







Staffordshire 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	

Overall summary

We inspected this service on 3 February 2016. This was an unannounced inspection. At our previous inspection on 19 August 2014 the provider was meeting all of the legal requirements we inspected.

Hawthorn House provides care and support for up to 29 people with a learning disability.

There was a registered manager in post. 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 were protected from unnecessary harm because staff knew how to recognise abuse and understood how to report their concerns. People's risks associated with their care were identified, assessed and managed to keep them safe. People were supported by a sufficient number

Summary of findings

of suitably recruited staff who received training and support to care for people safely and effectively. People received their medicines in the correct way at the right time to keep them well.

Staff understood the importance of gaining consent from people and supporting people when necessary to make decisions in their best interest. People had access to advocacy services to provide them with additional support.

People were provided with a sociable mealtime experience and received a varied diet and plentiful drinks to maintain their health. People had access to health care professionals when they needed additional support to maintain their physical, mental and psychological wellbeing.

People were supported by kind and caring staff who recognised their individuality. People's privacy was respected and staff recognised when people needed

assistance to maintain their appearance to promote their dignity. Visitors were welcomed at any time which meant people could maintain the relationships which were important to them.

Staff knew people well and provided care which met their preferences. People were encouraged to personalise their bedroom and staff supported them to enjoy outings associated with their hobbies. People were provided with choices and opportunities to socialise together during activities in the home and maintain links with the community.

There was a complaints procedure which ensured that any concerns raised by people or their relatives were investigated and responded to appropriately.

People, their relatives and staff felt the service was well managed by the provider and registered manager. The registered manager and staff listened to people's opinions and tailored their care to reflect their choices. Audits and checks were in place to monitor the quality of the service and make improvements where needed.

Summary of findings

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. People were protected from harm by staff who were suitable to work in a care environment. Staff knew how to recognise abuse and take the actions required to keep people safe. People's risks were identified and managed to support people to live as independently as possible. There were arrangements in place to manage people's prescribed medicines and ensure they received them at the right time and the correct dose.

Good



Is the service effective?

The service was effective. Staff received training and support to care for people effectively. Staff gained consent from people before providing care and support. Staff understood the principles of the Mental Capacity Act 2005 and ensured that any decisions made for people were in their best interest. People were provided with a choice of nutritious food. Specialist advice was obtained and implemented to support people with specific dietary or health requirements.

Good



Is the service caring?

The service was caring. Staff were kind and compassionate to people and understood their needs. Care was provided in a friendly, sociable environment. Staff promoted people's dignity and recognised their right to privacy. People were supported to maintain the relationships which were important to them to promote their wellbeing.

Good



Is the service responsive?

The service was responsive. People received care which met their preferences because staff understood their likes and dislikes. People were provided with opportunities to socialise in and outside of the home. People and their relatives knew how to raise complaints or concerns.

Good



Is the service well-led?

The service was well led. People, their relatives and staff were happy with the support provided by the registered manager and provider. Relatives were given opportunities to express their views about the service. Audits were in place to monitor the quality and safety of the service provided.

Good



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 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.

The inspection took place on 3 February 2016 and was unannounced. There were 23 people living in the home at the time of our inspection. The inspection was carried out by one inspector supported by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience at this inspection had expertise in learning disability.

We looked at the information we held about the service and the provider including notifications they had sent us about significant events in the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR when we planned the inspection.

We spoke with eight people who used the service, three relatives, four members of the care staff, the registered manager and the care manager. We did this to gain people's views about the care and to check that standards of care were being met.

Some people were unable to tell us about their experience of care so we observed how the staff interacted with them. We looked at two people's care plans to see if their records were accurate, up to date and reflected the care people received.

Is the service safe?

Our findings

People who were able to speak with us told us they felt safe. One person said, “Yes I’m safe. Things aren’t left to chance”. Relatives we spoke with agreed, one told us, “I have no concerns over the safety of people living here”. Staff understood their role in protecting people from harm and the risk of abuse. One member of staff told us, “Some people would tell us but we’d pick up signs if people were behaving differently. I’d report to the management and I know they’d definitely do something about it”. Another member of staff told us, “The manager would take action straight away but I also know who to speak with at the local authority”.

