

Parkside Residential Homes Ltd

Hawthorn House

Inspection report

19 Ketwell Lane
Hedon
East Riding of Yorkshire
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Tel: 01482898425

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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

This inspection took place on 17 August 2016 and was unannounced. We previously visited the service in April 2014, when we found that the registered provider met the regulations we assessed. This is the first inspection since the new registered provider took over the service in January 2016.

The home is registered to provide accommodation and care for up to 22 older people, including people who are living with dementia. On the day of the inspection there were 21 people living at the home. The home is situated in the centre of the town of Hedon, a market town in the East Riding of Yorkshire, and also close to the city of Hull. There are various communal areas where people can spend the day and an enclosed garden. The second floor of the home is accessed by either a stair lift or a passenger lift, and there are ramps to the premises to enable wheelchair access.

The registered provider is required to have a registered manager in post and on the day of the inspection there was no manager registered with the Care Quality Commission (CQC). 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. However, a manager had been appointed and was due to commence work in September 2016. They had previously been registered as a manager with the Care Quality Commission.

On the day of the inspection we saw that there were sufficient numbers of staff employed to meet people's individual needs. There were recruitment policies and procedures in place but there needed to be more evidence that these had always been followed when new staff were employed. The records for one new employee contained only one employment reference and the Disclosure and Barring Service (DBS) check had been received after they had commenced work. The records for another new employee did not include an up to date DBS check. This meant that there was a lack of evidence that the people were suitable to be employed at the home.

This was a breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People told us that they felt safe living at the home. People were protected from the risks of harm or abuse because there were effective systems in place to manage any safeguarding concerns. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

Staff told us that they were well supported by the previous registered manager and the deputy manager, and felt that they were valued. They confirmed that they received induction training when they were new in post and told us that they were happy with the training provided for them and that they felt it equipped

them to carry out their roles effectively. The training records needed to be more robust to evidence that staff had completed induction and on-going training. The deputy manager told us they were in the process of compiling a new and up to date training matrix.

There was evidence that the registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We checked medication systems and saw that medicines were stored, recorded and administered safely. Staff who had responsibility for the administration of medication had received appropriate training.

People who lived at the home and relatives told us that staff were caring and that they respected people's privacy and dignity. We saw that there were positive relationships between people who lived at the home, relatives and staff, and that staff had a good understanding of people's individual care and support needs.

People told us that they were very happy with the food provided and people's nutritional needs had been assessed. We observed that people's individual food and drink requirements were met.

A variety of activities were provided and people were encouraged to take part. People's family and friends were made welcome at the home, and people were supported to take part in the local community.

There were systems in place to seek feedback from people who lived at the home, relatives and staff but it was not always clear when the feedback had been collected as it was not dated. People told us that they had not needed to make a complaint, but they knew who to speak to and were confident their complaints and concerns would be listened to. Staff told us that, on occasions, feedback received at the home was used as a learning opportunity and to make improvements to the service provided.

Staff, people who lived at the home and relatives told us that the home was well managed. However, some notifications that needed to be submitted to the CQC in respect of serious injuries incurred by people who lived at the home had not been submitted. We have made a recommendation about this in the report.

Quality audits undertaken by the registered provider and previous registered manager were designed to identify any areas of improvement to staff practice that would promote people's safety and well-being. Numerous audits were being carried out and any areas that required action had been recorded, although more care needed to be taken to record when identified improvements had been carried out.

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.

There were sufficient numbers of staff employed to ensure people received safe and effective support, although staff had not always been recruited following the home's policies and procedures.

Staff had received training on safeguarding adults from abuse and understood their responsibility to report any incidents of abuse.

Staff had received training on the administration of medication and people who lived at the home received their prescribed medication at the right time.

The premises had been maintained in a safe condition but there was no business continuity plan in place to advise staff on how to deal with emergency situations.

Requires Improvement 

Is the service effective?

The service was effective.

Staff undertook training that gave them the skills and knowledge they required to carry out their roles, although the training records needed to be more robust.

People's nutritional needs were assessed and people told us they liked the meals at the home. We saw that different meals were prepared to meet people's individual needs.

People's physical and mental health care needs were met. Health and social care professionals were consulted appropriately and their advice was followed by staff.

Good 

Is the service caring?

The service was caring.

We observed positive relationships between people who lived at the home and staff.

