CareQuality Commission

Durham County Council

Hawthorn House

Inspection report

St Godrics Close
Durham
County Durham
DH1 5PJ

Tel: 01913839609
Website: www.durham.gov.uk

Date of inspection visit:
20 December 2019
07 January 2020

Date of publication:
03 April 2020

Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

Hawthorn House provides a short break service to up to ten people at a time. There four people at the service when we visited, however, this fluctuated regularly.

The service has not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The property was larger than recommended having been built to accommodate up to ten people. Although this is larger than current best practice guidance, this was mitigated as the building was integrated into a housing estate. The registered manager and staff team ensured there were enough staff to ensure people received highly personalised care and could access the local community when they wanted. The registered manager had also engaged with the local community to ensure excellent links were in place.

People's experience of using this service and what we found
People received a highly personalised service from exceptionally caring staff. The registered manager and staff were extremely passionate and motivated to provide high-quality, person-centred care. Relatives valued the service and praised staff for their commitment to people. One relative commented, "I think it is an excellent service … In my opinion they should be outstanding."

The registered manager demonstrated especially strong leadership and had been proactive in driving forward service improvement for the benefit of people staying at Hawthorn House. Quality assurance was fully embedded into service delivery to ensure standards remained consistently high.

The service went above and beyond to ensure people's needs were met and they achieved their goals. Staff endeavoured to provide people with an enjoyable stay that was focused around their hobbies and interests. Staff were dedicated to caring for people living at the service. This ensured people received a unique service which met their needs. Staff excelled in working in partnership with professionals to ensure people's health and wellbeing were prioritised.

People were safe at Hawthorn House. Relatives confirmed the service was a safe place. Staff knew how to report safeguarding and whistle blowing concerns. The provider had enough staff on duty to meet people's individual needs. New staff were recruited safely. The registered manager investigated incidents and accidents logged. People received their medicines safely. Staff completed various risk assessments and health and safety check to enhance people's safety.

Staff were very well supported and received the training they needed. Staff supported people to have enough to eat and drink. 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.

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 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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 exceptionally caring. Details are in our caring findings below.	**Outstanding** ☆
Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was exceptionally well-led. Details are in our well-Led findings below.	**Outstanding** ☆

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. 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

One inspector carried out this inspection.

Service and service type

Hawthorn House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 on the day we visited were unable to communicate their views to us. We spoke with seven relatives about their experience of the care provided. We spoke with six members of staff including the locality manager, the registered manager, support workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at the file for the one staff member recruited since our last inspections in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
The provider sent us further information which we used when making our judgements for the service. We also contacted relatives for their views about 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 remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely
● The provider managed medicines safely.
● Staff kept accurate records to confirm which medicines people had received.
● The registered manager checked people received the correct medicines and any issues were identified and resolved quickly.

Systems and processes to safeguard people from the risk of abuse
● The provider had effective systems to safeguard people from the risk of abuse. Relatives and staff said they felt the service was safe. Relatives commented, "They know [family member's] needs and they are very safe."
● Staff knew how to report safeguarding and whistle blowing concerns. They were confident to do so if required.

 Assessing risk, safety monitoring and management
● The provider managed risks appropriately. Staff carried out various health and safety checks and risk assessments to help keep people safe.
● There were up-to-date procedures for dealing with emergency situations. This included personal emergency evacuation plans to guide staff about people's support needs in an emergency.

Staffing and recruitment
● The provider ensured enough staff were available to meet people's individual needs and preferences.
● Staff confirmed staffing levels were good. One staff member said, "Yes, there are enough. People here are so unique, if we didn't [have enough staff] there would be an impact."
● New staff were recruited safely.

Preventing and controlling infection
● Staff followed good infection control practices. Staff completed infection training. They also followed the provider's policies and procedures.
● The building was clean and well maintained. One relative told us, "The staff are good, it is lovely and clean. [Family member] is very well cared for."

Learning lessons when things go wrong
● The registered manager investigated and analysed incidents and accidents. This helped ensure trends were identified and improvements made.

Is the service effective?

Good ●

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. 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
● People's needs had been fully assessed to identify their care needs. This included considering the cultural, religious or social preferences people had.
● Staff reviewed information from other professionals prior to admission to ensure people had a successful transition into the service.

Staff support: induction, training, skills and experience
● Staff were very well supported and had access to good training opportunities. One staff member said, "[Registered manager] has been so supportive. We couldn't ask any more of her."
● Supervisions, appraisals and training were up-to-date.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff supported people well to ensure they had enough to eat and drink based on their individual preferences.
● Meals were adapted to meet people's dietary and health needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked well with other agencies to ensure people's needs were met. People's care records summarised important information, to be shared with professionals when they accessed other services.