Staff understood the risk of avoidable harm associated with people’s care. We saw there were risk assessments in place to ensure for example, people were moved or supported to mobilise according to their ability and the level of assistance they required. A relative told us, “My relative can be a bit unsteady so staff follow them at a slight distance to ensure their safety. Some people when they were anxious presented with behaviour that challenged their safety and that of others. Staff told us how they would support people, for example, one member of staff said, “We can go outside or move to another room when [name] becomes unsettled”. We saw this was the same as the guidance provided to staff on the most effective way to support the person to remain safe and keep other people protected.

People’s medicines were managed to ensure they received their prescribed treatments when they needed them. Staff told us that only the managers were able to administer medicines. We saw that people received support to take

their medicines and an explanation of what the medicine was for. People were offered their medicine in the way they preferred. For example some people wanted to take their medicine from a spoon. Staff told us one person made a sandwich with a piece of toast and their medicine and we heard them joking with the person about this. There were arrangements in place each day to check people’s medicine administration records had been completed accurately and that the expected stock levels were correct. This ensured that any errors were spotted and rectified immediately.

There were sufficient staff to support people to do as they wished. One relative told us, “There are always enough staff around when I come in”. We saw that staff sat with people and chatted to them throughout the day. One member of staff said, “I’ve never come on shift and thought we’re short staffed”. Most of the staff working at Hawthorn House had been there for several years or had transferred from other local authority services. We looked at two staff files and saw that there were checks in place to ensure that everyone who came to work in the home was suitable to work with people in a caring environment.

There were arrangements in place to ensure the environment remained safe for people to live in. Regular checks were made on the equipment used in the home. We saw the registered manager had sought risk assessment advice from a falls service to identify any hazards within the home and this had confirmed the safety of the premises. There were personal emergency evacuation procedures in place to ensure people could leave the building safely with the correct level of support, should an emergency such as a fire occur.

Is the service effective?

Our findings

Relatives told us that staff understood how to care for people. One relative told us, “I feel confident about their skills. My relative developed a health problem and staff had training to deal with it”. Staff told us they had access to a good range of training. One member of staff told us, “We get plenty of training. It’s good”. Another member of staff said, “I find it interesting particularly when people are unable to communicate. I like to learn how to support people”. Staff received regular support to discuss their work, how they were performing and the opportunity to discuss developing their knowledge and skill. One member of staff said, “We can talk about any issues, concerns about people who use the service, staffing levels and the best way to support people’s behaviours. If I had a worry I wouldn’t wait for supervision I’d go and talk about it straight away”.

People were supported to make decisions and choices. One person was being supported to purchase new furniture and wallpaper for their bedroom. They told us they wanted wallpaper with trains on and staff were trying to find a paper which met their choice. We heard staff offering another person a cup of tea or coffee. Staff told us the person had gone off coffee and told us, “Just because they always say yes to tea it doesn’t mean they might like coffee one day so we offer both”. This demonstrated that staff understood people’s right to make choices for themselves whenever they could.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that there were mental capacity assessments in place for those people who needed them. We saw that staff supported people to make everyday choices and whenever necessary used pictures or objects to illustrate what they meant. For example, when one person was offered a drink we saw staff pointing at a mug as they asked them. When people were unable to make choices about their health, safety or wellbeing we saw that staff had demonstrated how decisions were made in their best interest.

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). Some of the people who used the service were deprived of their liberty as they were unable to make decisions about their safety for themselves. We saw that the registered manager had made the deprivation applications as required to ensure they provided care which met the principles of the MCA. Staff told us that people with DoLS restrictions in place were still able to go out and enjoy activities outside of the home with the support of staff. A member of staff told us, “We’ve had training on mental capacity and DoLS. It was good to know we were doing everything right”.