Good 

People's individual care and support needs were understood by staff, and people were encouraged to be as independent as possible, with support from staff.

We saw that people's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's care plans recorded information about their support needs, their life history and the people who were important to them.

Activities were provided and were flexible to meet the needs of people who lived at the home.

There was a complaints procedure in place and people told us they were confident any complaints would be listened to. People who lived at the home were encouraged to give feedback about the care and support they received.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Although there was no registered manager in post, a new manager had been appointed. The home was being managed by the deputy manager in the interim period.

Notifications were not always being submitted to the Commission as required by legislation.

Quality audits were being carried out on care planning and various other topics. These had been analysed but there needed to be more evidence that the required improvements had been actioned.

There were opportunities for people, their family and friends and staff to express their views about the quality of the service provided.

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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 registered 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 17 August 2016 and was unannounced. The inspection was carried out by one adult social care (ASC) inspector.

Before this inspection we reviewed the information we held about the home. This included information we had received from the local authorities who commissioned a service from the registered provider and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

On the day of the inspection we spoke with two people who lived at the home and chatted to others. We also spoke with two relatives, two members of care staff and the deputy manager.

We looked around communal areas of the home and some bedrooms. We also spent time looking at records, which included the care records for three people who lived at the home, the recruitment and training records for two members of staff and other records relating to the management of the home, including quality assurance, staff training, health and safety and medication.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person said, "There are always staff around." Staff described to us how they kept people safe. One member of staff told us, "We make sure equipment is safe to use, such as walking frames and footplates on wheelchairs", "We make sure the building is secure", "We make sure we give out medications safely" and "We make sure food is served at the correct temperature."

We checked the recruitment records for two members of staff. These records evidenced that an application form had been completed, references had been requested and requests had been made to the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. Documents such as photographs to identify the person's identity had been retained. There was a record of the questions asked and responses received at the employment interview.

Staff who we spoke with confirmed that they were not allowed to start work until these recruitment checks were in place. However, the recruitment records we saw were incomplete. One new employee had only one written reference in place and their start date indicated that they commenced work at the home prior to a DBS check and reference being obtained. The deputy manager told us that the previous registered manager had obtained a verbal reference for this member of staff but this could not be located. For another new employee, no reference had been requested from their most recent employer (another care service) although two other references had been obtained. These were not dated and it was not clear if they had been requested by the registered manager or provided by the applicant. There was no evidence of a current DBS check. The deputy manager assured us that this person had provided a copy of an up to date DBS check and said that they would forward a copy to us. However, none of this information was received by the Commission. It was therefore not possible to confirm that only people who were considered suitable to work with vulnerable adults had been employed at Hawthorn House.

This was a breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that there were sufficient staff members on duty to enable people's needs to be met. We noted that there was always a staff presence in communal areas of the home and that people did not have to wait for attention. The deputy manager told us that the standard staffing levels were one senior care worker and one junior care worker on duty over seven days a week plus a therapy assistant (activities coordinator) over five days a week. There were two care staff on duty overnight. The deputy manager or a senior care worker were on duty in addition to care workers. We checked the staff rotas and saw that these staffing levels had been consistently maintained. Most staff absences were covered by permanent staff working additional hours, although agency staff were occasionally used to cover night shifts.

In addition to care staff, there was a cook on duty seven days a week and a domestic assistant on duty over five days a week. This meant that care staff were able to concentrate on supporting people who lived at the

home. The deputy manager was 'on call' in the evenings and at weekends. This meant that staff always had someone to contact in the event of an emergency or if additional advice was needed.

Relatives told us that there appeared to be enough staff on duty when they visited. Staff told us that there were usually enough members of staff on duty and that the deputy manager was "Hands on" which was very helpful. One member of staff said that, because the home was full, they had less time to spend with people who lived at the home. People who lived at the home said that there were always three or four staff on duty and another person said, "There are normally enough staff unless someone is off sick. I sometimes have to wait 15 minutes when I ring my buzzer. Staff always apologise. It hasn't been a problem so far but it might be if it was an emergency."