Adapting service, design, decoration to meet people's needs
● The home was suitable to meet the needs of people using the service, it was spacious enough for people using wheelchairs and had appropriate signage to help with orientation.

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 provider followed the requirements of the MCA. DoLS authorisations had been approved for people unable to consent to their stay.
● Staff understood how to support people who lacked capacity, or did not use verbal communication, to make decisions and promote their independence.

Is the service caring?

Outstanding ☆

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 improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity
● Staff treated and supported people equally and respected them as individuals. Without exception relatives gave the highest praise for the care their family received when staying at Hawthorn House. They commented, "I can't speak highly enough of the care [family member] receives. It is a place you want to visit. The standard of care is absolutely top class" and "I am over the moon with Hawthorn House. It is absolutely brilliant. My son is so well cared for."
● Staff had developed a deep understanding of people's needs and used this knowledge effectively to promote positive outcomes for people. This enabled staff to provide emergency support to one person with complex sensory and communication needs. The person arrived in a distressed state and due to the dedication of the staff team the person made huge progress over subsequent. The person now happily accesses the service and for the first time participates in group activities, spends time in communal areas and accesses the community with support.
● Excellent relationships had developed between people, relatives and staff. Most staff had worked with people for a long time. One person we spent time with gestured they were happy coming to the service. Staff supported one person's dog to train to become a Pets as Therapy dog. This enabled the person to bring their beloved pet to visit them and also enabled other people to spend time with the dog.
● Staff were highly motivated and passionate to provide the best possible care. They spoke with pride about people's achievements and showed great empathy towards them.
● Relatives' feedback reflected this. They commented, "Staff are caring, they know their job. They are long standing staff. It is excellent, [family member] is so well looked after" and "It is absolutely brilliant. It is the best place, it is perfect. [Family member] has been going a long time, they love it."
● The registered manager and staff team had developed a highly person-centred culture throughout the service. People were at the heart of how the service was run. One relative said, "I am very impressed by the facility. It is superbly appointed; the facilities are all superb. The main aspect here though is the personal care. The staff are all excellent, I think the staff make the care home."

Supporting people to express their views and be involved in making decisions about their care
● People and their relatives were actively involved in all aspects of the care provided at Hawthorn House. One relative told us, "Family member has had respite at different places, this is very good. It has been absolutely brilliant. Staff are very accommodating, they want to know everything about [family member]. Everything is very detailed, which is reassuring for me."
● Staff used a diverse range of tools and strategies to help people communicate their choices and preferences. The provider invested in the latest technology to empower people to communicate, such as

eye gaze technology and extensive use of audio. This meant people with very complex and limiting conditions could potentially still make daily living choices.

● Relatives and independent advocates supported people with decision making. One person had been nominated to act as a service user advocate. The role was promoted through posters newsletters, meetings and in audio communications.

Respecting and promoting people's privacy, dignity and independence

● Staff ensured people were treated with the utmost dignity and respect and maintained their privacy. Relatives commented, "[Staff] treat family member very good. Family member absolutely loves it, their face lights up when they go for the weekend" and "The staff are caring, they know their job. [Family member] wouldn't come back of they weren't treated properly."

● Staff had an exceptionally good understanding of people's needs. They used this to provide the care people wanted and to promote independence. Staff worked determinedly with one person, admitted to the service for emergency respite care, to help them regain their skills, mobility and self-esteem.

● One staff member had completed a successful project to enable people to use the kitchen area to develop their skills and promote independence. One staff member said, "[Senior] has been absolutely brilliant getting service users into the kitchen." A relative described how their family member was "buzzing" with excitement when they brought cakes home for them which they had made during their stay.

● Relatives felt listened to and respected. They were also made to feel welcome when they visited the service. Relatives commented, "You are made welcome. There are always smiles on faces, they [staff] are always pleased to see you" and "It is a very welcoming place, the staff are lovely."

● Equality and Diversity was fully embedded throughout the service. Staff strived to meet people's individual needs and worked to overcome any barriers to people achieving their aims.

● The service adapted to meet these needs in a person-centred way. This included buying specialist equipment, such as a high flex chair or the eye gaze technology to adapting communication or activities to meet individual needs.

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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● Care and support was planned jointly with people and relatives at the heart of the process. Support plans identified people's preferences and clear goals, over and above what you would expect for a short break or respite service.
● Staff had gathered highly personalised information about people's life history to enable care to be tailored to their specific needs. People's care files had been themed and decorated around their likes to help them engage in support planning.
● Health and social care professionals gave excellent feedback about the highly personalised care staff provided. One professional commented, "I feel the service works in collaboration with all professionals and can go above and beyond to ensure the service user's needs are met and are happy".
● Staff regularly went the extra mile to meet people's needs and ensure they received the best possible care. The provider enabled staff to support one person to attend a family event. This was only possible due to the positive relationship that had developed between people and staff.

