Mrs M Mather-Franks

Hawthorns Residential Care Home

Inspection report

The Hawthorns
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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

Hawthorns Residential Care Home provides accommodation and support for up to six people with learning disabilities and complex needs. It is situated in a residential part of Rushden, close to local amenities. On the day of our visit, there were three people living in the service.

Our inspection took place on 18 July 2016, and was unannounced.

The service did not have a registered manager. An application had been made by the manager of the service to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the service. Staff understood the importance of safeguarding them and had been trained to recognise signs of potential abuse and neglect. They were aware of the systems in place to report or raise concerns. Processes were in place to manage identifiable risks for people and to enable them to remain as independent as possible using control measures. Risk assessments had been carried out to guide staff to manage and reduce the level of harm to which people may be exposed.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs. Safe and effective recruitment practices were followed to ensure that people remained safe.

People's medicines were administered safely in line with prescribed guidance. There were suitable arrangements for the safe management of medicines.

Staff received on-going training to enable them to perform their roles and responsibilities appropriately. New staff had been provided with induction training to give them the right skills and knowledge to support people appropriately.

People's consent was sought by staff on a daily basis and their decisions respected. Where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

People enjoyed a balanced dietary intake, in line with their specific preferences and dietary requirements. They were provided with a balanced diet and adequate amounts of food and drinks of their choice. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to ensure their general health and well-being was maintained.

People experienced care from staff that were kind, caring and compassionate and who understood their needs well because they had involved people in the care planning process. Staff worked hard to promote

people's privacy and dignity and respect their equality and diversity.

Staff understood how people preferred to be supported because they were guided by information contained within person centred care plans. There were effective systems in place for responding to complaints and people and their relatives were made aware of the complaints processes. People and where appropriate, their family, were given regular opportunities to express their views on the service they received.

The service was led by a team of established staff and as a result experienced good leadership. This positive ethos meant that staff were motivated and positive in their desire to provide good quality care for people. Quality assurance systems were in place and were used to monitor service performance and drive future improvement.

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 were protected from abuse and avoidable harm by staff that understood the risks and knew how to report and deal with concerns.

There was sufficient staff available to meet people's individual needs and keep them safe.

Effective recruitment practices were followed.

People's medicines were managed safely by staff in line with prescribed guidance.

Is the service effective?

Good

The service was effective.

Staff had been provided with appropriate training which equipped them with the skills and knowledge to meet people's needs.

People's consent was sought and the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed when people needed help to make decisions.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Is the service caring?

Good

The service was caring.

Staff supported people to develop positive and caring relationships.

Staff were knowledgeable about people's needs, preferences

and personal circumstances.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

Staff supported people to engage in activities that they enjoyed.

The service had a complaints process and people and staff were encouraged to raise concerns, no matter how small.

Is the service well-led?

Good

The service was well led.

The manager provided staff with support and had created a positive culture at the service.

The manager demonstrated visible leadership and had put systems in place to drive improvement and improve the quality of service.

The quality assurance and governance systems used were successful in identifying issues. There was a clear vision and set of values which staff understood, and were motivated to drive future improvement.

Hawthorns Residential Care Home

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 18 July 2016 and was unannounced. The inspection was undertaken by one inspector.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority to ensure they were happy with the provision of care at the service.

We spoke with three people who used the service, and three relatives to ensure they were happy with the care people received. We also spoke with one social care professional to determine their views of the service.

During our inspection, we observed how staff interacted with the people and how people were supported during individual tasks and activities.

We spoke with the manager, the registered manager of a sister service and two care staff, to ensure that the service had robust quality systems in place and to gauge what they felt about the delivery of care. We also reviewed the care records of the three people who used the service to see if their records were up to date and reflected people's needs. We looked at other records relating to the management of the service, including quality audit records to ensure that the service monitored its own performance.

Good

Is the service safe?

