

Milewood Healthcare Ltd

Hawthorn House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hawthorn House is a care home that was providing personal care to nine people with a learning disability or mental health needs at the time of the inspection. The service accommodates up to nine people.

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

The service was registered for the support of up to nine people, which is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

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

Overall we found improvements had been made since our last inspection; people had access to more structured activities and there was better staff consistency. Care plans also contained clearer information about how staff should support people safely when they were distressed. However, we continued to find some inconsistency in the reporting of safeguarding concerns to the local authority and notifying the Care Quality Commission (CQC) of certain incidents as required. Therefore, the service continues to require improvement.

People were satisfied with the service and told us they were happy living at Hawthorn House. Staff were aware of risks to people's safety and wellbeing. Systems were in place to ensure people received their medicines as prescribed, but there were minor recording issues with certain types of medicines. The provider agreed to address this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported with their nutritional and health needs. They had access to a range of health professionals, an annual health check and regular medication reviews.

People and visitors spoke positively about staff. Staff were respectful and responsive to people's needs. People were encouraged to be as independent as possible and were involved in some aspects of running the home, such as cooking.

Staff morale had improved since our last inspection and staff felt supported. Systems were in place to check the quality and safety of the service. Audits were completed more consistently than at our last inspection,

however the quality assurance systems had not been effective in addressing the inconsistent practice in relation to safeguarding referrals and CQC notifications, which had reoccurred since our last inspection. Issues in the provider's training department had resulted in delays with the completion of staff induction processes.

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

Rating at last inspection

At the last inspection the service was rated requires improvement overall (published 7 August 2018). This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a scheduled inspection based on the service's previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hawthorn House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was conducted by one adult social care inspector on all three days of the inspection.

Service and service type

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

The service had a manager registered with CQC. 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

This inspection was unannounced.

What we did before the inspection

We looked at information we held about the service. We reviewed the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority. We used all of this information to plan the inspection.

During the inspection

We spoke with seven people who used the service, one relative and two visiting healthcare professionals. We spoke with the registered manager, compliance manager and three care workers.

We looked at records related to people's care and the management of the service. We viewed two people's care records, medication records, three staff recruitment and induction files, training and supervision information, staff rotas and records used to monitor the quality and safety of the service.

After the inspection

We continued to review evidence from the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe because certain procedures were not consistently followed. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and details of the local authority's policies and procedures. They usually referred concerns to the local authority safeguarding team as required. However, referrals had not been made for two incidents that had occurred. This issue had also arisen at our last inspection, which showed it had not been fully resolved. Improvement was required to ensure procedures were followed consistently.
- Staff received safeguarding training and were aware of indicators of potential abuse.

Assessing risk, safety monitoring and management

- The provider assessed and mitigated risks to people's safety and wellbeing.
- Staff completed risk assessments relating to people's individual needs and reviewed them regularly.
- At our last inspection, behaviour management plans did not always contain accurate and up to date information. At this inspection, improvements had been made and behaviour management plans contained information which was consistent with the training staff received. This included how to physically intervene safely, should this be required.
- Environment and equipment safety checks were conducted, and routine maintenance completed.
- Staff were attentive to people's safety.

Learning lessons when things go wrong

- Staff completed incident records and these were reviewed by the registered manager to identify any further action required. Appropriate responsive action was usually taken when incidents occurred, to prevent the risk of recurrence. However, on some occasions, incident records were not always passed on to the nominated individual as required, for further analysis as to whether any other stakeholders needed to be informed or other action taken.

Using medicines safely

- The provider had a system to manage medicines safely and people were happy with the support they received in this area.
- Staff were trained and had their competency checked.
- Certain identified medicines are subject to specific additional storage and monitoring requirements. There were some minor record-keeping issues in relation to these particular medicines. The registered manager agreed to take immediate action to make the records more robust. They also agreed to amend their regular medicines audit to ensure this area of practice continued to be monitored closely.