People were provided with a choice of food in a sociable atmosphere. We saw that people were offered a choice of hot meals or a snack as an alternative if they preferred. One person had changed their mind about their lunch and staff immediately offered them an alternative of a sandwich and salad which they ate. People told us they enjoyed the food and we saw they were offered second helpings if they wanted more. Staff sat with people to eat their own meal and they chatted to each other and discussed the food they were eating. We heard one member of staff saying, “Is that nice? Shall we say compliments to the chef?” and the person gave a thumbs up in response. People were provided with adapted cutlery to make eating independently easier for them. A member of staff said, “We want to keep people as independent as possible”. We saw that some people who needed support with their meal received patient encouragement to eat at their own pace. A relative told us, “They never rush [the person who used the service] meals”. A member of staff said, “Come on, see if you can try a little more. You’re a super star”. Staff had identified that some people had specific dietary needs, for example when they had difficulties swallowing and we saw they had been referred for specialist support. We saw that staff supported people in line with the recommendations they had received to ensure they remained safe at mealtimes.

People had access to other healthcare professionals whenever advice or treatment was necessary to keep them well. People visited their doctor regularly for their care to

Is the service effective?

be reviewed. We saw people's health appointments were recorded in their care plans which demonstrated that people had support for their physical, mental and psychological wellbeing.

Is the service caring?

Our findings

Everyone we spoke with told us or indicated to us that they were happy with the care that was provided. One person said, "They are very kind to me". A relative told us, "I feel very fortunate that I can relax in the knowledge that Hawthorn House serves my relative very well". We saw staff speaking kindly to people and showing compassion for their feelings. One person wasn't feeling too well and we saw staff treat them empathy and warmth. One member of staff said, "I know how you feel, it mustn't be nice for you". We saw a thank you card which had been sent to the registered manager which read, 'My relative is really cared for and has always been treated with dignity, compassion and love'.

We saw that people looked comfortable and relaxed in the company of staff. We heard gentle banter and laughter between people and staff. One person teased a member of staff about their singing voice and said, "She's rubbish", which made everyone laugh. Another person said, "We have a laugh". A relative told us, "The staff talk to everyone in a nice kind of jolly way". We saw that whilst staff enjoyed the banter with people they maintained a polite approach and addressed people by the name they preferred.

People could decide where they wanted to spend their time and what they wanted to do. We saw some people left the communal lounge to spend time alone in their bedrooms and their decision was respected by staff. People's independence was promoted. We saw one person using the stairs and we saw a member of staff watched

them to ensure they managed the steps safely. Another person was walking without support from staff but was a little unsteady. Staff stayed close enough to the person to offer support whilst giving them space to walk alone and maintain their independence.

People's dignity was recognised and supported by staff. We heard staff asking people if they needed personal support in a quiet and discreet manner. We saw staff knocking on people's doors before entering their rooms. One member of staff told us, "We always close people's curtains if we're providing personal care". People were supported to maintain their appearance and we saw staff helping them to tidy themselves after they'd eaten. We heard a member of staff say, "Let's go and wash your face and hands". One person sock's had come off and a member of staff said to them, "Let's put your socks back on otherwise your feet are going to get cold".

People were able to maintain the relationships with family and friends which were important to them. We saw that people went out with their families and were able to have visitors whenever they wanted. One relative told us, "There is an 'open door' policy on visiting". We saw that one visitor joined their relative for lunch every week. The registered manager said, "I want visitors to come in whenever they want". We saw that people who did not have support from relatives or friends had access to an advocate. An advocate is a person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

Is the service responsive?

