

Home from Home Care Limited

The Hawthorns

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The Hawthorns is a residential care home providing personal care for up to nine people who have a learning disability or autistic spectrum disorder. At the time of our inspection there were nine people living in the home.

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

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The service was exceptionally well-led by a team who were committed to providing an exceptionally high standard of person-centred care. This was confirmed by relatives, healthcare and social care professionals and staff. The provider and management team promoted an open and honest ethos and learned from mistakes. Staff were very dedicated and motivated, they were well trained and there were effective systems to ensure staff remained competent in their role. Staff ensured people were at the heart of the service. The staff and management team were creative, committed and determined to support people to live independent lives and challenge the barriers around supporting people with learning disabilities and autism. People's views about the service were valued and there were effective procedures in place to continually monitor and improve the quality of service people received.

People received a service which was exceptionally responsive to their needs and preferences. The registered manager and staff were highly responsive and skilled at helping people achieve positive outcomes, building confidence, independence and helping develop life skills. Staff went above and beyond to ensure people's needs and lifestyle choices were respected. Technology developed by the provider was embedded in service delivery and supported staff to provide people with genuinely person-centred care. The running of the service centred around the experience of people as individuals and recognised the value of their expertise in how their own care should be delivered and they were fully involved in planning and reviewing the care and support they received. People's communication needs were assessed and understood by staff. People were

provided with information in a format which met their needs. Relatives felt confident that any concerns would be taken seriously, and action would be taken to address them

The provider had systems in place to safeguard people from abuse. Staff were aware of each person's safety and how to minimise risks for them. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to reduce the risk of reoccurrence. Systems were in place to recruit staff safely. People were supported with good nutrition and could access appropriate healthcare services.

People had personalised rooms. They 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.

People were supported by staff who were kind, caring and treated them with dignity and respect. They were relaxed and happy in the company of staff and the registered manager. There was a system in place to respond to any concerns.

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

Rating at last inspection

The last rating for this service was Good (published 4 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was extremely responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was extremely well-led.

Details are in our well-led findings below.

Outstanding ☆

The Hawthorns

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Hawthorns is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. A provider well-led inspection was carried out on 10 June 2019 and we used this information to plan the 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

We spoke with one person who used the service and eight relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, two operational managers from within the provider's organisation and three support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff recruitment files and training records. A variety of records relating to the management of the service, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and health and safety records. We spoke with two professionals who were involved with 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Relatives told us they were confident their family members were safe, one said, "I have no concerns in relation to [name of person] safety,"
- Staff had a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- Safeguarding and whistleblowing policies reflected local procedures and contained the relevant contact information.
- There were sufficient staff on duty to meet people's needs and to enable people to take part in social activities and to attend medical appointments.

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

- People were supported to take positive risks and to be as independent as possible. The provider completed assessments to evaluate and minimise risks to people's safety and well-being.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans clearly documented the support people required to stay safe and staff followed this guidance in practice. Risk assessments had been updated to reflect people's changing needs.
- Accidents and incidents were responded to appropriately; trends and patterns were identified, monitored and used for learning purposes.
- The environment and equipment used had been assessed for safety.

Staffing and recruitment

- Safe recruitment procedures were followed. The provider had clear systems in place to ensure the staff they employed were suitable to work with people who lived the home.
- The provider's approach to recruitment aimed to match potential new staff members with particular people who lived in the home, and those people were fully involved. This ensured people's needs and preferences were central to the process and their support was more personalised.

Using medicines safely

- Staff received training to administer people's medicines in a safe way. This included having their competency assessed a number of times before they were able to administer medicines without supervision.
- The provider had signed up to an initiative called 'Stop Over Medicating People' (STOMP). This is an NHS England national project to reduce the use of psychotropic medicines in people with learning disabilities. This is important as reducing the use of these medicines may improve people's quality of life.

Preventing and controlling infection

- Staff followed good infection prevention and control practices. They used personal protective equipment to help prevent the spread of healthcare related infections.

Is the service effective?

Our findings

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

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

- There was a holistic approach to assessing, planning and delivering care and support. Staff produced comprehensive assessments prior to admission and people's goals or expected outcomes were identified.
- Care plans were regularly reviewed to understand people's progress. Staff helped people make plans to achieve their goals and celebrated their achievements with them.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- New staff underwent an induction which consisted of formal training sessions and shadowing more experienced staff working with people in the home.
- Staff were required to complete an annual programme of training, which ensured they remained up-to-date with changes in best practice and legislation. Training programmes included subjects that were based on people's individual needs and care plans. Examples of this were around the support needed for epilepsy or special methods for helping people to receive the right nutrition.

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

- People had a choice and access to enough food and drink throughout the day. Menus were planned in consultation with people based on their preferences.
- People's weights and nutritional intake were monitored and appropriate action taken if there were any concerns.