Our findings

People told us they felt safe in the service and with the staff who supported them. One person said, "I do feel safe here." Another person told us, "They help me stay safe." Relatives confirmed that their loved ones were safe in the service because of the supportive environment provided by staff.

Staff understood the processes in place to ensure people were kept safe and free from harm. One staff member said, "I would go straight to the manager or [Name of provider]." Staff also told us they had received training in how to safeguard people from abuse and training records confirmed this. They knew how to recognise signs of abuse and how to report their concerns to the local authority safeguarding team, police or the Care Quality Commission (CQC). Information was accessible within the service for staff to refer to and used to make referrals, if and when this was required. Records showed that safeguarding concerns had been documented and referred to the local authority for investigation when required. People were protected from the risk of abuse because staff had appropriate knowledge and understanding of the actions to take to keep them safe.

Staff were aware of the importance of reporting an accident or incident, so that the correct action could be taken. We found that all accidents and incidents were logged and then overviewed for any specific patterns or triggers. The manager confirmed that they had oversight of the accident and incident forms, to monitor whether they should be raised as a potential safeguarding matter. Records confirmed that correct action had been taken by staff.

The manager told us, and records confirmed that the service had emergency plans in place for flooding, major fire, loss of electricity or a gas leak. On an individual basis, people had Personal Emergency Evacuation Plan's (PEEPs) to guide staff as to how to support people to leave the service in the event of an emergency. There were contact details of emergency telephone numbers displayed in the service, which were accessible to staff should they be required. Plans were in place to maintain the service and make improvements throughout, to make sure that people remained safe. Routine checks took place to ensure the building and equipment was safe and fit for purpose.

Staff understood the risks that people faced both within the service and in the wider community and as a consequence, worked hard to ensure these were robustly assessed. Where a risk had been identified, for example in respect of nutrition, skin integrity or manual handling, action plans with associated control measures had been put in place to reduce any risk. One person had a risk assessment in place regarding the use of the kitchen area, it explained to staff what the person may do to put themselves at risk, and also how to support the person. This guidance enabled people to be as independent as possible whilst keeping them safe.

People told us there was enough staff on duty to look after them safely. One person told us, "I think there are enough staff, yes." Relatives also had no issue with the amount of staff available to support people. Staff considered that staff numbers were appropriate to meet people's needs and to help keep them safe. One staff member said, "We have three people here so our numbers are fine for that." When people's needs

changed the numbers of staff were flexible enough that they could be increased to maintain people's safety. The number of staff on duty enabled safe care to be given, for example, when people required double handed personal care or support with transferring. The numbers of staff allowed this to be done whilst ensuring that other people had a visible staff presence in communal areas. It was evident from our observations that there were sufficient numbers of staff who understood people's needs well and how best to meet them.

The registered manager from the sister service told us that staff underwent a robust recruitment process before they started to work at the service. New staff were not allowed to commence work until all relevant checks had been completed. The registered manager also told us that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out though the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

People told us they received their medication at the times they needed to have it. One person said, "I don't have too many tablets but I do get them ok." Staff confirmed they had received training to administer medications in a safe way and records we looked at supported this. We saw that medication was being stored appropriately, and that medication records had been completed properly, indicating that people had received the right medication at the right time. We found no anomalies within the stock control systems. Systems in place were suitable to manage people's medication in a safe way.

Good

Is the service effective?

Our findings

People told us that staff had the right skills to support them to meet their needs. One person said, "They know just how to move me from my bed to my chair." We also observed that staff applied the knowledge they had gained in training to their daily work, by providing care which met people's needs. For example, during moving and handling, and supporting people to take their medication.

The manager told us that all new staff were required to complete induction training and work alongside an experienced member of staff until their practice was assessed as competent. Within this service there had been no new staff recently employed, however records confirmed that the induction training took into account the competencies arising from the Care Certificate which ensured that staff received training in line with the essential standards of care. Records evidenced that established staff had received induction training, which included health and safety, fire safety, moving and handling and safeguarding, along with other relevant training to ensure that they could meet people's assessed needs.

