

Milewood Healthcare Ltd

Hawthorn House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Hawthorn House is a residential care home providing personal care and accommodation for up to 9 people. At the time of the inspection 7 people were using the service. The home is made up of 9 bedrooms with ensuite facilities, a communal lounge, dining and kitchen areas and a garden with a seating area and summer house.

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

The service demonstrated how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support: People were supported to live their lives in the way they wanted through accessing education, the local community and pursuing their hobbies and interests with support from dedicated staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home was clean and regularly maintained, though some fire door safety issues could have been completed quicker and work to address these was still ongoing.

Right Care: Staff kept people safe, as they understood how to protect people from harm and abuse.

People were protected by the provider's recruitment processes as appropriate checks were completed; ensuring staff were suitable to work with people who used the service.

People received their medicines safely and as prescribed and were supported to have regular reviews of their medicines. Risks to people's safety and wellbeing were well managed by staff, though some records lacked detail.

Right Culture: The service was well-led and the registered manager promoted a positive culture and effective working relationships within the team and with relevant professionals. This ensured people received the right support.

Staff valued the support from the registered manager and the provider, which helped to maintain their wellbeing and positive attitude to supporting people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 January 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 7 August 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve notifications of incidents.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hawthorn House on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation regarding safety monitoring systems.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. We checked 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors and 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.

Service and service type

Hawthorn House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hawthorn House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 members of staff including care staff and the registered manager. We also spoke with 4 people who used the service, 5 relatives and observed staff interactions.

We looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files, daily records and medication administration records for 2 people. We looked at 2 staff recruitment files and reviewed documentation relating to the management and running of the service such as staff rotas, training and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been assessed and mitigated. However, we found some records lacked detail. We raised this with the registered manager who promptly started to address the issue during the inspection.
- Staff were knowledgeable about risks to people's safety and wellbeing and how to manage them. A relative told us, "I have peace of mind that [Person's name] is being kept safe."
- Regular safety checks of the environment were completed, and work had been started to resolve any issues. However, we found shortfalls in fire door safety could have been resolved quicker.

We recommend the provider reviews their safety monitoring systems and action plans to ensure shortfalls are resolved in a timely manner.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe.
- Staff were knowledgeable about identifying safeguarding concerns and how to report them.
- Staff felt confident they could report any concerns to the management team, and they would be addressed.
- Safeguarding concerns had been reported to relevant professionals.

Staffing and recruitment

- Systems were in place to ensure the safe recruitment of staff.

- Staff received an induction which included shadowing experienced staff, completed regular and appropriate training and their competency was assessed to ensure staff were able to meet people's needs.
- There were sufficient numbers of staff to keep people safe and meet their needs. Staffing levels supported people to lead their lives in the way they wanted. People's relatives told us there were enough staff at the service.

Using medicines safely

- People's medicines were administered safely and as prescribed.
- Reviews of people's medicines were held with relevant professionals on a regular basis to ensure people's medicines continued to be appropriate for them. A relative told us, "I get invited to meetings, [Person's name] has a consultant and we talk about their medicines on a video call."
- People's medicines were stored appropriately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors and to maintain important relationships through face to face meetings, trips out and phone calls. The provider was working in line with national guidance and processes were ready to be implemented in the event of an infection outbreak.

Learning lessons when things go wrong

- Accidents and incidents had been appropriately responded to. This included debriefs for people and staff to help learn lessons from them and reduce the risk of them happening again.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to notify CQC of all incidents. This was a breach of Regulation

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Processes were in place to support the duty of candour to be upheld when required and notifications regarding abuse, serious injuries and DoLS were appropriately submitted to CQC.
- Quality monitoring systems were in place and were regularly completed. However, we found some needed further development to ensure they remained effective in identifying shortfalls with risk assessment and mental capacity records.
- The registered manager used accident and incidents to learn from them. They were also reviewing and developing their processes to support learning from near misses to improve the safety of the service.
- The registered manager promoted an honest and transparent culture. They acknowledged the shortfalls found during the inspection and promptly started to address them.

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

- People and staff had formed trusting, respectful relationships as there was a positive culture at the service which benefitted people. One person told us, "We are one big happy family here. I won't ever move again now I have found here. It has taken me four years to find a place like this. I didn't like the last place but I love it here."
- Staff were positive about the support they received from the registered manager to maintain their skills and wellbeing. A staff member said, "[Registered manager's name] is always available just for us to talk. We can go to any of the management to get anything off our chest even if it is not about work. The support here is amazing."
- People led full and busy lives, pursuing their hobbies and interests with appropriate support from staff. These included performing in the local theatre group, shopping, gardening, bingo and karaoke.

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

characteristics; Working in partnership with others

- The registered manager consulted with people and their relatives and developed the service in ways that were important to them. This included regular meetings, questionnaires and an audit of the service completed by a different person each month. A relative told us, "I get a questionnaire sometimes, or a phone call for my feedback and views; good or bad, which are then put on the notice board."
- Staff sought guidance from and worked closely with relevant professionals to ensure people received appropriate support.