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

- The service shared information with other agencies if people needed to access services. Visits to healthcare appointments were documented in people's individual files with any instructions for care and treatment to ensure their well-being was maintained.
- People's changing needs were communicated with their relatives. They told us they were involved in decisions regarding the health and welfare of their loved ones. A relative told us, "We are kept very much involved via a weekly email and sometimes a call. This is actually quite impressive."

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

- The accommodation met people's needs. It was well maintained and decorated to meet the individual's needs. People's bedrooms were personalised with photographs, pictures and personal items.

- People were free to access all areas of the service. The environment had been adapted to support people's physical and emotional needs and to maintain their independence skills, for example safe outside areas and quiet areas within the service.

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.

- DoLS applications had been made when required. When authorised these were monitored and reviewed by the registered manager.
- People were supported wherever possible to make their own decisions; staff had a good understanding of the principles of the MCA.
- There were systems in place to assess capacity, so they could ensure decisions were made in line with MCA best practice. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff communicated with people in a caring and compassionate way. They gave people time to respond.
- Compliments had been received from health professionals and relatives commending the staff and registered manager's kind and caring approach towards people.
- Staff anticipated people's needs and recognised signs of distress at the earliest stage. Interactions between staff and people were natural and positive.
- People's equality, diversity and human rights were respected. Information about their diverse needs was available to staff.

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

- Staff supported people to make decisions about their care. People were involved in meetings about them and staff knew when they wanted help and support from their relatives. Surveys were sent to people and their relatives to gain their views about the service.
- People were directed to sources of advice and support or advocacy when this was required.
- Staff knew people's communication needs well. People's communication needs were assessed and understood by staff. People were provided with information in a format which met their needs, for example, using verbal prompts, questioning, photos, videos and picture cards. During the inspection we saw people made decisions about how they spent their day. Staff respected people's wishes and their preferred routines.

Respecting and promoting people's privacy, dignity and independence

- Staff were very respectful of people's privacy and dignity. They knocked on people's bedroom doors before entering and a relative told us, "[Name's] need for privacy is fully respected."
- People were supported to remain as independent as possible. Staff described how they encouraged and supported people to do things for themselves. A relative told us, "The staff promote people's independence, they encourage them to do some house work."
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

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;

- People's care and support plans were exceptionally person-centred. They were written in a positive way and focused on people as individuals, their abilities and what mattered most to them. The registered manager told us support plans were always changing to reflect people's needs and this was confirmed by staff and relatives. Relatives told us, "We are very involved in the care plans and ongoing communication." And "We are involved in discussions about our knowledge and experience of what "works" for [name of person]."
- It was clear that people were at the heart of the service and staff were focused on providing an exceptional standard of personalised support. Staff used the innovative ground-breaking technology developed by the provider, and worked closely with people to enable them to contribute to their support, making sure that care was personalised and based on their individual preferences.
- The provider well-led assessment demonstrated their ongoing commitment to providing people with exceptional person-centred care which resulted in positive outcomes for people.
- Care plans, which were embedded in the bespoke technology used at the service, contained data unique to the individual. The data was monitored and allowed the service to measure care outcomes. This enabled the service to support people in a highly responsive way. For example, staff supported one person who had experienced increased anxiety which resulted in challenging behaviours. The technology used by the service and the personal behavioural support team worked closely to identify the cause which was the person being in pain. This meant they were able to ensure the person had access to the right healthcare professional in a very timely manner. This had a significant impact on the person's wellbeing and quality of their life.
- A health care professional gave extremely positive feedback about the service's use of the technology. They said, "The new software that they use monitor's every aspect of the individual's care making their service very high tech and impressive which is great for the people living there."
- The outcomes for people living at The Hawthorns reflected the values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focused on them having as full a life as possible, gaining new skills and growing in confidence and independence.

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

- The service had developed excellent links with the local community. People were supported to maintain and develop relationships with those close to them, build social networks and engage in the community. Relatives told us they had regular contact from the service keeping them updated about what their relative had been doing.

- Staff were exceptional in how they supported and advocated for the people they supported. Their aim was to ensure people were able to express their views and have choices about what they wanted to do. For example, staff had developed a good understanding of one person who had complex sensory needs and was limited to what activities they were able to participate in because they experienced high levels of anxiety. With the support and encouragement of staff, the person was gradually introduced to different activities, and their anxiety was considerably reduced.
- Another person only wanted to do computer activities, but this impacted on their mental well-being. Staff encouraged them to look at other activities which were introduced including walking and accessing activities in the community. The individual is now much happier and has allocated computer time during the day to ensure their mental well-being.
- The service held regular social events including picnics and barbeques and hosted birthday parties to enable people to socialise with old and new friends. People's relatives were welcomed and could visit whenever they wanted. We saw lots of photographic evidence of people engaging in activities they had expressed an interest in. These included horse riding, riding a trike, listening to music, shopping, baking, having a drink in the pub, socialising with others, dancing and feeding the ducks. They all looked very happy and relaxed.
- Relatives told us, "I have been very impressed by the programme of activities that the service provides for people." And "[Name of person] enjoys so many activities and that was a reason for choosing The Hawthorns."

