

Yunicorn Limited Hawthorns

Inspection report

Walkmill Drive
Wychbold
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Date of inspection visit:
11 April 2019
15 April 2019

Date of publication:
04 September 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Hawthorns is a residential care home providing accommodation and personal care to four people aged 65 and over at the time of the inspection. At the time of our inspection four people were living at the home. Bedrooms were located on the ground and first floor. Communal facilities were on the ground floor.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy

People's experience of using this service:

- Actions taken to always ensure risks to promote people's safety in the home environment were not always effective.
- The providers quality checks were not fully effective in identifying potential risks to people living at the service.
- Not all fire doors were effective in their ability to reduce the risk of fire spreading.
- Testing of the fire alarm system was not taking place on a regular basis
- A required service of the stair lift had not taken place.
- Checking of water temperatures had not taken place for four months and no action had been taken regarding the lack of water supply to one bedroom
- Gaps were identified on staff training
- Care documents were not always up to date to reflect the care and support provided to people.
- Records were not always secured to prevent unauthorised access.
- Improvements were needed to ensure people's personal care records were completed showing the care provided.
- Care records needed to be secured to prevent unauthorised access.
- The registered provider had not achieved a rating above Requires Improvement for the second consecutive inspection.
- People indicated they felt safe living at the home.
- Staff were aware of the responsibility regarding safeguarding
- Risks to people's personal care needs were assessed, reviewed and equipment was in place..
- People received their medicines.
- People were supported by staff who were kind and caring.
- People had fun and interesting things to do including trips out and holidays
- Relatives were confident they could raise concerns and they would be acted upon
- Staff found the registered manager to be supportive

Rating at last inspection: Requires Improvement (report published May 2018 with a supplementary report published January 2019)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found improvement was required.

Enforcement: Action we told provider

We found the service met the requirements for 'Requires Improvement' in all five areas. The overall rating of the service was 'Requires Improvement'. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up: We will continue to monitor intelligence we received about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Hawthorns

Detailed findings

Background to this inspection

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

Inspection team:

The inspection was carried out by one inspector on 11 and 15 March 2019.

Service and service type:

Hawthorns is a care home without nursing. People received accommodation and personal care. CQC regulates both the premises and the care provided, 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:

The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about any deaths, accidents or incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority and Healthwatch to gather their feedback about the service.

We had limited discussions with people who lived at the home. As people were unable to share their views with us, we completed the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care for people who may not be able to speak with us. We also spoke with the registered manager and four members of staff.

We looked at the care records for three of the people as well as medicine records, three recruitment records, accident and incident records, fire records, training records and service records. We looked at quality assurance records. Additional evidence was sent to us from the registered manager as requested following the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

At our last inspection in January 2018 we rated this key question as 'Good'. During this inspection we became aware of a number of concerns regarding safety within the home and how these had been managed. As a result of these findings the rating is now 'Requires Improvement'.

Assessing risk, safety monitoring and management

- We identified concerns regarding fire safety precautions within the home. We found one fire door wedged open with a knife. This would have prevented the door closing in the event of the fire alarm sounding. Staff told us the door had been held open like this for about two weeks. We were told the registered provider was aware of the shortfall. However, no record existed of the fault and of any action taken to ensure people were safe.
- A fire door between the kitchen and the utility room did not close into its rebate therefore would not have acted as a fire door in the event of an emergency. The registered manager told us staff had not made them aware the door was not closing. The door was repaired at the time of the inspection however when we returned we found it was once again not closing. No record was in place about when the door had failed and the registered manager was not aware of the reoccurrence.
- There were gaps in the fire records to evidence weekly checks of the fire alarm system. The registered manager confirmed the fire alarm should have been checked on a weekly basis. The fire records showed the previous testing to have taken place five weeks beforehand. Prior to that test was a gap of over four weeks.
- The stairlift used to enable people access between the ground and first floor was due a safety (load) check and examination in January 2019. The registered manager confirmed this had not taken place.
- Two members of staff were seen transporting a person who lived at the service in a wheelchair with no footrest in place. This could have potentially caused injury.

