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

Summary of findings

Overall summary

Hawthorn House is a residential care home for up to 29 people with a learning disability. Care is provided from two separate two storey buildings. On the day of our inspection 18 people were living in the home. The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, it was clear that people were given choices and their independence and participation within the local community was being encouraged.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this unannounced inspection on 21 November 2018 we found the service remained Good.

People were cared for by a sufficient number of staff who were suitably checked prior to commencing work. Staff understood people's risks and how to protect them from harm and poor care. People received their prescribed medicines from staff who had been trained and whose competency to deliver medicines safely was observed. Staff followed infection control practices to protect people.

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. Staff received training and support to provide care effectively. People were provided with a variety of foods, presented in a way that met their needs and plentiful drinks to maintain their wellbeing. People were supported by health care professionals to sustain their health.

Staff provided kind, considerate and compassionate care which recognised people's right to privacy, upheld their dignity and promoted their independence. People were supported to maintain the relationships which were important to them.

Care plans provided an accurate reflection of people's care which was reviewed, with their relatives if preferred, on a regular basis. There were activities arranged for people to take part in whilst they were at home, day trips for them to enjoy and support for people with specific interests.

There were arrangements in place to communicate with staff and relatives with opportunities for them to feedback their opinions. There was an audit process in place to measure the quality of the service provided. The registered manager was complying with the requirements of their role.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**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.

This comprehensive inspection took place on 21 November 2018 and was unannounced. The inspection was undertaken by one inspector 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.
Whilst planning the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home. We reviewed this information when we planned the inspection.

We spoke with three people who used the service and three relatives. We observed care and support provided in communal areas to understand people's experience. We also spoke with five members of the care staff, a visiting health and safety manager for the provider and the registered manager.
We looked at three care plans to ensure they were a true reflection of the care and support people received. We also looked at records relating to the management of the home including audits, maintenance logs and a staff recruitment file to ensure there were processes in place to protect people from harm.

Good

Is the service safe?

Our findings

Relatives we spoke with told us their family member was safe living at Hawthorn House. Staff understood their role in protecting people from harm and poor care. One member of staff told us, "We know people's personalities so we'd notice if there was a change which might mean there was a problem. We report any concerns we have and I know they are taken seriously". A relative said, "I feel reassured that my relative is safe there". The registered manager responded when areas of concern were brought to their attention to ensure people's safety and welfare was promoted. Notifications were submitted to the Care Quality Commission (CQC) about potential abuse and safeguarding referrals made to the local authority.

Risks associated with people's care and support had been assessed. Where risks were identified, management plans were put in place to manage the risks. For example, staff were provided with guidance on supporting people when they had a seizure. Information included how the person should be supported during a seizure and how to recognise when urgent medical support should be sought. There were procedures in place to ensure people were supported to leave the building if an emergency occurred requiring evacuation. The registered manager told us that they had learnt lessons from a recent routine practice. The sound of the alarm had highlighted that some people had become unduly anxious and new plans had been implemented as a result of this.

There were sufficient staff to support people. We saw that people's needs were met promptly and staff had time to sit with people. All of the staff we spoke with confirmed that staffing levels were good. One member of staff said, "We have plenty of staff. It means we can spend time with people. If one area of the home is busy we can be flexible". Only one member of staff had been employed since our last inspection and this was an internal transfer. We saw that checks had been made on the member of staff's suitability to work within the home and the people who lived there.

People's medicines were managed by staff who were trained and demonstrated the competence to do so safely. We saw that people received their prescribed medicines at the correct time and in a way that suited their needs. For example, some people found it easier to have their medicines mixed with yoghurt. We saw that this method of delivery had been discussed with their doctor to ensure this did not affect the efficiency of the medicine. Staff kept accurate recordings and medicines were stored in line with manufacturers guidelines.

Staff followed infection control procedures to protect people. We saw that staff wore gloves and aprons whilst providing personal care or handling food. Staff received training in food hygiene and a recent external inspection of food safety rated the service in the highest category. We saw there were regular checks on the health and safety aspects of the home to ensure it remained a safe environment for people.

Good

Is the service effective?

Our findings

Staff received training on a regular basis. The registered manager told us they had recently completed 'train the trainer' training to enable them to update staff on important training such as safeguarding and the Mental Capacity Act. The registered manager explained that staff sometimes found it difficult to access online training and hoped this would provide them with additional training support. Staff were provided with opportunities to discuss their performance and progress at work through regular supervision sessions with a manager. One member of staff told us, "We can discuss anything during supervision. I've had a lot of support".

People were provided with meals that met their preferences and assessed needs. At lunchtime we saw people eating together and with staff who supported people whilst eating their own meal. Some people were provided with adapted crockery and cutlery to make remaining independent at mealtimes possible for them. Staff were observant of people and noted that one person who used a straw to drink had not adapted to using paper straws. We saw that staff found some plastic straws which better suited the person's needs. People were weighed regularly and staff monitored any losses or gains which might affect the person's wellbeing. When there were concerns about a person's safety whilst eating and drinking appropriate referrals were made and we saw that staff followed the advice they received. For example, some people were prone to choking and the speech and language team had advised that they were provided with softer food which could be mashed and drinks which were thickened to reduce the risk for them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found people's assessments of their needs, including risk assessments and care plans considered people's capacity to make informed decisions. Staff understood the decisions which people could make for themselves or needed to be supported with. A member of staff said, "We understand that whilst so people maybe able to make simple decisions, they need support with the more important ones".

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 Safeguarding (DoLS). We saw that where people were being deprived, for instance to keep them safe, appropriate applications had been made on their behalf.