Staff received relevant training, frequent supervision and on- going support to enable them to undertake their roles to the best of their ability. One staff member told us, "Training here is good, we learn lots of things which always helps." The manager told us, "We have worked hard on training, we do the main courses and lots of staff have done their National Vocational Qualifications (NVQ's)." Records confirmed that staff had training in a variety of subjects, which included manual handling, infection control, food hygiene and safeguarding adults and also more specific training in relation to epilepsy and learning disabilities. This meant that staff had been equipped with the required knowledge to provide care for the people they supported.

Staff felt well supported by the manager and provider in respect of supervisions and appraisals. One said, "We get regular supervisions." Staff received frequent supervisions and an appraisal each year and used this time to identify and address developmental needs. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

People's consent was sought before any care or support was given. One person told us, "They never do anything without asking me first." Staff understood the importance of gaining consent from people. One staff member told us, "They are people just like you and me so why shouldn't we ask them before we help them." Staff felt it was important that people's decisions were respected in respect of their care requirements.

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.

Staff understood how to make decisions in line with the Mental Capacity Act (MCA) 2005. They had a basic

understanding of the MCA and were able to describe how they supported people to make decisions that were in their best interests and ensured their safety. We saw documented examples of where people's capacity had been assessed and found that appropriate assessments were in place. Records showed that decisions such as financial or attending hospital appointments had all been assessed under the MCA and the process used to determine if this was in people's best interests. Staff had all completed training on the MCA and Deprivation of Liberty Safeguards (DoLS).

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that applications had been made under DoLs for some people, as staff in conjunction with other healthcare professionals, considered that their liberty may have been restricted. These actions showed that staff understood their responsibilities under DoLS arrangements.

People told us they enjoyed the food they received in the service. They all said that they were supported to eat and drink sufficient amounts to meet their needs. One person told us they really liked the food they had, they told us, "I have had porridge, I like that." They also said that they had a choice of food which they liked because it meant they could always have something they enjoyed. Another person said, "I like all the food here, it's all nice."

Staff told us they supported people to maintain a balance between choice and healthy living. They talked to us about people's individual dietary requirements, and we saw that menus were planned around these without restricting choices for other people living in the service. During the morning we heard staff discussing with people what they would like for their lunch. We saw that mealtimes were flexible and responsive to meet people's preferred daily routines. Menus were planned in advance and staff told us that a different meal was available for people every day. People were supported to select their choice of meal with staff and if they did not want what was on offer, we observed that a range of alternatives were available.

Staff also told us, and records confirmed, that people's individual dietary requirements had been assessed, to identify their preferences and requirements such as soft food options, if someone was at risk of choking or had difficulties with swallowing for example. Our observations found that people received the assistance that was described within their individual care records.

People told us they were supported to see their GP or attend local hospital appointments with staff. One person said, "Yes, they come with me when I need to see the doctor." People's care and support was managed well by staff when they accessed other services, such as the physiotherapist, optician or dentist. The manager told us that everyone was supported to have an annual health check with their GP and attend regular dental and optician appointments. Records highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide required support. This included specialist health care teams, and speech and language therapists. Appropriate arrangements were in place to meet people's healthcare needs.

Good

Is the service caring?

Our findings

People felt that staff were all very kind, supportive and caring towards them. One person told us, "I really like the staff. They all help me and I get on well with them." Another person said, "Yes, I like them a lot, I really do." Another person told us, "I like [Name of staff member] they are always nice to me." Relatives told us they were very happy with their loved one's placements in the service. One relative said, "I have no complaints at all, I could not wish for anywhere better. [Name of Person] has improved so much since being here. He talks now and is so much more communicative. It is lovely."