The above concerns demonstrated a failure to prevent the risk of harm which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where risks were identified in people's care and support assessments were in place giving guidelines and instructions to staff to reduce these risks. Equipment such as a cushion to reduce the risk of a person developing sore skin was in use.
- Portable electrical appliances were routinely tested and records were maintained.
- Firefighting equipment was serviced on a regular basis.
- Information on how to deal with concerns with utilities such as electricity was available in the event of needing this information.

Staffing and recruitment

- Some staff believed the arrangements throughout the night to be insufficient to meet the changing care needs of people living at the home. The registered manager told us they were seeking additional staff to cover waking night shifts to meet a person's changing care needs. The registered manager assured us people were safe with the current arrangements and their needs could be met.
- Staff told us they believed sufficient staff to be on duty during the day time.
- The registered manager had followed procedures for safe staff recruitment. Checks were undertaken including a DBS and obtaining references. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.
- One staff member told us they had spent time shadowing experienced members of staff following their appointment.

Systems and processes to safeguard people from the risk of abuse

- People were seen to be relaxed and at ease with staff members.
- One relative told us their family member was, "Absolutely safe as they could be" with staff who knew them well, cared about them and provided a "Normal life".
- We found the registered manager understood situations whereby they would be required to inform the local authority and the care quality commission of safeguarding matters.
- Staff told us they had no concerns about the safety of people living at the home. They were aware of their responsibility to report any abusive situations or concerns and were confident the registered manager would act upon any concerns raised.
- One member of staff told us it was an important part of their job to keep people safe and free of injury. Another member of staff told us they believed their job to included, "Looking out for people" to ensure they were safe from abuse.

Using medicines safely

- People received their medicines as prescribed.
- Some medicines required addition recording, this was found to be done and the balance remaining was correct according to the records held.
- The amount of medicines held balanced with the records on those we checked.
- Where people were prescribed medicines on a as and when needed basis, protocols were in place to guide staff as to when they were to be administered.
- Any shortfalls in medicines delivered from the pharmacy were followed up with the doctor.

Preventing and controlling infection

- The home was found to be clean and suitably tidy.
- Communal bathrooms and toilets were clean.
- Protective equipment was available for staff to use while providing personal care.

Learning lessons when things go wrong

- The registered manager had acted following the previous inspection in relation to one person's privacy and dignity. They had made changes to the environment in order for a change in care practices could be achieved.
- The registered manager had made further changes to the environment to reduce the risk of falls by ensuring changes in floor levels were more visible.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our last inspection in January 2018 we rated this key question as 'Good'. Due to concerns regarding shortfalls in staff training we have now rated this question as 'Requires Improvement.'

Staff support: induction, training, skills and experience

- There were gaps in the training some staff members had received. Care plans stated all staff were trained in first aid. We found this was not the case. In addition, some staff who would have sole responsibility for people's safety, such as at night time, had not undertaken recent fire safety training.
- Since our previous inspection the provider had introduced the Care Certificate and newly appointed staff were undertaking this training.
- Staff confirmed they had access to training using a computer and were aware of where they needed to complete training. Staff told us they received appropriate support from the registered manager.
- One relative believed staff received the support they needed from the registered manager.

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

- Staff were seen to support people with their dietary needs.
- Staff were aware of particular needs people had for them to eat and drink safely and to reduce the risk of choking. For example, the need to cut food up to bite size pieces.
- Powder used to thicken people's drinks was seen to be unsecured in the kitchen whereby people could have accessed these items placing them at potential risk. This was brought to the attention of the registered manager and removed.

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

- Everyone living at the home had done so for many years therefore no assessment of needs prior to admission had taken place for a long time.
- The registered manager was aware of the need for an assessment of need in the event of future changes at the home.
- The care needs of people living at the home were continually assessed and reviewed and changes to the care and support needed were considered. The changing care needs of one person had resulted in a change to their sleeping arrangements and staffing arrangements.

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

- Although not en-suite people had access to toilet and bathing / shower facilities close to their bedroom.
- People could personalise their own bedrooms to match their life styles and personal interests and

identity.

