

Durham County Council

Hawthorn House

Inspection report

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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

This inspection took place on 4 and 12 May 2017 and was announced. This was to ensure someone would be available at the service to speak with us and show us records. We visited the service on 4 May 2017, and spoke with family members on the telephone on 12 May 2017.

Hawthorn House provides a short break service for up to ten people who have a learning disability, some of whom may also have a physical disability. On the day of our inspection there were three people using the service however there were 70 people in total who used the respite service.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager of the service had applied to become registered with CQC and the application was in progress at the time of the inspection.

Hawthorn House was last inspected by CQC on 10 March 2016 and was rated Requires Improvement in two areas. We checked these areas at this inspection and the found necessary improvements had been made.

Accidents and incidents were appropriately recorded and risk assessments were in place. The manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. At our last inspection we found that appropriate recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. We did not check staff recruitment records at this inspection because there had been no new staff recruited.

Staff were suitably trained and received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were supported with their health care needs and care records contained evidence of consultation with health care professionals.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Family members were complimentary about the standard of care provided by staff at Hawthorn House.

Staff treated people with dignity and respect and helped promote people's independence.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their individual needs.

The registered provider had an effective complaints procedure in place however there had been no formal complaints recorded at the service.

Staff felt supported by the management team and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

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.

Staffing levels were appropriate to meet the needs of people who used the service. We did not check recruitment records as no new staff had been employed at the service since our last inspection visit.

Appropriate health and safety checks had been carried out. Risk assessments were in place, and accidents and incidents were appropriately recorded and investigated.

Safeguarding procedures had been followed and staff were trained in protecting vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff received regular support to carry out their roles, which included supervision, appraisal and training.

People were supported with their health care and dietary needs.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity, and promoted their independence.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good 

The service was responsive.

Care records contained information about each person, their individual needs, wishes and preferences.

The home had a full programme of activities in place for people who used the service.

There was a clear and visible complaints policy and procedure in place.

Is the service well-led?

Good 

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had good links with the local community.

Hawthorn House

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 registered 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 4 and 12 May 2017 and was announced. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with the manager, the registered provider's support manager, three care staff and one kitchen staff. We also spoke with four family members.

We looked at the care records of four people who used the service and observed how people were being cared for. We also looked at records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Hawthorn House. They told us, "Yes, I do find [name]'s safe", "I don't worry about her" and "Very safe. I am completely at ease when [name] is at Hawthorn House".

We discussed staffing levels with the manager and looked at staff rotas. Staffing levels varied depending on the needs of the people who used the service. The manager told us agency staff were sometimes used when people who used the service required one to one support however they always tried to use agency staff who were known to the person and had previously built up a rapport with them. We saw there were sufficient numbers of staff on duty to keep people safe. Staff and family members did not raise any concerns regarding staffing levels at the service.

At our last inspection we found that recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. Staff recruitment records were stored at the registered provider's head office. We did not check staff recruitment records at this inspection because there had been no new staff recruited.

Accidents and incidents were appropriately recorded and analysed by the manager to identify any trends or issues. Risk assessments were in place for people who used the service, which described potential risks and the safeguards in place to reduce the risk. All the risk assessments we saw had been regularly reviewed and were up to date. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

We found the home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out. These included weekly checks of the premises, fire safety, first aid, electrical checks, personal protective equipment (PPE), lighting and heating. Records we saw were up to date.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Equipment was in place to meet people's needs, including hoists, and where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date.

Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date, and a fire risk assessment was in place and up to date. Personal Emergency Evacuation Plans (PEEPs) were put in place for each person who used the service based on their individual needs. This meant appropriate checks and records were in place to protect people in the event of a fire.

The registered provider had a safeguarding policy and copies of local authority guidance for responding to

abuse or allegations of abuse were in the safeguarding file. We found the manager understood safeguarding procedures and had followed them. Where appropriate, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people from abuse.