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 service met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- Each person had a 'communication profile', which informed staff of the individual's choices, needs and preferences and enabled staff to communicate effectively with them. For example, pictorial formats and images, verbal prompts and body language were used with good effect to help people express their feelings.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints. People knew how to feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- One relative told us, "There are several channels, I can discuss with one of the managers by phone, email or when visiting, and at review meetings. Another channel of communication to raise and/or discuss concerns is via a periodic phone call (typically every 3 months) with a more senior member of staff."

End of life care and support

- At the time of the inspection no one was being supported with end of life care. Staff had received end of life care training, which included how to support people and their relatives emotional and physical well-being during this process.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 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,

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

- The culture was incredibly open and transparent. The provider promoted a culture and ethos of ensuring people were provided with outstanding care and support which met their needs and preferences.
- The registered manager and staff team demonstrated an exceptionally strong commitment to provide person-centred, high quality care, placing people at the heart of the service. A relative said, "In my opinion the provider fully lives up to their commitment to provide residents with a high-quality home environment, in which residents are genuinely afforded a high degree of personal freedom and respect."
- Relatives and professionals were exceptionally positive about the service. A relative told us, "Staff are very approachable and positive and any feedback from parents is fully taken into account, they are always trying to improve."
- People were introduced to potential staff before they started working with them. This gave people the opportunity to decide whether they were happy for the staff member to support them.
- Staff were highly satisfied in their roles and motivated to provide excellent care. Staff felt proud of the service and were passionate about providing people with the best care possible. A member of staff said, "I enjoy my job, staff morale is very good, there is really good energy. Communication is really good; it's all about the resident's, it's great."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- Management of the service was highly effective. The provider and registered manager had a clear understanding of quality performance and the regulatory responsibilities of their roles. Certificates of registration and current inspection ratings were on display within the home. Appropriate notifications had been submitted to the Care Quality Commission (CQC), which is a legal requirement.
- People were supported by staff who were trained and highly motivated to carry out their roles. A member of staff said, "The training is really great." Another member of staff told us, "The training team are great at making training interactive, you can ask for further training in fact it is encouraged as the people we support benefit."
- Staff received regular supervisions where they had the opportunity to discuss their role and performance. An independent agency contacted staff to get anonymous feedback and make any improvements identified.
- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training.

- Good governance systems were well-embedded at the service. The provider had developed a bespoke system which continually monitored every aspect of care provided. A dedicated Quality Assurance team carry out monthly unannounced compliance audit visits. Any identified actions are shared with the registered manager with timescales to ensure on-going improvements to care and facilities met people's needs. Relative told us, "They are always trying to improve."
- The registered manager was open and transparent throughout our inspection and it was clear the ethos of the home was to promote an open and transparent approach in all they did. They were clearly dedicated to their role and fully aware of their responsibilities in relation to the duty of candour.

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

- The registered manager and staff had cultivated an extremely open, and inclusive culture. They sought ideas and feedback from people, relatives and staff to create a very open and relaxed place for people to live. For example, parents are called or emailed monthly by an independent team to discuss any issues and these are passed to the service. One relative told us, "From my perspective the company is committed to continual improvement and is receptive to people's opinions."
- Staff completed annual questionnaires and received 'aspire calls' from an external agency to check where they want to progress and where the service can help them achieve this. A staff member said, "We have Aspire calls to discuss progression and career development." Survey results show staff are very satisfied in their roles
- Records showed multi-disciplinary meetings were held, which enabled people to discuss positive risk-taking decisions and to review and update progress plans.
- Relatives and professionals were exceptionally positive about the service. A relative told us, "Staff are very approachable and positive and provide any feedback."
- People were actively engaged in the service. They were encouraged to become recruitment partners completing a six-week training course, to interview and recruit future staff.
- People were part of a focus group sharing their experiences and discussing ideas for future service improvements. For example, a tuck shop where people had identified times the shop could open, volunteers for roles and discussions about what it should stock.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to continuous learning and ensuring people received a service which complied with current best practice and legislation. This was achieved by using technology which analysed data, and continually monitored the standard of care provided to ensure on-going improvements.
- People benefitted from a provider and registered manager who had systems to continually monitor the standard of care provided and ensure on-going improvements.
- The provider is an accredited Autism Inclusive Organisation and holds an Investors in People (IIP) Gold award. IIP is an international standard which provides a structure for developing and sustaining a well led organisation and a motivated workforce. They were working towards the platinum award and developing ways in which they could share best practice with other care and support providers.
- The provider has an excellent track record of working in partnership with other services and strives for excellence through consultation research and reflective practice. They work with national organisations and these collaborations can have a significant impact on services and the people using them.