- Communal areas were 'homely' and reflected the lifestyles of people living at the home.
- A handrail on the staircase was in place to assist people using the stairs.
- There was some signage in place to help people find their way around the home such as toilets.
- Some areas of the home such as doors needed decoration. The registered manager told us the provider was aware of these and they were due to be painted.

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

- One relative told us they believed the healthcare received by their family member to be exceptional due to staff knowing signs of when they might be unwell and their vigilance.
- People received appropriate support and treatment if unwell such as antibiotic medication.
- The registered manager told us they believed they had a good working relationship with the doctor's surgery where people were registered. Annual health checks were undertaken.
- During our inspection people attended routine dental appointments. The registered was heard discussing with staff one person's dental needs to ensure these were passed to the healthcare professional.
- Other healthcare professionals were involved in people's care and support such as speech and language therapists, physiotherapist, chiropodists and opticians.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- One family member told us they were aware of the authorised DoL in place regarding their family member.
- The registered manager was aware of their responsibility to notify the Care Quality Commission of authorised DoL'S.
- Best interest decisions were in place where needed. These had involved suitable professionals such as healthcare workers and social workers.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

At our last inspection in January 2018 we rated this key question as 'Requires Improvement'. This was because some practice described by staff members showed a lack of regard for people's rights. At this inspection we found improvement had taken place however personal information about people was not secured. Therefore, the rating remains 'Requires Improvement.'

Respecting and promoting people's privacy, dignity and independence

- Personal Evacuation Plans (PEEP's) were in place for each individual living at the home. These gave instructions as to how people would be evacuated in an emergency. These were initially displayed in the conservatory which meant they were visible to people and others. The registered manager removed them on highlighting.
- Care records were not always put away securely and were at times left in the conservatory where unauthorised people could access them.
- Staff could describe how they maintained privacy and dignity such as when assisting people with a shower and the use of towels.
- Relatives confirmed they had witnessed staff upholding people's privacy and dignity by their actions such as knocking on doors and ensuring doors were closed when personal care was taking place.
- Since the previous inspection a change to the environmental arrangements had taken place. This resulted in the availability of a shower room without having to go through a person's bedroom.

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

- People we spoke with confirmed the staff were kind to them and they liked living at the home.
- We saw friendly exchanges between staff and people. People were seen holding hands with staff and showing signs of affection and wellbeing.
- People indicated they were well treated by staff members. One person was heard saying to staff, 'I love you.' A person was seen singing to the registered manager as well as smiling and laughing.
- Staff were seen to provide reassurance to people when needed to reduce anxiety and bring about wellbeing.
- Relatives confirmed they saw consistency in the care provided to their family member and believed this to be due to stability in the staff team and staff knowing people's needs.
- One relative confirmed appropriate banter took place between people and staff members. The care provided was described as 'Great' Their family member called Hawthorns, 'Home'.
- One member of staff told us they liked their job because they could make a difference to people's lives and felt they had done something good at the end of their shift. They told us this made them feel, 'Worthwhile.'

- Another staff member confirmed they had time to spend with people for talking and engaging in fun things to do.

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

- Staff were aware of the importance of involving people in decision making such as what people wanted to wear, how people wanted to spend their time and when they wanted to go to bed.
- Staff were seen to spend time with people checking what they wanted to do. Staff were seen kneeling down next to one person describing a trip out they were going on and checking out what the person wanted to do.
- Staff were knowledgeable about people's likes and dislikes and were seen engaging with people about these.
- One relative told us staff members understood their family member's care needs and could communicate effectively. The same relative also told us their family member was offered choice and alternatives.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

At our last inspection in January 2018 we rated this key question as 'Requires Improvement. This was due to the care staff described was not always responsive to needs. During this inspection we found some care records were either not in place or were not complete. The rating therefore remains as 'Requires Improvement.'