Another relative told us that all the staff strived to create a homely atmosphere, and that as soon as they had stepped through the door, they knew it was the right place for their loved one because of the attitude and demeanour of staff. They commented, "You have to look between the lines, to see past the chips in the paint; it's the care that matters and from the word 'go' they made us feel relaxed."

During our inspection we observed a positive and happy environment, with people laughing and enjoying meaningful interactions and smiling at staff. It was apparent that there were some constructive relationships between staff and people, which had helped to foster improvements in people's independence. People were treated with kindness and compassion.

Staff told us how they wanted to create somewhere that was more than just a service; that was a real home from home. They considered that it was important for people to feel secure and content, with both them and the environment. They therefore strived to provide a settled atmosphere where people could be calm and relaxed. One staff member said, "I really do love working here, I have been here for 11 years. It is great." Throughout the inspection the staff team demonstrated a good understanding of people's individual needs, and how best to meet these. Staff interactions were meaningful and not task led.

During the inspection, we heard staff speaking to people in a respectful way. Staff greeted people when they got up and exchanged pleasantries, passing the time of day, talking about things of importance to the person. Each time they entered the communal area, they interacted with people to ensure they were comfortable and had everything to hand they required. Staff had patience with people and took time to observe their body language and non-verbal cues to ensure they were happy. Our observations throughout the day demonstrated that staff provided people with kind and compassionate care.

People had been involved in the planning of their care. One person told us, "I always get asked about what I want to do." Relatives also echoed this view, with one saying, "People are valued and involved in their care, in every aspect of the home." Staff told us that care records were personalised and included information about people's individual preferences in respect of daily routines and social activities. Records supported the fact that people's preferences were taken into consideration, and we observed that staff were aware of these preferences and provided support accordingly.

The manager told us, and records confirmed that people could access advocacy services if this was required and we found information was available on advocacy so that staff could use this when appropriate.

People told us they were treated with dignity and respect, for example, one person confirmed that staff ensured their door was closed during the delivery of personal care. They felt that staff treated them as an equal, being respectful of them as a person.

Staff told us it was important to ensure people's privacy and dignity was maintained; for example, by ensuring curtains were closed during personal care. We observed staff gaining consent before every activity, for example; they knocked on people's doors and waited before entering. Everyone had their own bedroom enabling personal care to be offered in private, and personal care that was provided during the inspection was done so discreetly. This showed that people's privacy and dignity was respected and promoted.

Good

Is the service responsive?

Our findings

People were treated as individuals and their care provided in a manner which took into account their personal history, preferences and interests. Family members confirmed that they were given opportunities to contribute to their relative's care if they wanted to, and their views were taken into account. Two relatives told us they felt communication was very good in the service, they said they always felt included in every aspect of their loved ones care plans. The manager told us the staff team had developed close working relationships with people's families, and that they valued the support and input that relatives provided to the service.

People were assessed prior to admission to the service to ensure that the service was right for them and could meet their needs. One person told us, "I had a chat before I came here. " Their relative confirmed that they had been given the opportunity to visit the service, to meet with staff and people before deciding on whether to go ahead with admission. The manager told us that people's needs were assessed prior to them coming to live in the service; not only did this help with ensuring a smooth transition but enabled staff to have an idea of what people's care needs were so that the care planning process could commence. Records confirmed that information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan. We found that people received care and support from staff which took account of their wishes and preferences, and was delivered by staff that understood what people wanted.

People had been asked about their individual preferences and interests and whether any improvements could be made to the care they received. One person told us that they felt fully involved in their care, they said, "I have a review today. I am going to talk about my care with my family and social worker." Staff made sure that people were content with the care they received, through regular key worker sessions with them, resident meetings and general conversations. They took time to talk with people about what they wanted and what their individual needs were. Staff and the manager understood people's needs well; they were all able to tell us about people's specific care needs. People's needs had been assessed with their interests at heart, and where appropriate involved relatives or advocates to ensure that care was individualised.

