

Hathaway Care Homes Ltd

# Hathaway House

## Inspection Report

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# Summary of findings

## Overall summary

Hathaway House is registered to provide accommodation and support for up to six people with a learning disability. At the time of our inspection two people were living in the home and receiving a service. The service was indistinguishable as a care home and was part of a small residential estate where people had an opportunity to integrate within the local community.

The service had a registered manager in post who had worked as a manager there since the service was registered with us in December 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. Prior to this the manager worked at the same service which was registered under a different provider. There were clear management structures offering support and leadership and there was a positive and empowering culture.

People using the service were safe because staff had received training on how to recognise signs of abuse and possible harm, and they knew what to do if they had any concerns. The staff knew how to identify signs of abuse and knew how to raise any safeguarding concern. There had been no safeguarding concerns since the service registered with us in December 2013.

People using the service had complex needs and used a combination of words and sounds to express themselves. As people were not able to express their views to us, we observed interaction between people and staff, how people chose what activities to do and how to spend their time. We saw the staff had developed good relationships with people; they were kind and respectful and communicated with people in a way they understood.

People were dressed in their own style and if they needed support, staff helped people to take a pride in their appearance and dress in their personal style. People were supported to have their personal care needs met. The staff understood how people wanted to be supported and ensured people's privacy and dignity.

People could choose how to spend their day and completed activities in the community. People were supported to go to places of interest and enjoy a meal in local restaurants, participate in their hobbies and interests which included walking and horse riding. The routines and daily activities were flexible. The staffing was provided to ensure people could carry out planned activities, which meant people could do the things they chose to do safely.

Staff received specific training to meet the complex needs of people using the service. Staff received support from the registered manager to develop their skills and use their knowledge to enhance the lives of people using the service. This meant people received support from staff who were suitably trained.

Some people using the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation sets requirements to ensure that where appropriate decisions are made in people's best interests and ensures the least restrictive care is provided.

Records showed that CQC had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

The staff knew how to recognise signs of possible abuse and harm and knew how to act to keep people safe and prevent further harm from occurring.

Risks were identified and risk management plans were put into place to support people to manage their complex behaviour. The plans included information about how risks could be reduced and how staff supported people to manage any behaviour to help people stay safe.

People's rights were protected because staff understood and supported people to make decisions about their care and support.

There were systems in place to ensure people received their medicines as prescribed to keep well.

Staff demonstrated they had an awareness and knowledge of The Mental Capacity Act 2005 which meant they could support people to make choices and decisions where people did not have capacity. People were not deprived of their liberty and there were no restrictions placed upon them. The staff were aware that where people were restricted or deprived of their liberty a DoLS application would need to be made, to ensure this was in people's best interest and the least restrictive practice.

### **Are services effective?**

We saw that people were supported to communicate in a meaningful and effective way. Care preferences and choices were sought using pictures and knowledge of personal preferences. Care records included information that enabled the staff to understand the people using the service.

Staff received necessary training to meet the complex needs of people using the service. The training was reviewed by the provider to ensure staff had gained the appropriate skills. The staff had opportunities to learn new skills and knowledge to ensure people's needs were met.

Arrangements were in place to request health, social and medical support when needed to ensure people's needs were met.

People received care and support from staff who had received regular training to be able to carry out their role to support people effectively.

# Summary of findings

Formal supervision processes were in place for staff to receive feedback on their performance and identify further training needs. Staff received on-going support from senior staff to ensure they carried out their role effectively.

## **Are services caring?**

We spent some time in communal areas observing interactions between staff and people using the service. We saw staff were respectful and spoke to people kindly and in way that ensured people could understand.

People chose what to do during the day and where to go. The care records guided staff about how they were to promote people's choice and independence, which ensured they were supported in the way they wanted.

The staff understood how to maintain information and records and respected people's right to privacy and confidentiality.

## **Are services responsive to people's needs?**

The care and support provided was reviewed with the person and people who were important to them. Staff respected people's decisions and where people's needs and wishes changed, the provider responded to ensure individual needs were still met.

Family members and friends continued to play an important role and people spent time with family members. Family members were offered the same training as staff to ensure there was a consistent approach to the support provided.

Where people did not have capacity, decisions were made in people's best interests and in conjunction with people who were important to them.

## **Are services well-led?**

The staffing was organised to ensure people received appropriate support and activities could be carried out flexibly in the community.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This meant risks to people were reduced and there was evidence that the provider used this to improve and develop the service.