We looked at service certificates to check that the premises were being maintained in a safe condition. There were current maintenance certificates in place for the electrical installation, the passenger lift and stair lift, mobility and bath hoists, portable electrical appliances, the fire alarm system, emergency lighting and fire extinguishers. The deputy manager told us that they no longer had any gas appliances at the home so they did not require a gas safety certificate. In-house checks were carried out on the fire alarm, fire extinguishers, emergency lighting, call bells and window opening restrictors. These measures helped to make sure that the premises remained safe for the people who lived and worked at the home.

There was a fire evacuation plan in place as well as personal emergency evacuation plans (PEEPs) which recorded the support each person would need to evacuate the premises in an emergency. Although these could not be located on the day of the inspection, a sample of PEEPs and the fire evacuation plan were sent to us afterwards. There was no business continuity plan in place; this would help advise staff on the action to take in the event of other emergencies such as flood, utility failures and severe weather conditions.

We recommend that the registered provider produces a business continuity plan so that staff have information to follow in the event of an emergency.

We observed that there were safe systems in place to manage medicines and that medication was appropriately ordered, received, recorded, administered and returned when not used. Medication was supplied by the pharmacy in blister packs; this is a monitored dosage system where tablets are stored in separate compartments for administration at a set time of day. Blister packs and medication supplied in boxes or bottles were stored in the medication cupboards in the manager's office and homely remedies, anti-biotics and 'as and when required' (PRN) medication were stored in separate containers. The medication trolley was locked and fastened to the wall in the office when not in use. None of the people living at the home had been prescribed controlled drugs (CDs) but we saw there was a CD cabinet and CD record book ready for use should they be needed. CDs are medicines that require specific storage and recording arrangements.

There was a medication fridge available to hold medication that needed to be stored at a low temperature. We saw that the temperature of the medication fridge and the medication room was checked and recorded daily to ensure it was stored at the correct temperature.

We looked at medication administration records (MARs) and found that they were clear, complete and accurate, although we discussed that more care needed to be taken to ensure that hand written entries on MAR charts were signed by two people to reduce the risk of errors occurring. We saw there was one gap in recording on MAR charts. We checked the medication stocks and saw that the medicine had been administered but the record had not been signed. There was a separate sheet included with MAR charts that recorded the medication the person had been prescribed and the reason it had been prescribed, as well as a

photograph of the person to aid identification. There were specific instructions for people who had been prescribed Warfarin; people who are prescribed Warfarin need to have a regular blood test and the results determine the amount of Warfarin to be prescribed and administered.

There was an audit trail to ensure that medication prescribed by the person's GP was the same as the medication provided by the pharmacy. One person told us that they managed their own medication. They said that it was kept in a locked cupboard in their room.

Only senior staff had responsibility for the administration of medication and these staff had completed appropriate training. The deputy manager told us that competency checks had been carried out to make sure people retained the skills they needed to administer medication safely. These had not been recorded so the information could not be checked.

Staff told us they had attended training on safeguarding adults from abuse. They were able to describe different types of abuse that they might observe and told us that they would not hesitate to report their concerns to the deputy manager. They were confident that the information would be dealt with professionally so that people were protected from the risk of harm.

We checked a sample of service user monies held in safe keeping to assess whether records and monies balanced. We determined that the balance of monies held was accurate, although we noted that the chiropodist and hairdresser did not produce a receipt. The deputy manager told us they would ask the hairdresser and chiropodist to produce a receipt or list of people who had paid them for a service, so that this could be cross referenced to individual financial records.

Risk assessments had been completed for any areas that were considered to be of concern. We saw risk assessments for skin integrity, aggression from others, bathing, medication, access to the kitchen, self-harm, eating / not eating, smoking and the risk of falls. We noted that the moving and handling assessment recorded the number of staff and any equipment that was needed to move people safely. Risk assessments had been reviewed on a regular basis to ensure they remained relevant and up to date.

We saw that care plans recorded possible behaviours that might challenge the service, and how staff should manage those behaviours to diffuse these situations. Staff told us they had never used physical restraint at the home.

We checked the accident records in place at the home. We saw that the form recorded details of the incident and any injury sustained, whether any equipment had been involved, any treatment provided and 'management view and comments'. These were audited every month and then accident forms were stored in individual care plans. This showed that accidents had been audited to assess whether any patterns were emerging or whether any further action needed to be taken.

The home was maintained in a clean and hygienic condition. A relative told us, "There are never any odours." We saw that the home had achieved a rating of 5 following a food hygiene inspection undertaken by the local authority Environmental Health Department. The inspection checked hygiene standards and food safety in the home's kitchen. Five is the highest score available.