Staff told us that people's needs were reviewed and changes were reflected in their care records. One staff member said, "People's needs are reviewed as much as they need to be." They were supported to be aware of any changes in how people needed to be supported. When staff had concerns about a person's condition, staff told us that they would monitor them. Records confirmed that people's needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff worked to ensure that accurate records were maintained.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. Care plans contained information about people's health and social care needs. The plans were individualised and appropriate to each person and were clearly set out and contained relevant information. There were sections on people's health needs, preferences, communication needs, mobility

and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines. People and where appropriate, their family were involved in writing and reviewing the care plans to make sure their views were also represented. Plans were regularly reviewed and updated to reflect any changes in the care and support given.

It was evident that staff knew people really well and understood their needs including their individual methods of communication. We saw from the way that people moved around the service or how they approached staff, that there were established routines which helped them to understand when it was time to eat or time for personal care. It was also clear however that these were not rigid and that staff responded flexibly to suit the individual needs of people.

People had access to a full range of activities which suited their individual interests. People attended day centres during the week and had access to additional activities when they were in the service and at weekends. Three people told us they were going fishing which they really enjoyed and we saw that others enjoyed activities such as having meals out, walks and engaging in activities of interest, listening to music and doing jigsaw puzzles.

Staff supported people to raise concerns if they had any. We found information in people's care records and displayed on notice boards, that explained how they could complain and who they could talk to. There was an effective complaints system in place that enabled improvements to be made. At the time of our inspection there had been no recent complaints. It was evident that action was taken to address issues raised and to learn lessons so that the level of service could be improved.

The registered manager of the sister service told us that every year people and their relatives received a questionnaire designed to capture their views about the care they received. This was completed with the help of staff or relatives if appropriate and we were told that the results were due to be analysed. This demonstrated that people who used the service were encouraged to give their opinion on the service and these were acted on.

Good

Is the service well-led?

Our findings

The service was led by a manager who was supported by an established team of staff. Although the manager was not registered, they told us they had recently submitted their application to register as manager with the Care Quality Commission (CQC). Records confirmed this. Further support was given by management staff from within the wider organisation. People, relatives and staff told us the manager was very approachable. We observed staff asking questions of the manager during the day, and being given constructive support.

We saw that there was a positive and open culture within the service. Staff confirmed that the staff team were close and worked well together, all having a common goal, to provide good quality care for people. Staff made themselves accessible to people and each other, so that any issues could be dealt with promptly.

It was clear the manager had a good understanding of the needs of staff. Staff confirmed that they had regular opportunities to speak with her informally as she regularly worked alongside them. We observed throughout the inspection that staff treated each other, and everyone living in the service, with respect at all times and interactions were positive and inclusive. There was a positive culture that was person centred, inclusive and empowering.

Staff told us they would not hesitate to raise concerns as they felt they would be supported. Staff told us that other senior staff from the organisation visited the service where they had an opportunity to speak with them, and that contact numbers were in the office if they needed to contact anyone at any time. Staff also told us their opinions were listened to and suggestions taken into account when planning people's care and support. They felt able to challenge ideas when they did not agree with these.

The manager and registered manager of the sister service talked to us about how they ensured the service delivered good quality care. They told us they used satisfaction surveys, meetings and internal audits to monitor the quality of service provision, and to give people the opportunity to express their views. We found that the provider visited the home on regular basis to undertake compliance visits, and saw that a record of visits was maintained, briefly detailing the areas looked at or discussed with the manager.

Information the Care Quality Commission (CQC) held showed we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

The service monitored the quality of people's care and health and safety aspects of the home. We saw audits had been completed in areas such as infection prevention and control and medicines administration. Where action was required to be taken, records confirmed it had been, to improve the service for people. Maintenance records detailed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given. The manager worked hard to identify areas they could improve upon, for example, in respect of the maintenance within the service, so that they could drive forward service

improvement for the benefit of the people who lived there.