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.
● The provider had fully embraced the AIS and beyond expectations to ensure people's communication needs were met.
● Staff were innovative with developing individual strategies to meet each person's needs. They used the latest technology to help people achieve their goals and communicate their choices and preferences.

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 had excellent opportunities to be fully engaged when they stayed at Hawthorn House. Staff had developed bespoke activities, specifically created to people's preferences and sensory needs. They developed a sensory fragrance box into a sensory activity. Staff used flash cards to enable people without verbal communication to participate.
● A staff member developed a 'hobby file' as an activity based around a person's interests. The person was delighted with the finished product.
● The service had strong links with the local community, such as with local school and churches,

neighbours, the library and the local pub.

● The service had forged close links with a local hedgehog sanctuary. People had the opportunity to visit the sanctuary and meet the hedgehogs. These visits were used both as a fun activity and in an educational way.

● The service had a very well-equipped sensory room with bespoke technology for individual people. This included magic carpet interactive technology, a wide range of lighting and sound equipment.

● The registered manager commented on how the magic carpet had made a huge difference in encouraging people to be more mobile. They were proud of the fact they ensured people had all the equipment/tools they needed. The said, "We never do not get equipment if a person needs it."

Improving care quality in response to complaints or concerns

● The provider had a structured approach to complaints which was accessible to people and relatives.

● There had been no complaints made in the past 12 months.

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 good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The provider had a person-centred vision and values, placing people at the heart of the service. The registered manager and staff team ensured care was designed around each person's individual needs. One staff member told us, "The manager has the mix right, she identifies who works well with who."
● Staff were especially motivated and enthusiastic to promote and involve people as fully as possible. One staff member said, "We try our utmost to fulfil people's requests. Everybody goes the extra mile."
● The registered manager was constantly striving to provide an excellent service. They took part in projects to improve the service. The service was involved in a recycling project to raise awareness with service users about the environment and promoting a move away from single use plastics within the service. The service had a 'recycling champion' to lead on this work.
● Relatives and staff gave excellent feedback about the registered manager. Relatives and staff commented, "[Registered manager] is absolutely approachable, she always makes time to talk to me no matter how busy she is. They were so reassuring to me" and "The support from the manager is exceptional. She is understanding of someone who has a problem."
● Likewise visiting professionals gave similarly positive feedback. They told us, "The manager is very good in responding effectively to any queries. She is always willing to speak to families directly."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People, relatives and staff were highly engaged and involved with the service. One staff member said, "[Registered manager] has turned the place around. I will sing her praises all day. If we go with an idea she will try it."
● Staff used innovative ways to enable people to be as fully involved with the service as possible. This included using technology, such as eye gaze technology. This allowed people with conditions such as locked-in syndrome or limited head and neck movement to communicate choices and decisions. The registered manager commented, "Eye gaze can provide an extra level of communication."
● Relatives, staff and health professionals held the service in very high regard and consistently described it as an outstanding service.

Continuous learning and improving care
● The provider had a robust and structured governance framework which was fully embedded into the service.

● The registered manager had transformed the service and was motivated to ensure people had everything they needed.

● The service was proactive in using learning and reflection from many sources, including consultation. This was integral in ensuring the service continually improved and developed. One staff member commented, "The service has changed massively since the last inspection, more vibrant, more stimulating. We promote activities to a much higher level, more diverse like the magic carpet. It has come on amazingly."

Working in partnership with others

● The service worked effectively with commissioners and health professionals to promote especially good outcomes for people.

● The community dental service praised the service for their excellent work promoting oral health. Staff completed specific oral health care training. Oral health was incorporated into service user discussion groups and communicated to people in accessible ways. A health professional commented, "[Registered manager] and her staff have taken this to the next level … they have taken the advice we have given them and used it to genuinely try and improve the service users' oral health, and I have nothing but praise for them."

● The service had developed positive links with local voluntary organisation and charities. Some of these had made donations to the service which had been used to purchase equipment and improve the environment. The service purchased four Amazon Alexa devices which people used to enjoy music, nursery rhymes and stories especially chosen for them.

● The service loaned expensive specialist equipment to enable one person to successfully transfer into their long-term care placement.

● The service had developed excellent links with the local community. This provided greater opportunities for people to access the local community safely during their short time at the service.

● The registered manager had developed a network of places for people to visit including a local pub, the library and the hedgehog sanctuary. Local schools visited the service to spend social time with 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● People and relatives said the registered manager was approachable. One relative commented, "The registered manager is great. I feel as though if I have any problems or issues I feel free to approach them or ring them to discuss anything. They are happy for me to ring anytime."

● The registered manager was proactive in submitting the required notifications following significant events at the service, such as for incidents and accidents.