Is the service effective?

Our findings

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. Care plans recorded details of some best interest decisions that had been made on behalf of people who could not make important decisions for themselves.

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). We checked whether the service was working within the principles of the MCA. The registered provider told us that none of the people who lived at the home had DoLS authorisations in place, as they felt people were currently not being deprived of their liberty. It was clear they understood when they needed to submit an application for authorisation to the local authority.

Both of the staff members we spoke with told us they had attended training on the MCA, although this was at previous work places. They demonstrated an understanding of the principles of human rights and decision making, and the need to have best interest meetings to assist people who lacked capacity to make decisions about their care and welfare. Staff gave us examples of how they would assist people to make day to day decisions, such as helping them to choose meals by showing them the actual meals, or pictures of meals, or the menu. One member of staff said, "We need to be patient and give people time to make choices. I will show clothes to people so they can choose what to wear." Another member of staff told us, "If I am helping someone with personal care, I ask if they would prefer a bath or shower and then I give them a choice of time."

Care plans recorded people's ability to make decisions. One care plan we saw recorded, 'I have capacity to make my own decisions and become upset if I feel that my independence is being breached at all.' Staff told us that they supported people to make day to day decisions such as what to wear, how to spend their day and what to eat and drink, and we observed this to be the case on the day of the inspection.

We observed that staff asked people for consent before they assisted them with any aspect of their care, such as assisting them to move around the home or assisting them with meals. This was confirmed by the people who we spoke with during the inspection.

People told us they felt staff had the right skills to carry out their role. There was a brief training record at the home. This evidenced that staff had completed training considered to be essential by the service, including moving and handling, food hygiene, first aid and safeguarding adults from abuse. Some training on food hygiene was out of date and staff were currently receiving refresher training. Staff had also attended other training in addition to essential training, such as infection control, MCA, dementia awareness, Parkinson's and equality and diversity. Although staff had not completed training in behaviours that challenged the service or the use of restraint, the previous registered manager told us in the PIR document that they had

recognised this, and the training was planned.

Some staff had completed essential training at previous work places rather than at Hawthorn House, and copies of training certificates to evidence this had been provided. We discussed with the deputy manager how it would be beneficial to have a record to show that staff competencies had been monitored to confirm they had the skills required to work at the home.

Staff who we spoke with confirmed that they had completed induction training when they were new in post and that this had included shadowing experienced staff; this was confirmed in the recruitment records we checked on the day of the inspection. One member of staff told us, "I did three or four days of shadowing and I used the induction booklet" and another said, "Even though I had experience, I did a few shadowing shifts. I then felt confident enough to work unsupervised." The deputy manager told us that three new staff were currently undertaking the Care Certificate and that they would be allowed four to five weeks to complete the programme. The Care Certificate is an identified set of standards that health and social care workers are expected to adhere to in their daily working life. The deputy manager added that all staff would eventually be expected to complete this programme.

One member of staff told us they had completed training on first aid, safeguarding adults from abuse, health and safety and dementia awareness (Level 3) during the previous year whilst working at Hawthorn House, and that they were currently undertaking training on food hygiene. Another member of staff told us they had completed training on moving and handling, first aid and fire safety during the previous twelve months and that they were currently undertaking training on palliative care.

The training record showed that most staff had achieved NVQ Level 2 in Care and that eight staff had achieved or were working towards this award at Level 3. The deputy manager had achieved NVQ Level 4.

Staff told us that they were well supported by the deputy manager, and previously by the registered manager. Comments included, "Any concerns and I would speak to [name of deputy manager]", "[Name of deputy manager] has been very supportive, with personal issues as well as work" and "When the registered manager was here I had a supervision meeting every six or seven weeks." The deputy manager told us that they had "An open door policy" where staff could speak to them at any time.

People who lived at the home told us they received good support from health care professionals. One person told us that the district nurse visited them twice a week to dress a sore on their leg, although they would like this to be more often. They added that they were going to ask the district nurse if they could see their GP, and they were confident the deputy manager would make a GP appointment for them. Staff told us they would inform the deputy manager if they felt someone was unwell, and they would ring either the GP or the district nurse. They said that, when senior staff were in charge over the weekend, they made these decisions and would ring 999 if there was an emergency. A relative told us that staff acted quickly when their family member was unwell and made sure they were seen by the GP.