The provider notified CQC of any the necessary incidents that occurred as required.

# Summary of findings

There was a registered manager in the service who demonstrated a good knowledge of their role and responsibilities and how to lead the team of staff.

# Summary of findings

## What people who use the service and those that matter to them say

During the inspection we wanted to understand people's experience of the service they were using. People living in the home were not able to express their views to us, therefore we spent time sitting observing how people were being supported, reading the records about their care and speaking with staff about the people's needs. We saw that people were relaxed with staff and were able to express themselves in words and gestures.

We spoke with one relative following our inspection who told us the staff informed them of important things that

happened in the service and they were able to visit people when they wanted to. Family members who were important to people using the service were included in decisions. The relative told us, "The staff will call us and let us know if anything important has happened and we get involved with the reviews and what's happening." This meant people using the service continued to be supported by family who played an important part in their life.

# Hathaway House

## Detailed findings

### Background to this inspection

We inspected this service on 14 April 2014. There were two people using the service and due to people's complex needs, we were not able to speak with people about their experience of living there. We therefore spent time observing the support they received from staff. We also spoke with two members of staff and the registered manager.

We did not receive any additional information relating to this new inspection process prior to our inspection and spoke with one relative following our inspection.

We looked at records relating to how the service was managed and at the two care records of people using the service. We saw staff records and the staff roster and records relating to reviewing the quality of the service provision.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection team consisted of one inspector and before our inspection we reviewed all the information we held about the service to help us decide what areas to focus on. This was the first inspection carried out at the service since they were registered with us in December 2013.

We telephoned the registered manager three days before our inspection to make sure they were happy to participate with this first testing phase and would have an opportunity to spend time with people.

# Are services safe?

## Our findings

The care records included assessments of risk, which provided staff with information about how risks should be managed. We spoke with two members of staff who demonstrated a good knowledge of these, including how to support people with complex behaviour. Care records contained information about people's individual behaviour triggers and behaviour management plans focussed on the use of redirection and de-escalation of any behaviour. This meant staff understood how to help people to manage their behaviour using behavioural management techniques in a way that did not place them at harm. One member of staff told us, "We all work together and give clear instructions to people which helps to avoid any complex behaviour because this is better for people."

People were encouraged to take part in a variety of hobbies and interests. People had assessments of risk which recorded the number of staff needed to support each person in the community to keep safe. Staff confirmed that people chose their activities and staffing was arranged flexibly to accommodate people's choice and agreed safe support in the community. The staff could tell us how about the support people needed in the home and the community, and how to manage complex situations. The staff we spoke with told us they were confident they had the knowledge and skills to support people, and worked closely with other staff to provide consistent support.

People using the service had complex behaviour. Discussion with staff revealed that they were aware of what could trigger this behaviour and how to support the person. One member of staff told us, "We write down what has happened when any behaviour occurs. We look to see if there is anything that might have provoked the situation or is it something we have done? It's important we try to work this out as people can't speak to us." The staff explained to us how this information was reviewed to identify any trends which helped to identify why any complex behaviour occurred. This meant information was reviewed to improve the way people were supported to manage any complex behaviour.

People using the service had medicines dispensed in syrups as staff told us people had difficulty taking medicines in a tablet form. We saw daily checks were maintained so staff could easily identify that medicines had been dispensed as required, identify stock inconsistencies and any administration errors. Some people needed 'as required' medication, known as PRN medication. Protocols were in place to guide staff to ensure that the most appropriate medication was given at the most appropriate time, to ensure the necessary information was made available to people using the service and the staff. This meant people received their medicines in a safe and consistent way.

The provider had policies and procedures in place for dealing with allegations of abuse. We spoke with two members of staff who confirmed they had access to these and told us they had read and understood them. The staff we spoke with told us they were knowledgeable about forms of abuse, how to identify abuse and how to report it. The staff we spoke with described what they would do if they had any concerns and knew who to share their concerns with. One member of staff told us, "Safeguarding is prominent in staff meetings and supervisions. We always talk about it, to make sure we all know what to do." This meant the staff understood how they needed to act to ensure people were safe and what action to take.

The registered manager and staff had received training for The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This Act sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people are not restricted. The staff we spoke with knew about how decisions should be made and there had been no applications made to deprive people of their liberty. The registered manager knew when a DoLS application should be made and knew how to submit one. This meant people could be confident that actions and decisions were being made in their best interests and only by people who had suitable authority.