We found appropriate arrangements were in place for the administration and storage of medicines. Medicines were securely stored in a locked cabinet in a locked room. Checks were carried out daily to ensure medicines were stored at the correct temperature and medicine stocks were checked at the end of every shift to ensure they were correct. Medication administration records (MAR) we saw were accurate and up to date. Each member of staff received an annual observation of their practice with regard to the administration of medicines. These included record keeping, the administration of medicines, hygiene, storage and ordering practices.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People who used the service were not able to communicate with us however family members told us, "The staff are really good", "They are very tuned into her", "They are very keen to carry out what you want them to" and "It's a good place for [name] to go".

At the previous inspection we identified that not all staff training records were up to date. At this inspection we saw staff mandatory training was up to date. Mandatory training is training that the registered provider thinks is necessary to support people safely and included safeguarding vulnerable adults, medicines, infection control, moving and handling, first aid, mental capacity, epilepsy and diabetes. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff were supported in their role and received regular supervisions, observations in the workplace and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff observation records included whether the staff member was "Customer focused", carried out safe working practices and whether records were appropriately documented. The records also included details of conversations with staff and feedback provided. This meant staff were fully supported in their role.

People were supported with their health care needs and care records contained evidence of consultation with health care professionals.

People who used the service were supported with their dietary needs and had 'Nutrition and hydration' support plans in place. We looked at the care records for one of the people who had dysphagia, which is difficulty swallowing. The person's support plan provided guidance for staff on the type of food the person should eat and how the person was to be supported at meal times. For example, staff were to sit beside the person at all times while they were eating or drinking and only small mouthfuls of food and drink were to be given at a time. The person had been referred to a speech and language therapist (SALT) and their recommendations were included in the person's support plan. The person was identified as high risk in this area and had a risk assessment in place. We spoke with a member of the kitchen staff who was aware of people's individual dietary needs and had a record for each person on the kitchen wall, which described people's dietary preferences and any allergies.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the previous inspection we identified that MCA decision specific assessments were not available and best interest decisions were not always recorded on care records. At this inspection we found DoLS applications had been submitted for people as necessary and records were maintained of where mental capacity needed to be established and decisions that had been made in the person's best interests. This meant the registered provider was working within the DoLS and MCA.

People who used the service had 'Communication' support plans in place, which provided important information to staff on the person's communication skills, abilities and preferred communication methods. For example, one person had no verbal communication and didn't use gestures or signs to communicate however they would grab or guide a member of staff towards a location or item. The support plan also described how the person enjoyed interacting with musical toys. This meant important information was available for staff to support people with their communication needs.

Is the service caring?

Our findings

Family members were complimentary about the standard of care at Hawthorn House. They told us, "They are very kind and caring with [name]", "The care is good" and "Very caring".

People we saw looked comfortable and enjoyed interactions with staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff. For example, one of the people who used the service wanted a photograph of themselves. Staff found a photograph of the person and while the person was out in the service's minibus, staff printed the photograph, mounted it on canvas and put it on the person's bedroom wall. When the person returned from their trip out, they were visibly happy with what the staff had done for them.

People were given choices and this was evidenced in the care records. For example, "[Name] will wake up in her own time", "[Name] likes to go to bed before 22:00 hours" and "[Name] awakens at a time he chooses".

People's care records described how staff were to promote dignity and respect people's privacy. For example, "[Name]'s dignity and privacy will be maintained at all times" and "Before going to bed, [name] should have a bath to maintain their personal comfort". We observed staff knocking on bedroom and bathroom doors before entering. This meant staff treated people with dignity and respect.

People were supported to maintain their independence where possible however where people required support with tasks, the type of support required was clearly recorded in the care records. For example, "[Name] will require the support of two staff to attend to his personal care needs each morning", "[Name] will need total support to cleanse themselves after their continence needs have been met" and "[Name] will need support to clean his teeth".

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The manager was aware of advocacy services and information was made available to people who used the service and their family members. The manager told us none of the people using the service at the time of our inspection had independent advocates.

We discussed end of life care with the manager who told us none of the people who were using the service at the time of our inspection were receiving end of life care. People's end of life wishes were not recorded at the service and the manager told us this would be discussed with family members if it was ever required.

Is the service responsive?