Peoples health and wellbeing was supported. We read in the care plans that people regularly visited other health care professionals such as the chiropodist, optician and reviews with their doctors. The registered manager told us that access to a dentist had been a problem following the closure of a local service. However, another dentist had been sourced and everyone had been able to have a check up and receive treatment if necessary.

People were accommodated in the home according to their level of mobility and support needs. For example, people requiring wheelchair access and the use of equipment to move them were allocated rooms on the ground floor close to a ramp.

Good

Is the service caring?

Our findings

Some people were unable to tell us about their experience of care at Hawthorn House. We observed how staff and people interacted and saw positive relationships had been formed. Staff spoke kindly with people. We saw staff listened to people and spent time with them. Staff showed an interest in what people were saying to them or understood the non-verbal messages people were making to them. A relative told us, "Staff are particularly good and sensitive to their needs". Another relative said, "I can't fault the care here".

Staff respected people's right to privacy and promoted their dignity. Some people returned to their bedrooms during the day and when staff checked on them they knocked their doors before checking they were okay. When people were unable to maintain their own dignity, staff assisted them. At lunchtime we saw staff ensuring that people's mouths and hands were clean after eating. For example, we heard a member of staff saying, "Shall we just wipe away the cauliflower otherwise you'll be eating it with your pudding". People's clothing was changed whenever necessary. We saw that one person had spilt their drink and staff noticed immediately and replaced their wet clothing. A relative told us, "[Name] is always spotless as is their bedroom. Staff look after them well". People were encouraged to maintain their independence. We saw when people were moving from or into their chairs staff encouraged them to do so safely and stayed close by in case they were required to step in and support them.

Staff understood people's different communication needs. People's care plans contained pictorial information and some people used basic sign language. Staff explained that one person moved to sit by the door or pointed their foot in the direction of the exit if they wanted to go out. When people needed independent support with their decisions they had access to the advocacy service which ensured their rights were recognised. People were able to maintain the relationships which were important to them. Visitors were able to visit whenever they wished. One relative told us, "I'm always made to feel very welcome when I visit".

Good

Is the service responsive?

Our findings

People received care which met their preferences as staff understood what they liked or disliked. Staff told us that most of the staff had worked at Hawthorn House for a number of years. People and staff had formed strong relationships with people and demonstrated that they knew them well. People's care plans had been developed with their needs at their core. For example, we read that one person did not have visitors and would become distressed when other people did. Staff told us they would take the person out as a diversion and we saw this guidance was recorded in their individual support plan. People's care was reviewed regularly and relatives were invited to attend if they wanted to. One relative told us, "They always contact me and keep me up to date with what's going on".

People were offered opportunities to spend their time as they wished when they were in and out of their home. We saw there were activities organised for people who wanted to take part. One person told us, "I like 'rockin' baby on Thursday and craft barn on Tuesday – I made foxes this week". People were also able to take part in an exercise class and enjoy the relaxation provided by aromatherapy sessions. Other people preferred to spend their time doing jigsaw puzzles and colouring and we saw them enjoying both diversions during our inspection. People with specific interests were supported by staff. We saw that one person was a keen football supporter and was heard discussing forthcoming fixtures with a member of staff. The dates of the matches they wanted to attend was recorded in the diary. The member of staff said, "I bet the day I'm coming will be freezing", which amused the person. People were supported to spend time away from the home when they wanted and we saw there were train trips and visits to Blackpool for them to enjoy.

Staff recognised the importance of providing care which recognised people's diversity, gender and beliefs. A member of staff told us, "We see people as individuals. I like to think we give personal care". The provider had looked at ways to make sure people had access to the information they needed in a way they could understand it to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. There was information on display and provided for people in their care plans in a format that met their needs.

There were arrangements in place to support people at the end of their lives. Staff were receiving training on providing care at this most sensitive time. Some relatives had spoken with staff and their requests for the care of their loved one had been recorded. The registered manager told us that some relatives did not want to have this type of discussion and their wishes had been respected.

There was a process in place to support people who wanted to raise a concern. No complaints had been received since our last inspection. A relative told us, "I've never had to raise a concern". Another relative said, "If I had a problem I would contact the registered manager. I am certain that she would deal with it". We saw the registered manager kept compliments that they had received about their care of people and we saw these were all positive.

Good

Is the service well-led?

Our findings

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. The registered manager was meeting the requirements of their registration with us by informing us of changes in the home. We saw that, as required a copy of the home's CQC rating was displayed prominently for visitors to see and was also on the provider's internet website.

There was an open and transparent approach to managing the service which ensured staff felt supported and included. The registered manager and staff told us that the future of the home had been in question for some time. Staff told us there had been open conversations with staff regarding this. One member of staff said, "As soon as the managers have any information for us they let us know". Another member of staff agreed and said, "We all pull together as a team. It says a lot about the place that staff have worked here for so long. We're very supported by the manager in all situations. They work with us when needed". Relatives told us that communication with them was also good. One relative said, "I get phone calls, emails and minutes of meetings". There was an annual satisfaction survey which gave relatives the opportunity to feedback their opinions. We saw that the responses reflected approval and gratitude for the service provided.

The quality and safety of the service was monitored. There was an audit programme in place and reviews were undertaken on the accuracy of medicine administration, equipment maintenance and the health and safety of the environment. When the need for improvements was identified we saw that an action plan was put in place. The action plan we looked at was in response to a visit from the local authority which had identified minor improvements. We saw changes were implemented and completed within the timescales set which demonstrated a willingness to improve.

We saw that where people's needs had changed and Hawthorn House was no longer appropriate for them, the registered manager liaised with external services, including commissioners to support people in moving to ensure they receive the appropriate care and support.