

Methodist Homes

# The Hawthorns

## Inspection report

The Hawthorns  
Naylor Crescent, Netherpool Road  
Ellesmere Port  
Merseyside  
CH66 1TW

Tel: 01513564630

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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

The inspection was carried out on 30 August 2017 and was announced.

The Hawthorns is a housing with care scheme made up of 41 separate apartments all on one site. The accommodation has a communal lounge area, dining room and extensive garden for the use of the people living at the scheme. The property is designed to enable and facilitate the delivery of personal care and support to people, now or when they need it in the future. The service operates a 24hour on call system with staff on duty throughout the day and night. If they prefer, people can choose to commission care from other agencies in the area. At the time of our visit the service was providing the regulated activity of personal care to 13 people. The frequency of visits and duration across the service varied dependent on people's individual needs and circumstances.

There was registered manager who had been registered at the service since February 2016. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

At our last inspection 25, 26 July and 2 August 2016 we found breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We gave the service an overall rating of 'requires improvement'. These breaches related to the provider's failure to ensure that people were treated with dignity and respect at all times. The provider had not ensured that processes were in place to assess, monitor and mitigate the risks relating to people who used the service. The provider did not ensure that an accurate and complete record was held for each person. We asked the provider to make improvements and to send us an action plan of how they intended to address the shortfalls in care.

At this inspection, we found that provider had made significant improvements since our last inspection and was no longer in breach of the regulations.

People were supported to keep themselves safe from harm and abuse. Staff knew how to recognise the signs of abuse and who to report concerns to. The provider had completed recruitment checks to ensure that potential new employees were suitable and safe to work with people who used the service. There were enough staff to meet people's needs in a timely manner.

Staff were aware of the risks associated with people's needs and knew how to minimise the risk of harm without restricting people's independence and choice. Staff knew what action to take in the event of accidents or incidents and there were procedures in place to reduce the risk of reoccurrence.

People were supported to take their medicine when they needed it to promote good health. Staff monitored people's health and supported them to access health care as necessary.

People were confident that staff had the skills and knowledge to meet their individual needs. Staff had access to training relevant to their role and to meet people's specific needs.

Staff sought people's consent before supporting them. Staff explained things to people in ways they could understand to enable them to make their own decisions.

People were supported to eat and drink enough to maintain their health and wellbeing.

People were supported by staff who were kind and caring. People were involved in decisions about their own care and felt listened to. Staff treated people with dignity and respect.

People were supported by staff who knew their needs and preferences well. People received care and support that was personal to them. People received a flexible service that was responsive to changes in their needs and circumstances.

People had not had cause to complain but felt confident to raise concerns with staff or the registered manager should the need arise.

People and their relatives knew the registered manager well and found them easy to talk with.

There was a positive working culture at the service where staff felt well supported by the registered manager and their colleagues. Staff were asked their views about how the service could be improved and felt their contributions were valued.

The provider had a range of checks in place to monitor the quality of the service delivered and make improvements when required.

## 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.

People felt safe with the support provided by staff.

People were supported by staff who were able to recognise signs of abuse and knew who to report concerns to

Risks to people's safety had been assessed and measures put in place to minimise the risks without restricting their independence or choice.

People were supported to take their medicine when they needed it to promote good health

### Is the service effective?

Good ●

The service was effective.

People were confident in staff knowledge and ability to meet their needs.

Staff received training and support relevant to their roles.

Staff sought people's consent before they supported them and explained things to people in a way they could understand to enable them to make their own decisions.

Staff monitored people's health and supported them to access healthcare as necessary.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

Staff had formed positive relationships with people and their relatives.

People were involved in decisions about their care and felt listened to.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them.

People were supported by staff who knew their individual needs and preferences.

People and their relatives had not had cause to complain but felt confident and able to raise issues with staff or the registered manager.

### Is the service well-led?

Good ●

The service was well led.

People and staff found the registered manager approachable and easy to talk with.

There was a positive working culture where staff felt well supported and valued.

The provider had a range of checks in place to drive improvements in the service.