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Amended care plans were not always readily available to staff members as some following changes made were held on the registered manager's computer.
- Care records were not always completed and maintained fully to evidence the care and support people had received. Records regarding when people had gone to the toilet were not completed. People's weights were not always recorded on a regular basis.
- Although we were assured a recorded sore area had healed there were no records to show the action taken and the improvements made since the initially recording of the soreness. Staff confirmed nobody had sore skin at the time of the inspection.
- Without accurate information as described above staff are not able to effectively monitor the care and support provided to people.
- People were dressed appropriately and people's appearances were maintained such as shaved and clean and cut finger nails.
- One relative told us their family member received personalised care.
- There were fun activities for people to participate in. We saw staff engaging with people doing things they liked doing which stimulated as well as provided fun. Staff were aware of what people liked to do and encouraged people to take part in these interests.
- Staff were seen to encourage people achieve they full potential and skills in their pursuit of interesting and fun stimulation.
- People could go out on occasional outings as well as more local visits. One person went to a nearby town to get further supplies for an activity they enjoyed. Other outings included shopping trips and going out for meals. Staff told us of plans to go out in the summer on trips to a chocolate factory and garden centre.
- Staff told us of a recent holiday taken by one person and of their plans for a forthcoming holiday involving everyone who lived at the service.
- We saw mementos of previous holidays and other interest in people's bedrooms. Photographs of people were seen displayed.
- One person confirmed they had enjoyed their recent birthday. We were told of entertainment provided to celebrate the event.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints about the service provided since our previous inspection.
- Relatives we spoke with told us they were confident they could raise concerns with the registered manager. They were confident they would be listened to. One told us they had found the registered manager always got back to them even if it was their day off.
- The provider's complaints procedure was on display near to the front door for people and their relatives to see.

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- Some people had information within their care records of their or family members wishes in the event of their death.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection in January 2018 we rated this key question as 'Requires Improvement'. This was because the registered provider was not meeting their regulatory responsibilities and due to quality checks needing to be strengthened. The rating remains 'Requires Improvement' following this inspection.

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

- Systems to ensure people lived in a safe environment were not always effective in identifying shortfalls in the service provided and ensuring people lived in an environment where risks were mitigated.
- The registered manager was not aware of shortfalls with fire safety records and they were not aware the stair chair had not received a recent service.
- Staff had not brought to the attention of the registered manager faults with a fire door not closing into its rebate. Records were not maintained to show management had identified faults with fire doors and the action taken to have these repaired and ensure people were safe and risks to safety were minimised. There were no records of visits undertaken by the registered provider or of any actions needing to be taken because of these visits to make improvement within the service.
- The registered manager was not aware of shortfalls with the hot water system. Checks to monitor the temperature of hot water had not taken place since November 2018. The providers own procedures required these to be carried out monthly. Monthly records since July 2018 highlighted a lack of hot water in one bedroom. No action had been taken to resolve this.
- The provider's own procedure on descaling shower heads was not carried out as this process had not happened since November 2018.
- There were no records of shortfalls and the maintenance required within the home for the registered manager and provider to monitor against to ensure people were safe.

The above concerns demonstrated a failure which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

- The registered manager had a sheet which identified when certain aspects of the management of the home needed to be reviewed and checked such as policies and procedures and risk assessments. They acknowledged improvements in monitoring the quality of the service provided were needed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The registered manager took on board the findings of the inspection and started to act to resolve the shortfalls identified.
- Customer satisfaction surveys had not recently taken place. The registered manager undertook to do these and sent them out to relatives during the inspection.
- The registered manager told us they operated an open-door policy for staff if they wanted to discuss anything. Staff we spoke with confirmed this
- The rating from the previous inspection was on display as required in the entrance hall of the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they liked working with the registered manager and staff team and felt supported in their work. One member of staff told us, 'It's really good. No issues since here. Will ask if I am unsure.'
- Relatives told us they found the registered manager to be approachable and responsive to any questions they had regarding their family members care. One relative told us they trusted the registered manager's judgement and of their determination to provide personalised care for people. We were told the registered manager always actioned any requests made.
- The registered manager had established good working relationships with healthcare professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not adequately assess and protect against risks by doing all that was reasonably practicable to mitigate any such risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured robust quality systems or processes were in place.