Staffing and recruitment

- There were sufficient staff to meet people's needs.
- Agency staff continued to be used to maintain safe staffing levels, particularly due to vacancies for night staff. However, there had been some improvements in the consistency of the regular staff team. This had led to improved morale within the team and greater consistency for people.
- Staff and relatives told us there were enough staff available and they could speak to staff when they needed any help.
- Recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people. The provider agreed to record more detail about how gaps in employment history were explored and to update the recruitment policy to reflect best practice and guidance.

Preventing and controlling infection

- The home was generally clean and there were no malodours.
- The provider's audits included routine checks of cleaning and infection control practice.
- Staff used personal protective equipment (PPE) when required, such as disposable gloves and aprons.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- The provider assessed people's capacity to make specific decisions and had submitted DoLS applications where required. There was information available about any conditions on people's DoLS authorisations, and these were adhered to.
- Staff sought people's consent before providing care.

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

- People were supported to eat and drink enough.
- Information about people's nutrition and hydration needs was recorded in their care and support plan. People's weight was monitored, and referrals were made to the dietician when required. Staff described the support they offered to help people understand healthier food options.
- People told us they enjoyed the food and took turns in being involved in cooking. They described the food as "Lovely" and "Nice." One person confirmed they chose what was on the menu on the evenings they cooked, but on other evenings, if there was ever anything on the menu they didn't like, they would be able to have an alternative.

Staff support: induction, training, skills and experience

- Staff were supported in their role; they received an induction, training and supervision.
- Since our last inspection, there had been an issue with induction training, which meant there had been a delay in some staff having their Care Certificate induction assessed and signed off. We have referred to this further in the well-led section of this report.
- There was a training matrix to enable the provider to track when staff were due for their refresher training.
- Staff were satisfied with the training they received and told us they could request additional training if they

needed it.

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

- Systems were in place to assess people's needs and preferences, so staff knew how to support them.
- The provider used a range of recognised assessment and best practice tools.
- The provider shared information with the registered manager and staff about best practice.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- People had good access to health and social care professionals, including the GP and specialist nurses
- Staff recorded information about people's health needs in their care and support plan.
- People were supported to have an annual health check, regular dental appointments and sight tests.

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

- The property was suitable for people's needs.
- There was only one main communal area, which gave people limited choice if they wanted to spend time away from others. There was though outdoor space at the rear of the property and plans to develop the garden further. People could also spend time in their own bedrooms.
- The home and bedrooms were decorated and furnished according to people's preferences. The provider also worked to make the property more homely, by hanging additional photographs and displays of people's artwork.
- People had access to the equipment they needed.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- Staff treated people with respect and they appeared comfortable in the presence of staff.
- People described the staff as, "Nice," "Very good" and "Alright." Two people spoke warmly about particular staff members they liked.
- A relative told us, "I couldn't wish for better staff. They are all lovely." A visiting healthcare professional also confirmed the staff were "Lovely."
- Staff demonstrated knowledge of people's diverse needs.
- The provider had an equality and diversity policy and there was information in people's care files about any needs in relation to protected characteristics of the Equality Act. Where people wished to go to church, this was supported.

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

- People were involved in meetings about the service and reviews of their care plan.
- Staff offered people choices and engaged them in discussions.
- People could access independent support with decision making and expressing their views, where required. Some people had support from advocates.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff provided examples to demonstrate how they maintained people's dignity. People confirmed staff made them feel comfortable when providing personal care. They also confirmed they could have privacy in their room when they wanted.
- Staff promoted people's independence and daily living skills, including involving people in cooking and cleaning their bedrooms. Some people accessed the community independently. Support was tailored to people's skills and needs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were responsive to people's needs and preferences.
- The provider developed detailed care and support plans with information for staff about people's preferences and how to support them. These were regularly reviewed and updates added. On occasions, outdated information was not fully removed from the care and support plan, when new updates were added. The compliance manager agreed to remind staff to re-write the whole care and support plan when any significant changes were added, to prevent any inconsistencies.
- Staff completed records of the care they provided. These records showed people received the support outlined in their care and support plan.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was recorded in their care and support plan. Should someone need to access other services, such as hospital, information about their communication needs could be made available to staff at other services, via the person's 'hospital passport'.
- Some information was available in easy read or pictorial format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff told us there was an increased range of structured activities available to people, and more consistency in staff support to access activities.
- People told us about activities they took part in. One person said, "I go for walks around the village. I go to [Name of local community centre/day activities]. I play pool. There are activities and a singing group. Bingo and Karaoke. I'm going on holiday in September". Another person told us how the registered manager was supporting them to try and achieve their aspiration of having their artwork displayed in galleries.
- A relative told us staff supported their loved one to visit them regularly.