Our findings

People received personalised care. We saw staff knew people well and used their knowledge when talking with people about what they liked and when discussing their important relationships.. People's care plans contained information about their past lives and how they would like to be supported. For example we saw that people had been asked how they would like to spend their day, what time they wanted to get up and their preferred bedtime. Staff we spoke with demonstrated that they knew people well, understood their needs and provided care which met their likes, dislikes and preferences for support. One member of staff said, "You like to be up with the lark don't you [the person who used the service] but you had a lie in this morning didn't you, slept in until seven thirty because you stayed up late to watch the football". Another person liked to feel tactile fabrics. We saw they had a box of different ribbons which they handled constantly. Staff told us, as a treat they had taken the person to a local craft store where they had a good range of ribbons for them to choose. We saw that people's care was reviewed regularly to ensure it continued to meet their needs. Families were invited to take part in the care plan review to support their relative. One relative told us they lived too far away to attend the reviews and said, "They keep me up to date and send the minutes of any meetings I miss".

People were supported to spend their time as they wished and had the opportunity to personalise their bedrooms to

reflect their taste and personality. We saw one person had an interest in birds and kept a parakeet as a pet in their bedroom. We heard staff reminding the person about a trip they'd taken which supported their interest of watching birds and looking at animals. Another person's bedroom was decorated and filled with memorabilia from their favourite film series. We saw that they had recently been taken by staff to see the latest edition of the film. Some people no longer enjoyed trips out. Relatives told us that external entertainers came into the home for people to enjoy. One relative told us, "Relatives are invited to take part in the entertainment too. A singer came and interacted with everyone. They clearly enjoyed it". Another relative told us, "The staff have been absolutely fantastic. They took [the person who used the service] to Wembley to see their local football team play". We saw the card they had sent in following the trip which thanked the staff for 'going way over and above the standard'. People's diversity was recognised and they were supported to maintain their beliefs. We saw that one person liked to watch a televised church service on Sunday mornings and was supported by staff to get up earlier so they were ready in plenty of time.

Staff told us that people would tell them, or indicate to them if they were unhappy with their care or support. There was pictorial information available if necessary to support people who were unable to express themselves verbally. We saw there was a pictorial complaints procedure which the registered manager followed when complaints were received.

Is the service well-led?

Our findings

Everyone spoke highly of the registered manager and the staff. We saw that people appeared comfortable when they spoke with the registered manager. Relatives told us they thought the home was well-led, knew the registered manager by name and had personal contact with them. A relative told us, "The manager is good. Very approachable". Staff told us they were happy with the management arrangements. One member of staff told us, "You can't fault the support you get, much better than where I've worked before. It makes you feel loyal". Another member of staff said, "The manager is spot on. Very supportive". We saw that most of the staff had worked at the home for many years. One member of staff told us, "I came for two years and have been here for 13! I love it. We're a good team". Staff told us there was a whistle-blowing policy in place to support staff should they want to raise concerns about people's care or the management of the home, anonymously if they preferred. One member of staff told us, "I wouldn't hesitate if I was worried".

Relatives were provided with opportunities to discuss the care of their family member and receive updates on changes within the service. We saw there were regular meetings provided for them and saw from the minutes of the last meeting that people were reminded that they could contact the registered manager to arrange private conversations if they preferred. Relatives told us that they were asked to complete satisfaction surveys annually to identify where, if necessary, they would like to see

improvements. We looked at the results of the last satisfaction survey and saw the comments relatives made were positive and included comments such as, 'Happy with the care' and 'Cannot fault the staff'. There were no formal arrangements in place for people living in the home to share their views. The registered manager told us, "We used to have regular meetings but it became a 'tick box' exercise which people didn't get much from". The registered manager told us that they used a personalised individual approach to support people. We saw that everyone living in the home had a regular meeting with a member of staff who ensured they had everything they needed. For example staff checked if the person needed toiletries or other personal items and when there was a family birthday, they supported the person to buy and send a card. There were regular meetings provided for staff, one meeting was taking place on the day of our inspection and there was an additional date arranged for staff who could not attend. Staff told us communication was good for them and whenever changes were made their attention was drawn to it and they signed to confirm they had read the updated information.

There were arrangements in place to monitor the quality of the service. We saw that the registered manager had an audit schedule that checked all aspects of people's care to ensure that they were providing a safe and quality service for them. The provider also had an audit programme which oversaw the audits done in the home and carried out of hours, unannounced visits to check people's welfare and the safety of the home.