# The Hawthorns

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 August 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. The inspection was carried out by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. A statutory notification is information about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with six people and one relative. We spoke with five staff which included the registered manager, a senior care and support worker, two care and support workers and the maintenance worker. We viewed three records which related to assessment of needs and risks. We also viewed other records which related to management of the service such as quality assurance processes and two staff recruitment records.

# Is the service safe?

## Our findings

At our last inspection the provider had not ensured that processes were in place to assess, monitor and mitigate the risks relating to people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan detailing how they would achieve this.

At this inspection we found improvements had been made. We saw that risks to individuals had been assessed and clear guidelines put in place to minimise the risk of harm whilst promoting people's independence and choice. Risk assessments included risks associated with specific health conditions, any behaviour and mobility needs. Staff told us they kept people safe by following their care plan and risk assessments and observing for any changes. Staff demonstrated they knew how to support people safely and how to recognise and respond to changes in their health and wellbeing. Staff told us they also looked out for any environmental hazards such as wet floors or faulty equipment. They either took action to address these hazards themselves or reported any faults to the maintenance worker who would arrange repairs or renew equipment. This was confirmed by a person we spoke with who said, "[Maintenance worker's name] sorts out any issues and checks things out."

People who used the service felt safe with the support provided by staff. One person told us, "I come in at night and lock the door. I know I'm safe here because the carers are here 24 hours a day." Another person said, "I always feel safe. I know if I press my button somebody would be there. That puts my mind at rest." A further person said, "Just them [staff] being here, sitting to talk with me does me the world of good."

People were protected from the risk of harm or abuse. Staff had received training and were knowledgeable about how to identify signs of abuse and who to report concerns to. Staff told us they would report concerns to the registered manager and were confident that they would take appropriate action. Staff knew they could also report concerns to outside agencies. One staff member said, "We've got all the contact numbers of people we could contact if we felt our concerns had not been addressed appropriately." The registered manager was aware of their responsibility to report any abuse to the local authority and to us. We saw that information on how to report any safeguarding concerns was clearly displayed at the service.

Staff we spoke with were able to demonstrate that they would take appropriate action in the event of an accident or incident. As well as reporting these to the registered manager they would complete the relevant forms. The registered manager said they would oversee the form to ensure appropriate action had been taken and to identify any changes that may be required to prevent re occurrence. Records we looked at confirmed the processes in place to record events and what action had been taken as a result.

People felt there were enough staff to meet their needs in a timely manner. One person told us, "They [staff] are there when you need them. If you press this (call bell) they are here in a flash." Another person told us staff were usually quick to respond to their requests for support unless they were caught up with someone else. They explained that staff would let them know they were on their way. This was confirmed by a staff member who said, "We always apologise if we are running late. They do know we're coming to them. We

pop our head in to let them know." The registered manager told us they monitored people's needs and arranged staffing to suit. When they identified changes in people's needs they contacted the social workers or the memory team to ensure people received safe and effective support. People who lived at the scheme were able to access support from other providers. We saw that other providers visited people during our inspection.

Staff told us that the provider completed checks to ensure they were suitable to work with people before they started work with them. These included references from previous employers and checks with the disclosure and barring service (DBS). The DBS allows organisations to check potential staff are suitable to work with people who use their services. Staff records we looked at confirmed that relevant checks had been undertaken.

People told us they received their medicine when they should. One person explained they sometimes needed to take painkillers during the night. They said, "The night staff will give me paracetamol as long as they are four hours apart." Another person told us staff knew that they liked to take their tablets altogether and supported them to do so. A further person said, "They [staff] stand here and watch me take them [medicine] and then write it in the book." Only staff who had received training on the safe management of medicines administered them. Staff told us and we were shown that medicine competency checks were completed on a yearly basis to ensure they continued to manage medicines safely.



# Is the service effective?

## Our findings

People, and their relatives, felt staff were well trained and knowledgeable about people's needs. One person told us, "They're [staff] very, very good." Another person said, "They're [staff] brilliant." A further person explained that the registered manager had a 'special leaflet' about their health condition and that staff knew to contact the relevant healthcare professionals if they saw any of the symptoms. A relative we spoke with said, "I can't praise them [staff] highly enough."