We saw that any contact with health care professionals was recorded and care plans were amended as required. Information leaflets had been obtained about some medical conditions or health needs to provide information for staff, such as catheter care and 'Do's and Don'ts following hip surgery.' These were stored in people's care plans.

One person's care plan recorded that their urine output needed to be measured and we saw that daily diary records included this information. It was recorded in red ink so that it was easy for staff to monitor.

A nutritional screening audit tool was used to monitor people's general well-being. This included a record of how many people at the home were at risk of malnutrition, how many had been referred to a dietician or other health care professional, how many people had been weighed and had their body mass index (BMI) measured during the month. We saw that everyone who lived at the home had been weighed and had their BMI measured in July 2016. The audit also included information about interventions that should be considered when people were at risk of losing weight, such as the use of full fat milk and high fat yoghurts in meals and drinks.

We saw there was a sign on the dining room door that promoted a 'protected' lunchtime. This is when family and friends are asked not to visit over meal times to allow people to have their meals undisturbed. Four people who required assistance from staff were served lunch before other people who lived at the home. They were provided with plate guards so that they could eat independently, but with encouragement from staff. The member of staff remained in the dining room with these people; we noted they were allowed to eat at their own pace and not hurried by staff. The remaining people did not require support and they were served with lunch at 1.00 pm.

The deputy manager told us that three people had diabetes and that one was 'borderline' and two people had their condition controlled by their diet. People told us that staff were aware of their likes and dislikes and any allergies they had. One person said, "We have very good food. There are always three choices for main course. Staff know my likes and dislikes."

Although there was no menu on display on the day of the inspection, the deputy manager assured us that there was usually a menu on display in the dining room. However, we saw the list that recorded the choices for the day; twelve people had chosen to have chicken casserole and four people had chosen grilled fish fingers. For dessert, nine people had chosen crumble and custard and six people had chosen ice-cream. The four people who had the 'early' lunch sitting were not recorded on this list. They were shown the two choices at lunchtime as it was easier for them to make a choice in this way.

We observed that people had no problems mobilising around the home. There was an easy flow from the lounge to the dining room to the conservatory. One person told us that there was always a member of staff available to help them use the lift. There was some signage to help people identify the dining room, the office and toilets and a member of staff told us they were in the process of providing additional signage. This was so people living with dementia could live more independently as they would be able to find their way around the home with minimal assistance.

Is the service caring?

Our findings

One person who lived at the home told us they felt staff really cared about them. They said, "I am happy here. My health has improved since I have lived at Hawthorn House." Another person told us that "Some staff cared more than others." Staff told us that they felt staff who worked at the home really cared about people. One member of staff said, "Staff genuinely care – the people who live here are always top of the list" and another told us, "Staff put in 100% and take work home, for example, ringing the home on their day off." Comments from relatives indicated they believed staff genuinely cared about the people who lived at Hawthorn House. One relative said, "Staff seem pleasant and kind."

We observed that staff referred to people by their preferred name. People told us that staff respected their privacy and dignity and always knocked on the door before entering. One person added that assistance with personal care was "Never embarrassing". Staff described how they respected privacy and dignity. One member of staff said, "We use towels to cover them. We give them time. We give them the choice of remaining on their own in the bathroom / toilet and give them the buzzer so they can alert us if needed" and another told us, "I lock the bathroom door. I cover them with towels. I ask if they want me to stay in the room with them and I keep checking they are OK."

On the day of the inspection we saw that staff were patient with people and took time to explain things to them clearly and in a way that they could understand. People told us that they were kept informed about what was happening in the home. One person told us that they had been told about the sale of the home and had met the owner's family. They had been told about the redecoration of the home and were always told about available activities and entertainment.

Both of the relatives we spoke with told us that they were happy with the level of communication between themselves and the home. They said that they had been informed when their family member was unwell and the action that had been taken. They had also been informed about the change of ownership of the home and been invited to a coffee morning to meet the new owner.