End of life care and support

- At the time of our inspection nobody using the service required end of life care. Information was not available about people's advanced wishes, but the registered manager told us one person's social worker

was visiting to commence work on understanding and recording their advanced wishes in relation to end of life care.

- The provider had relationships with healthcare professionals and told us how they would work with other services to ensure people's needs were met.
- The provider had a training pack available for staff regarding 'care of the dying'.

Improving care quality in response to complaints or concerns

- Information was available for people about how to raise complaint.
- People confirmed they would feel comfortable raising any concerns with staff or the registered manager.
- No formal complaints had been received in the year prior to our inspection, but there was a system for recording any complaints and how these had been investigated and responded to.
- An old version of the provider's complaints procedure was still in some people's care files. The compliance manager agreed to update these and ensure that all information available to people consistently explained the correct organisations to whom people could escalate their complaint, should they be unhappy with the provider's response.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware of the legal requirement to provide information about relevant incidents to CQC. They had sent this information in the majority of cases, but we found a small number of incidents had not been notified to CQC as required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This matter is being dealt with outside the inspection process.

- A compliance manager had provided additional support to the registered manager since our last inspection, to support quality performance and service improvement.
- Staff were made aware of their responsibilities by attending daily handovers, monthly staff meetings and supervisions.
- The provider understood requirements in relation to the duty of candour. A relative confirmed they were confident they would be informed of any issues that occurred.

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

- There was a quality assurance system and regular audits were conducted to check on the quality and safety of the service. These had been completed and updated more consistently than at our last inspection. However, despite the improvements, the systems had still failed to identify and ensure that safeguarding referrals and CQC notifications were always sent as required.
- There had been changes in training provision since our last inspection, due to personnel changes. This had resulted in paperwork going missing and delays in the completion of some staff member's Care Certificate inductions. Improvements were required to provider oversight in this regard.
- The 'service user guide' in some people's care files required updating with relevant advice and external organisations.
- Staff told us morale had improved since the last inspection. Staff demonstrated commitment to providing good care and positive experiences for people. One commented how much they enjoyed their job.

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

characteristics

- The provider gathered feedback from people, relatives and visiting professionals about the service. They conducted satisfaction surveys and held individual review meetings with people.
- Staff had opportunity to provide feedback in staff meetings and confirmed they felt listened to.

Continuous learning and improving care

- Since the last inspection, the team had worked to make improvements at the service. This included some aspects of record keeping, more structured activities for people and more consistency of the core staff team. However, some issues highlighted at our last inspection in relation to safeguarding and notifications had not been fully resolved.
- Records of de-brief meetings after significant incidents lacked management analysis of what had been learned from any incidents.

Working in partnership with others

- The provider worked with other organisations and professionals to meet people's needs. Staff supported people's access to services within the community.
- Satisfaction survey feedback from a visiting professional in 2019 suggested communication could be improved. During our inspection, another visiting professional told us there had been some recent improvements in relation to communication with the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC of all incidents, as required in Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The enforcement action we took:

We served a fixed penalty notice for failing to meet fundamental standards (failing without delay to notify CQC of any incident specified in Regulation 18 of the Care Quality Commission (Registration) Regulations 2009).