Staff we spoke with told us they had access to a range of training which they felt was appropriate to their role and enabled them to support people with good effect. One staff member told us they had received training about dementia. They had learnt about different techniques to support people's behaviours in different situations. This had increased their knowledge and confidence of supporting people who lived with dementia. Another staff member told us they had completed a management course which had helped them achieve good team work with their colleagues. Staff said they had completed online training courses as well as face-to-face training sessions. They said the provider had recently moved to a new online training provider who offered a wider range of training. Staff told us they were able to request and access training specific to the people they supported and to progress their career in care. The registered manager told us they were keen to develop staff and used staff one-to-one and appraisal meetings to identify and track staff progress. We saw that the provider had systems in place to record and renew staff training requirements.

The registered manager told us new employees who had not had previous experience of working in care were enrolled on the Care Certificate Programme. The Care Certificate is a nationally recognised training programme which trains staff about the standards of care required of them. Staff had a structured induction where they undertook essential training such as manual handling and fire safety training. One staff member explained during their induction they had a workbook they had to work through which they found really helpful. They had regular meetings with the registered manager to establish their progress and areas for development.

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. We checked whether the service was working within the principles of the MCA.

People we spoke with told us staff always asked their permission before supporting them. One person said, "They [staff] come in of a morning and ask me if I want help." Staff had received training in the MCA and had a clear understanding about what this meant for their day-to-day practice. They told us they supported people to make their own decisions where possible. One staff member told us, "If someone lacks capacity to make decisions it does not mean you can take their rights away. They still have choices and have an input." They went on to tell us it was important to involve people in decisions and that they used different ways of communicating with people to offer them choices. Another staff member explained it was important not to overload people with loads of questions but to give them time to process information before moving on to

the next question. They said, "Sometimes it is about timing. For one person we wrote everything down in a diary so that they could see what was happening. It's about finding the right way for the individual." The registered manager confirmed that everyone they supported had the mental capacity to make decisions about their day-to-day care and support. They had previously supported people who lacked capacity and knew what action to take to ensure that decisions made on people's behalf were made in their best interest.

People told us they were supported to eat and drink enough to maintain good health. People had the option of taking their meals in the bistro which was situated on site and we saw that an independent company delivered ready prepared meals to the scheme. One person told us they purchased ready meals and staff heated these up for them. They said, "I'm pleased with that, I'm pleased to see somebody." Another person told us staff supported them with their breakfast each morning and they were given choice of what they wanted based on what they had in. Staff we spoke with were aware of people's dietary needs and the support they required with meals and drinks. They said they always made sure that people had drinks accessible to them in-between their care calls.

Staff monitored people's health and helped them access health care when needed. One person explained, when they became unwell, a staff member called the ambulance and remained with them until they arrived. They said the staff member had received a letter of thanks from the registered manager for doing so. They said, "It's nice to feel they [staff] are appreciated." A relative told us that staff coped very well when their family member was unwell and were good at keeping them informed about any changes in their health needs. People told us, and we saw, that they had support from the sensory impairment team who had provided them with equipment to keep them independent in their own home. This included raised marking on electrical appliances, talking clocks and talking newspapers. One person said they had been seen by an occupational therapist who had supplied them with a chair to use in the kitchen. During our inspection we observed the registered manager discussing people's needs both with visiting healthcare professionals and by telephone. We saw that they maintained records of such contacts and the outcomes in people's care records.

# Is the service caring?

## Our findings

At our last inspection the provider had not ensured that people were treated with dignity and respect at all times. People's preferences had not been clearly recorded and respected. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the required improvements had been made.

People told us they were asked about their preferences for care delivery and these were respected. This was confirmed by staff we spoke with. We saw that people's wishes were clearly recorded in people's care records.

People described staff as caring and kind. One person said, "They (staff) are very good and kind. They are very good at night." Another person told us, "They are very nice staff all of them." Staff had formed positive working relationships with people and their relatives. One person told us, "I'm always at them [staff], bantering with them." Another person said, "I don't think there is one [staff] I don't get on with. They laugh with me. It means a terrific lot to me." This view was echoed by a relative we spoke with who said, "They [staff] are all great and [family member] has good relationships with them." Staff spoke fondly of people they supported. One staff member told us, "It's nice to see a smile on their face when you walk in. It makes you feel you are doing the job the best you can." Another staff member said, "I absolutely love working here." They went on to explain they enjoyed getting to know people and about their past lives.