Discussion with the staff revealed there were people living at the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. We were told that those diverse needs were adequately provided for within the service; the care records we saw evidenced this and the staff who we spoke with displayed empathy in respect of people's needs. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

People who lived at the home told us that staff encouraged them to be as independent as possible. One person told us they had their own telephone and TV in their room. They said that they used the stairs and a member of staff accompanied them to make sure they were safe. Relatives told us that people were supported to be as independent as possible, for example, by encouraging people to take part in activities. One relative said that there had initially been a problem in respect of a member of staff 'pushing' independence with their family member. They added that "This was soon sorted out - they just needed to

reach the right balance." Staff told us that they encouraged people to be as independent as possible. One member of staff said, "I encourage people to dress and undress as best they can."

No-one at the home was in need of end of life care. We saw that there were 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) notices in place when people had made this decision. One person's care plan recorded, "Discussed with patient and they have mental capacity to make this decision."

Is the service responsive?

Our findings

The care records we saw included care needs assessments, risk assessments and care plans. Initial assessments included details of the person's medical history, the important people in their life, their daily routines and their likes and dislikes. A relative told us that they had shared information about their family member when they were first admitted to the home, such as their family history, to help staff to develop an individual and personalised plan of care.

We saw that assessment and risk assessment information had been incorporated into an individual plan of care. Topics covered in care plans included eating / drinking / nutrition, night care, continence care, mobility, emotional support, leisure / social interests, medical, and personal care / dressing. One person's care plan recorded, "I like to have my breakfast on a tray in my bedroom. I like to choose my own clothes" and "I will buzz when I need assistance to get my legs into our out of bed if I cannot manage during the night." Assessment tools had been used to identify if there was any level of risk, such as the Waterlow assessment tool in respect of pressure area care and the Malnutrition Universal Screening Tool (MUST). When risks had been identified, there were appropriate risk assessments in place that detailed the identified risk and the action that needed to be taken to minimise the risk.

We saw evidence that care plans were reviewed and updated on a regular basis to ensure they contained relevant information. The review checklist included the questions: Are you happy with your care? Is there anything you would like to change? Have you anything you would like to discuss? Have you any complaints? and Have you any improvement ideas? A relative told us that they had been asked if they were happy with their family members care. They said that there was a care review due in the next couple of weeks when they would get the opportunity to discuss their relatives care in more detail. Another relative said that they and their family member were invited to care reviews every three months where they could discuss any concerns. This showed that people and their relatives were consulted about their care.

The previous registered manager told us in the PIR document, "Staff form extremely strong bonds with people who use the service, through a detailed knowledge of people's life histories and personalities through the introduction of detailed profiles." We asked staff how they got to know about people's individual needs. They told us that they would read care plans, speak to the person concerned and speak to their relatives and friends. One member of staff said that they tried to get "A bit about people's history" as this helped them to get to know the person better and to help them settle into the home. Another member of staff told us, "We like to know a bit about their life history – their photographs and their family. The keyworker system helps with this and keyworkers update care plans with relevant information." We observed that staff appeared to know and understand people's personalities and their likes and dislikes. In addition to this, people were able to personalise their bedrooms with pictures, photographs and ornaments so that they felt 'more at home.'

People told us that there were various activities they could take part in and mentioned craft work, Boccia (a type of indoor bowls) and entertainers. On the day of the inspection people were encouraged to take part in craft work in the morning and we saw a game of Boccia taking place in the afternoon. Nine people took part,

including one person who kept the scores and another who helped organise the activity. One person said, "I read and do crosswords – I am always occupied" and another told us, "There is enough to do. I also go out to coffee mornings and into Hedon occasionally with a relative." Care plans recorded time that people spent with their key worker.

There was a therapy assistant (activities coordinator) employed at the home on five days a week. and there was a weekly activity planner on display; we noted that it included pictures as well as words to assist understanding for people with cognitive difficulties.

People told us that their relatives could visit at any time and relatives confirmed this, adding that they were made welcome.

We saw that the complaints procedure was displayed in the home. There were no recorded complaints. Both of the people who we spoke with told us they would speak to the deputy manager if they had any concerns. They were confident that their concerns would be listened to and "Put right." Two relatives told us that they had not needed to complain but added they were certain the deputy manager would try to resolve any concerns if they could.

Staff told us that they would deal with minor complaints and concerns themselves if they could. They said they would inform the deputy manager of more serious concerns. Staff were confident that people's complaints would be listened to and dealt with. One member of staff told us, "People do complain – they are not too shy." Staff told us that there were 'residents meetings' for people who lived at the home so that gave them another opportunity to express any concerns.

