the responsibilities of their registration with CQC and they had reported significant information and events in accordance with the requirements of their registration. We saw people's confidential records were kept securely which ensured only authorised persons had access to them. Staff records were kept securely and confidentially.

People using the service, their relatives and staff told us the service was well-led. One person said, "I think it is, I can see stuff being done." A relative told us, "There is attention to needs, all changes are put in to action" another said, "Yes, seems well organised." People and their relatives told us they were happy with the service. One person told us, "Everyone says hello, all seem to get on well."

We observed that the staff worked well together in a professional and friendly way and assisted each other as needed. The care workers we spoke with told us they enjoyed working at Hawthorn House. One told us, "I enjoy working here and spending time with people. I enjoy my job. If I ever get down in the dumps I know I can go to (Name of manager)" another said, "Staff don't do change very well and when the last manager was here and there was a changeover things weren't so good. There have been a lot of changes and I would say we all complement each other in a lot of ways and it is working okay so far. This is the only home I have every worked in and I wouldn't work anywhere else."

People's views and those of their relatives and staff were sought to make improvements to the service. There were a variety of ways in which they could give feedback. This included surveys, staff meetings and the complaints process.

Staff told us daily handover and staff meetings were helpful and they were provided with updated information on people's needs. We observed a staff handover during our inspection and saw a senior member of staff give information to the staff coming on duty. This included an overview of how each person had been, if anyone was going into hospital and if any health care professionals had visited. We saw staff meeting minutes from May, June, August and September 2017, the meetings were held separately for day staff, night staff and cooks. They included discussions on matters such as cleaning, menus, staffing, training, care plans, infection control and recording.

The registered manager carried out audits and checks to assess, monitor, and look for ways to improve the quality of the service people received at Hawthorn House. These included weekly, monthly and quarterly checks on categories which included administration tasks, service users rooms, clothing, family interaction, diet, attendance, appearance, medicines, staff practice, safeguarding and infection control. Audits included clear actions which were followed up with timescales recorded. These quality assurance activities had resulted in a number of improvements to the service. Amongst these, new tabards had been purchased for staff.

The registered manager told us they received good support from the provider who visited the service twice each week. They told us they attended local authority forums, used the internet and subscribed to a social care magazine in order to keep up with best practice.