People were involved in decisions about their care and support and were given choice. One person told us, "They [staff] come in and consult me, which I really appreciate." Another person said, "They [staff] ask what I need help with." Staff confirmed they involved people as much as possible. Where staff had difficulty communicating with people verbally they would take time to sit down with them and establish their wishes through other means of communication. For example, one staff member explained if a person was hard of hearing they ensured they got down to their eye level so that they could lip read, they also made sure they did not talk too fast. They went on to say, "There is lot of hand gestures going on such as, thumbs up."

People were encouraged to remain as independent as possible. One person told us, "I put myself to bed because I want to be independent. If I don't feel like doing it, they [staff] will help me." Another person told us they wanted to maintain their mobility and staff encouraged them to do so. A relative told us, "Staff are very keen to let [family member] do as much as they can do." Staff recognised it was important to support people to remain as independent as possible to enable them to continue to live in their own homes. One staff member told us, "If you know they [people] can do it themselves we promote them to do so." They felt that this boosted people's confidence and self-esteem. Another staff member explained that when supporting people with a visual impairment they gave them direction to enable them to walk around independently. They said, "[person's name] knows their way around the building. We guide them when they need to turn. We are not going to put them in a wheelchair when they can walk."

People told us staff were respectful towards them and promoted their dignity. One person told us, "The baths are lovely. They [staff] know how I react." Another person said, "The staff will ask if I'm happy. They

know me." Staff we spoke with were mindful of people's dignity. They ensured people's privacy by keeping them covered up as much as possible and keeping doors and curtains shut when providing personal care. One staff member told us they explained to people step-by-step what they were going to do to ensure they were happy before they went ahead. During our visit we saw that staff knocked on people's doors and waited to be invited in before entering.

## Is the service responsive?

### Our findings

At our last inspection we found that people's care plans lacked detail about their needs, the level of support required to meet them and were not always kept up to date. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan detailing how they would achieve this.

At this inspection we found the provider had made the required improvements and were no longer in breach of the regulations. We saw that people's care plans provided a detailed description of people's needs and how they wished staff to support them. Their care plans were kept under regular review and updated as and when necessary. One person told us they had their care plan reviewed the previous week. They said, "[Registered manager's name] comes up every couple of months to check everything is okay." Staff told us they now had a keyworker system in place where a member of staff was allocated to each person. The keyworker was responsible for updating people's care plans when any changes occurred. This was a new role and any changes staff made were overseen by the registered manager. Staff felt this increased their awareness of changes in people's needs and the importance of keeping care plans up to date to promote consistent and effective support. Staff told us they were made aware of any changes in people's needs during staff handover and by sharing information with colleagues during their shifts. They showed us they also had 'job cards' which were updated weekly by the registered manager. The 'job cards' provided a summary of people's needs and their requirements on each shift pattern. They found this a useful reminder of people's needs and preferences.

People told us they received a flexible service that was responsive to their changing needs. One person told us, "I don't really want for anything. They [staff] know what I want and do it automatically. If I want something different I tell them." Another person said, "They [staff] know how I like things done." They went on to say, "If you want anything done, if they [staff] have time they will do it for you." Staff recognised that each day was different and that people's needs could fluctuate. They told us they always asked people what they wanted them to do each time they visited them and if they wanted anything else done before they left. If people asked them to do extra and they did not have time, they would arrange to go back later or get another staff member to assist the person.

Staff had received training on person centred care and equality and diversity and showed a clear understanding of how they would apply this to practice. One staff member told us, "I'm mindful of people's religion and sexual orientation, the need to accommodate their needs and not to judge people. I treat them as I would anyone else and respect their wishes." Another staff member said, "I do things in the way they [people] prefer and to their own ability." Staff demonstrated they knew people and their preferences well.