Our findings

Care records were regularly reviewed and evaluated. People's needs were assessed before they started using the service and a 'Pen picture' was provided for each person, which described important events and information from the person's past, things they enjoyed doing and other information for staff to be aware of. This ensured staff had up to date information about people's needs before they moved into Hawthorn House.

Each person's care record included important information about the person including emergency and next of kin contact details, disability, ethnicity and contact details for health and social care professionals involved in reviewing the person's care needs.

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Support plans were in place and included personal care, personal hygiene, continence needs, nutrition and hydration, staying safe from harm, medical conditions, accessing the community, communication and relationships. Each support plan described the person's need in that area and the support required from staff. For example, one person who had epilepsy required assistance to use the bath. The support plan described the procedures for staff to follow, for example, undressing the person on their profile bed, checking the temperature of the bath water, action to be taken in the event of a seizure and the support required to wash and dry the person. A risk assessment was in place for this activity, and bathing and showering records were kept for each time the person used the bath or shower.

Daily records were maintained for each person who used the service. Records we saw were up to date and included information on the person's diet, personal care, continence, sleep and activities carried out.

The registered provider protected people from social isolation. People's care records included a record of daily activities that people took part in and a list of activities and interests that people enjoyed doing. For example, one person enjoyed being outdoors, music, using an exercise ball, sensory and musical toys, and spending time in the sensory room. The records also provided information on activities that may not be suitable for the person. For example, one person was sensitive to strobe lighting that may trigger their epilepsy so they were not to join in sensory sessions where strobe lighting was used until this had been checked out.

The service had its own sensory room and new equipment had been purchased for the room, which included a "Magic carpet." The magic carpet was a mobile, interactive resource that projected games and images on to the floor to stimulate and engage people. We observed one person using the magic carpet and tapping the floor with their feet to catch fish.

The registered provider had an effective complaints policy and procedure in place. The service user guide included a copy of the complaints policy and it was also on display in the entrance to the building. The policy described the procedure for making a complaint and how long the complainant would expect to wait

for a response. There had not been any complaints recorded at the service within the previous 12 months however there had been a number of compliments about the service. These included, "This building feels nice when you walk into it. It has a nice calm feel", "I just wanted to say thank you to yourself [manager] and the support staff for the time and effort that has been put into supporting [name]'s transition into Hawthorn" and "Lovely visit. Really impressed. Definitely coming back".

Is the service well-led?

Our findings

At the time of our inspection visit, the service did not have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager of the service had applied to become registered with CQC and the application was in progress at the time of the inspection.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the management team and enjoyed working at the service. They told us, "Staff who work here think outside the box", "The staff are good, there is good continuity", "We have a good mix of skills. We bring the best out in people" and "[Manager] has the right style". The manager told us, "It's about teamwork. I have a good team around me." Staff were regularly consulted and kept up to date with information about the service and the registered provider via regular staff meetings and supervision sessions.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. The service manager visited the home on a regular basis and they, and the manager, completed regular checks to ensure the service was run safely, efficiently and in the best interests of the people who used the service. Checks included reviews of care records, accidents and incidents, medicines management, health and safety, safeguarding, staff training, supervision and appraisals, complaints and finance. If any issues were identified, an action plan was put in place. In addition, weekly health and safety checks were carried out and care records were checked on a daily basis by the manager to ensure they were accurate and up to date.

People and family members were consulted about the service and the quality of the care and support provided. Meetings were held for people who used the service on a monthly basis where possible, depending on the people who were using the service at the time. Subjects discussed at these meetings included things to do, keeping safe, money matters, things people like or don't like and what was new at the service.

An annual customer satisfaction survey took place. The most recent survey was carried out in December 2016 and received 17 responses. All of the responses said the service was "Good" and "Liked what was offered". Two of the responses said the service did not communicate very well. This was taken as an action by the manager and senior staff were directed to carry the telephone around with them at all times so they could respond to telephone enquiries in a more timely manner.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.

The service had good links with the local community, including the local school who provided the service

with a copy of their newsletter. People who used the service visited local shops, cafés and the local library, and a local charity donated Easter eggs to the service every year.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.