# Are services effective?

(for example, treatment is effective)

## Our findings

We talked to the two staff on duty who demonstrated they had a good knowledge of people's communication style and we saw they responded appropriately. People using the service had limited verbal communication. Staff told us they observed signs and behaviour when communicating with people to ensure they provided support in the way people wanted. We saw the care records described how people communicated and how they showed emotions to ensure staff could communicate more effectively with people.

People using the service used a pictorial system to help them choose how to spend their time and to tell people how they were feeling. People placed pictures and images on a large white board when they had decided what they wanted to do. The staff we spoke with told us this helped to know what people wanted and how they were feeling. The staff told us that people using the service like to plan their activities and staff could refer people back to their plan which reduced people's anxiety.

Each person had a care record that was written in a person centred style. This meant the support focused on the individual needs of each person and we saw they were written from the perspective of the person using the service. We saw the care records showed that people had access to health and social care professionals, such as general practitioners, social workers, and health care professionals. One member of staff told us, "We don't hesitate getting advice or going to the doctors. As people can't tell us they're ill or something is wrong we need to make sure things are okay." We saw that one person had an

individual epilepsy management plan completed with a health care professional. This included information about the type of epilepsy, how to manage any seizures, the medication used and any side effects. The staff we spoke with told us they had received training for management of epilepsy and were confident with how to respond when people had a seizure. This meant that people's health and wellbeing needs were being addressed.

One member of staff had recently started to work in the service and told us they had received an induction when they had started employment which gave them the knowledge and skills to start to work safely. They told us the induction had included record keeping, providing personal support, how to manage complex behaviour and confidentiality. The staff told us they only worked unsupervised when they felt confident, and they worked with experienced staff to ensure they provided appropriate support for people using the service. The member of staff told us, "At the end of my induction I was asked if everything was alright. As this was new to me, I asked for more time and they were very good and carried on supporting me." This meant staff were provided with the support they needed to carry out their role.

The staff we spoke with told us they continued to be supported through regular supervision and appraisals of their work. The staff told us that the registered manager and senior staff were very approachable and they felt well supported in their roles. It is an opportunity to discuss on-going training and development. This meant that staff's performance and development needs were regularly assessed and monitored.

# Are services caring?

## Our findings

Due to people's complex needs, we carried out an informal observation of activities completed in the home and how people and staff interacted. We saw that people received their care in a positive and caring manner. Staff supported people to be engaged in purposeful activities. Some activities had been designed to improve eye to hand co-ordination, or to improve concentration. One member of staff told us, "It's important we look at how we can support people. To improve in independent activity skills, people need to know other basic skills first. It's not always just a case of helping people to cook, it's helping people to concentrate or use both their hands. We're very inventive."

We talked to all staff on duty who demonstrated they had a good knowledge of people's communication style and responded appropriately. People using the service had limited verbal communication and staff told us they observed signs and behaviour when communicating with people to ensure they provided support in the way people wanted. We saw that staff supported people sensitively and had developed good relationships with people using the service. One member of staff told us, "People here have complex needs and we have to work harder at developing good relationships but it's worth it. If you could see how people have moved forward and grown here; it's been really lovely to see."

We observed staff providing support in the home and saw people were treated with respect. During our observation we observed how staff managed any complex behaviour and saw that the staff were consistent with their responses, giving simple instructions. The care records recorded the agreed simple phrases we saw being used. One member of staff told us, "We stick to the same key words and only one member of staff speaks at any one time, so people do not get confused and can concentrate on clear directions." We saw this was an effective way of managing identified behaviour and had resulted in a reduction of significant events. One member of staff told us, "We've all had the same training so we work well together. People's families were also provided with the same training so when people go home, their family uses the same techniques as we do." This meant that people received consistent support in a variety of environments to effectively manage complex behaviour.

The staff were aware of the need to keep information confidential. One member of staff told us, "We recently looked at the confidentiality policy in a team meeting, and by discussing this reminds us of the Data Protection Act and our responsibilities. Just because it's a family member doesn't mean we can share all information." This meant people could be confident that information about them was treated in confidence.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

There were two people using the service and there were two staff on duty. The registered manager told us that due to people's complex needs people were supported on an individual basis. The staff told us that for some activities people needed the support of two staff and the staffing was organised flexibly to ensure people had opportunities to go out and do the activities they chose to be involved with. We looked at the staff roster which confirmed this. One member of staff told us, "Sometimes its better if a male staff provides the support when we're out to ensure people's dignity. We have two male staff we can call on to provide this support. I think it's important we recognise this."