We saw the minutes of the 'resident' meetings held in September 2015, February 2016 and April 2016. We noted that relatives were invited to attend these meetings. The minutes of the February meeting showed that people were given feedback in respect of the satisfaction surveys that were sent out in January 2016. Other topics discussed included the fire procedure, entertainers and the sale of the home. The minutes of the April meeting recorded that topics discussed were the Boccia competition, future events and the forthcoming refurbishment. People were told that they would be consulted about colour schemes. Two people said that they had not met the new owner and arrangements were made for a meeting to take place the following day, as the new owner was visiting the home.

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration. At the time of this inspection there was no registered manager at the home. The previous registered manager had left the service and a new manager had been appointed. They were due to commence work in September 2016 and would then be applying for registration with the Care Quality Commission; they had previously been registered as a manager of another care service.

Relatives told us that the previous registered manager had recently left the home. They obviously had a high regard for them. However, they said that they also had every confidence in the deputy manager and felt that the home was well managed in the absence of a registered manager. One relative said, "There are no problems with the transition as [name of deputy manager] is in post. She knows [my relative] inside out."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of any deaths in the service but we had not received any notifications about serious injuries. We saw in accident records that there had been a significant number of accidents recorded since March 2016, and some of these required a notification to be submitted to CQC so that we could check appropriate action had been taken.

We recommend that the registered provider checks the guidance on the CQC website in respect of the requirement to submit notifications.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. Those that were available were well kept, easily accessible and stored securely. However, a small number of documents could not be located, such as a contingency plan, personal emergency evacuation plans (PEEPs), evidence of medication competency checks, some recruitment records and a maintenance certificate. The maintenance certificate and a sample of PEEPs were forwarded to us following the day of the inspection but the remaining information was not received.

Both staff members who we spoke with told us they had not needed to use the whistle blowing policy, but one member of staff said, "I would use it if I had to." Both members of staff told us they were confident the information they shared with managers would remain confidential.

Both people who lived at the home who we spoke with said, "I am happy here." One person added, "There is a family atmosphere. This is the next best thing to home." A relative told us, "This feels like a home – not too big. It's like a big family." Staff described the home as, "Homely, comfortable and welcoming" and one new staff member added, "I feel as though I have been here for years." The deputy manager described the culture of the service as, "Homely, home from home, welcoming and open."

There was a quality assurance (QA) calendar in use. This recorded events planned for each month and any

quality assurance tasks that would be carried out, such as questionnaires and meetings.

The registered manager had carried out a variety of audits to monitor whether the systems in place to keep people safe and ensure they were receiving effective care were being used as intended. We saw audits in respect of cleanliness, 'residents' paperwork, residents (appearance, family interaction and clothing), accidents, staff (attendance and appearance), premises (wheelchairs) and nutrition. Although we saw that audits recorded any corrective action that needed to be taken, it was not always possible to determine if and when the required action had been completed.

Staff told us that they attended staff meetings and that they were always asked before the meeting finished if they had any other areas to raise. One member of staff said, "Meetings are a two way process. We are a good team. Staff discuss things – we can talk openly." Minutes of these meetings evidenced that topics discussed included distance learning and other training, forthcoming entertainment and events, infection control, the medication policy and refurbishment / redecoration.

Satisfaction surveys were distributed to people who lived at the home. In one survey people were asked what their favourite meals were and if there was anything else they would like to see on the menu. Another survey asked people, "In your own words, what does Hawthorn House do to give you the best possible health and quality of life." The returned surveys had been signed but not dated, so it was not clear when this survey had been carried out. The responses we saw included, "Look after me very well", "Best 24 hour care", "I would like more activities" and "Better than living on my own." There had been a separate survey about the topic of dignity. This asked the questions, "Do staff ask for permission, for example, knocking on doors before entering?" and "Do staff respect your dignity?" Although people told us they felt their views were listened to, further analysis of this information would have provided additional evidence that action had been taken in response to people's comments.

We asked staff how they learned from any accidents, incidents or complaints at the home. One member of staff explained how one person who lived at the home was very independent but had a fall. Staff gradually encouraged this person to change their daily routine and discreetly provided additional supervision. This had resulted in the person being safer when moving around the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not obtained the information required to evidence that people employed at the home were suitable to work with vulnerable people prior to them commencing work at the home. Regulation 19 (3).