People were provided with opportunities to meet with other people and attend social events held at the scheme. The events in the main were organised by the people themselves. One person told us they had recently had their birthday party in the bistro area and family and friends attended. They showed us pictures that had been taken at their party. They told us they had enjoyed their day and that they were very happy living at the scheme. They said, "I wouldn't leave here." The registered manager confirmed that people could

book the bistro for social events. Staff also facilitated both group and individual activities based on people's preferences. For example, one person enjoyed baking and had asked the staff member if they could do this in their flat and this had been arranged. A staff member told us they asked people what sort of activities they would like during meetings held at the scheme and when they were supporting them. During our visit we saw a visiting chaplain and people were given the choice to join in with the service if they wished. One person told us they chose to go out to their place of worship.

People, and a relative, we spoke with told us they had not had cause to complain but should the need arise they were comfortable to speak with staff or the registered manager. We saw that the provider had a clear complaints procedure in place. This formed part of the information pack provided to people when they started to receive support from the service.

## Is the service well-led?

### Our findings

At our last inspection we found breaches of Regulation 10 and 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan of how they intended to address the shortfalls in care. At this inspection we found improvements had been made and the provider was now compliant with the regulations.

All the people we spoke with knew the registered manager well and found them easy to talk with. One person told us, "When I do call [Registered manager's name] they are very cooperative, they know my position. They will sort things." Another person said, "[Registered manager's name] is good to everyone." A relative we spoke with told us, "I think it [scheme] is fantastic, a great facility." They went on to say, "I'm really impressed and would recommend it to other people."

Staff described a supportive working environment where the registered manager had an open door policy and they were able to access support as and when needed. One staff member told us, "If I ever had a problem I would not wait until my one-to-one, [Registered Manager's name] door is always open." Another staff member said, "[registered manager's name] is brilliant, very approachable, professional and personable." They went on to tell us, they could go to the them at any time for support. Staff had regular one-to-one meetings with their seniors where they were able to discuss both work and personal issues. They also received feedback on their practice and development opportunities. Regular team meetings were held where staff were invited to give their views on the development of the service and felt listened to. This was confirmed by a staff member who told us, "It's [the service] pretty organised and thought through. If I go to [Registered manager's name] they escalate the issue and we get action." The provider had recently completed a staff survey and the registered manager planned to work through the emerging themes with the staff during staff meetings.

There was a clear management structure in place and staff were clear about their roles and responsibilities. The registered manager was supported by the area manager, senior care and support workers and managers from other locations. There was a 24hour 'on call' system in place to support staff outside office hours. Staff were positive about the culture of the service and the benefits of effective team work. One staff member told us, "We work really well, it's a nice atmosphere. We all pull together which is nice." Another staff member said, "We all get on brilliant. We've got a really good bunch here."

The registered manager kept abreast of good practice through management meetings and through the provider's quality team. They worked alongside care and support staff on a daily basis and were able to ensure that staff put their training into practice. Their aim was to build on staff strengths and empower them to take on more responsibility.

The provider was keen to learn from people's experience of the service. They held monthly meetings where people were asked for ideas of how the service could be improved. For examples, the scheme had recently received a legacy and had chosen to spend this on new garden furniture. The provider also conducted service user questionnaires and the registered manager had received the results of a recent survey. They

found that there were concerns about people feeling lonely and isolated. They were looking at ways of addressing this by talking with people and also asking staff for ideas. In the interim they were actively encouraging people to meet with other people in the bistro. During our visit we heard staff contacting people via the intercoms in their individual flats to invite them to events. This included a coffee morning and in the afternoon the activity of making lavender bags.

The registered manager told us they maintained links with the local community by providing people with information on local religious and social amenities for them to access should they wish. They said that they explored local charities for opportunities for people to have trips out. They also informed us that some people living at the scheme volunteered in the community.

The provider had a range of quality assurance audits in place to monitor the quality and safety of the service. The maintenance worker completed health and safety checks of the environment which included testing the fire bell system once a week. The registered manager and senior care and support worker completed checks on different elements of people's care and support. These included weekly medicine audits, monthly audits of care plans and staff files. The registered manager completed a monthly report about the service that they submitted to the area manager. The area manager completed six weekly visits to the scheme and produced an action plan for the registered manager to address any issues they found. We saw that the provider had systems in place to respond to poor practice or unsafe staff behaviour which included disciplinary procedures.

The registered manager was present during our inspection and demonstrated a clear understanding of the Regulations and the requirement to meet them. They had clearly displayed the ratings of the previous inspection in the reception area of the home.