We spoke with two staff about how people would be supported to make decisions where they did not have capacity. The staff told us that people were able to make decisions about their daily life including what to wear, what to eat and where to go. One member of staff told us, "The training was really good and we learnt that people are assumed to have capacity and an unwise choice does not mean they don't have capacity. We respect people's decisions and they show us what they want through their actions and from the picture board. It's about making sure we know how people can show us they know what they're choosing." The staff we spoke with told us a capacity assessment would be completed to determine whether people were judged to have the capacity to make a specific decision. We saw there were capacity assessment for medication completed by health care professional. There was evidence that a best interest decision was completed which included input from family and other professionals. We saw arrangements through The Court of Protection had been made for a representative to make decisions on behalf of one person who did not have capacity. The staff

understood this meant this person was able to make decisions on the person's behalf and was consulted in the decision making process. This meant people were supported to make decisions appropriately.

There was a system in place to gain feedback from people using the service, relatives and health and social care professionals. The service was registered in December 2013 and planned to consult with people using the service, family members and professionals later in the year to ensure people had an opportunity to influence how the home was managed. We will inspect how the provider has acted and responded on our next inspection.

The care records we saw recorded people's likes and dislikes and how people wanted to be supported. We saw the care records were reviewed on a regular basis and where a risk or concern had been identified the records confirmed this had been acted on in a timely manner. This showed that the provider was responsive to change, ensuring peoples welfare.

People using the service were supported to take part in activities that were interesting and stimulating so that they had a meaningful lifestyle. On the day of our inspection, people went out into the local community and walking in Cannock Chase. The staff we spoke with told us people were supported to do the activities they wanted to do and this included horse riding, eating out and visiting family members. The staff told us that they liaised closely with family members to ensure they were of people's personal histories and used this information to help plan future activities. One person told us, "Family are important to people and we work together to make sure people have opportunities to develop and move forward. Some activities include family and people still spend time in the family home which they enjoy." This meant people had access to a variety of activities and experiences.

# Are services well-led?

## Our findings

The staff we spoke with said they were clear about their role and felt they worked well as a team and were happy with the staffing levels being deployed. They told us the staff roster was organised to ensure people received support according to their support plan. We looked at the staff roster and saw there was a minimum of two staff on duty and additional staff worked where activities in the community were organised. The registered manager told us the number of staff on duty was kept continually under review in conjunction with the funding authorities to ensure suitable support could be provided.

The staff told us they had received a variety of training. This included specialist training appropriate to people's individual needs including supporting people with complex behaviour, safeguarding and whistleblowing. The staff we spoke with told us they could identify where they had any training needs and the provider organised this training to ensure they could continue to meet the needs of people using the service.

The two staff we spoke with told us they were regularly informed of any changes occurring within the home through staff meetings, which meant they received up to date information and were kept well informed. One member of staff told us, "We also go through policies at meetings. We recently looked at bullying and talked about the impact this can have on the care and welfare of people. We have talked about whistleblowing and what this means and what we should do if we see anything. The manager is very clear that we should know how to act and I know we would." Another member of staff told us, "It's better to be

wrong than just dismiss things, and that's how we work here." This meant the staff were aware of the how to act when they identified any concerns and the provider promoted an open culture for staff to act.

We saw that incidents and accidents were reviewed to ensure risks to people were reduced. One member of staff told us, "If anybody has an accident. I report it so the manager and other people know what's happened. We have to write about it and talk about these things in our meetings so we know how to help stop things happening again." This meant there was evidence that the provider carried out investigation to ensure risks to people were reduced.

We reviewed systems in place to monitor how medication was managed, accidents and incidents were reviewed and monthly checks completing including fire equipment testing and safe fire evacuation, food calibration probe tests, emergency pull cord tests and water temperatures. We saw there were processes in place to monitor the quality of the care provided. Medication audits and environmental checks were completed. These audits were evaluated and where required action plans were in place to drive improvements and we saw where any deficiency or improvement was required, prompt action was taken. This meant the provider had suitable systems to assess and monitor the service provided.

The registered manager notified us of reportable incidents as required under the Health and Social Care Act 2008. The registered manager demonstrated they were aware of their role and how to manage the service to ensure the safety and welfare of people using the service.