

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Hawthorns

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr John Holcroft Jnr
Registered Manager	Mrs Linda Smith
Overview of the service	The Hawthorns is a 22 bedded residential home. The service caters for elderly people requiring more support that can be offered within the community.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We visited this service and talked with people to gain a balanced overview of what people experienced, what they thought and how they were cared for and supported. There were eighteen people living in the home at the time of our visit.

We spoke with three members of staff, the manager and administrator, five of the people who lived in the home, one visitor to the home, and five relatives. We observed how people were cared for and how staff interacted with them to get a view of the care they experienced.

We considered all of the evidence we had gathered under the outcomes that we inspected. We used that information to answer five key questions. Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

We observed the interactions between the people who lived in the home and staff. People looked at ease in their surroundings. Staff spoke with them in a calm and friendly manner. There were enough staff on duty to meet the needs of the people who lived at the home.

We saw there were systems in place to ensure people received their medicines safely and as prescribed.

Recruitment practice was safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified and people were protected.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DOLS) which

applies to care homes and hospitals. No applications had been made. The manager understood how this legislation applied to people and protected their rights.

We found that equipment was serviced at regular intervals to ensure it was safe to use.

Is the service effective?

People's health and care needs were assessed with them, and they were involved in writing their care plans. Specialist pressure relieving, mobility and equipment needs had been identified in care plans where required.

It was clear from our observations and from speaking with staff that they had a good understanding of people's care and support needs and knew them well. We saw people's care plans and risk assessments were reviewed on a regular basis to ensure their changing needs were planned for.

Visitors and the relatives of people living in the home confirmed that they were able to see people in private and that visiting times were flexible.

Is the service caring?

People were supported by kind and attentive staff. We saw that care workers were available at all times, showed patience and gave encouragement when supporting people. One person told us, "I'm very satisfied, when I ring the buzzer staff come to help." A relative told us, "It's a good place to be looked after, staff are very courteous and caring." Another relative said, "It's an excellent home, the staff are brilliant."

People using the service, their relatives, friends and other people involved with the service completed an annual satisfaction survey. The suggestions and ideas voiced by people were followed up.

People's preferences, interests and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

People's needs had been assessed before they moved into the home and care plans reflected people's assessed needs. We saw people's care plans and risk assessments were reviewed on a regular basis to ensure their changing needs were planned for.

Records confirmed people's preferences, interests, and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. People had access to some activities and were able to maintain relationships with their friends and relatives.

Records showed that staff responded quickly to changes in people's health. We saw people had access to a variety of health care providers to ensure their needs could be met.

Is the service well led?

The registered manager had been in post since the home had opened. The manager was experienced and caring and provided good leadership based on how best to meet the

needs of people in an individualised way.

There were systems in place so people who lived in the home could share their views about how the home was run. The manager was able to give us examples of actions taken and changes that had been made as a result of listening to the people living in the home.

There were systems in place to ensure the quality of the service was regularly assessed and monitored.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or support they were asked for their consent and the provider had acted in accordance with their wishes. Where people did not have the capacity to consent, the provider had acted in accordance with legal requirements.

Reasons for our judgement

During this inspection we spoke with five people who lived in the home and one visitor. We observed and listened to how staff interacted with people and we looked at the records that were kept.

We observed staff talking with people in a respectful manner. All of the people we spoke with told us there were no rigid rules or routines in the home. They were able to decide how they wanted to spend their time and they were able to go to bed and get up when they chose. We saw that people were consulted discreetly about assistance with their personal care. We saw that people were free to move around the home at will and could spend time in the privacy of their own room if they chose to.

Records showed that the people living in the home had been involved in the assessment before they moved in. We saw that people had been asked about their likes, dislikes and preferences in relation to their daily lives. People's identified needs were included in their care plans when they moved to the home. We saw that people had signed to say they agreed with their care plan. The staff we spoke with were able to tell us what people's likes, dislikes and preferences were. For example, one person had stated they liked their own company and wanted to stay in their room and read. This person told us staff knew this and it was not an issue. They told us their meals were taken to them and staff were available when they needed assistance. This meant people were consulted about how they wanted their care delivered and staff acted in accordance with their wishes.

People living at the home could make their own choices and decisions on an everyday basis. Staff we spoke with told us that if people decided they did not want to do something it was not a problem. For example, if people chose not to have a shower they would be asked at another time. If people chose not to have the flu vaccination the importance of it would be explained to people but if they did not want it that choice was respected.

If there were any situations where the manager thought people may not be able to make an informed decision then a mental capacity assessment had been undertaken. For example, we saw one person had an assessment in relation to moving into the home. The outcome had been that the person was able to consent and the reasoning behind this decision was detailed. This meant decisions were only made for people when they were not able to do this for themselves and it was in their best interest to do so.

A 'Deprivation of Liberty' (DoLS) is completed by services when they have to place restrictions on a person that may amount to a deprivation of their liberty. No DoLS applications had been made in respect of any of the people who lived at the home. Discussions with the manager showed that she was aware of the requirements under this legislation. We discussed developments in the legislation arising from recent legal judgements. The manager was to look into this further to ensure the provider continued to act in accordance with legal requirements.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with five of the people living in the home, one visitor and five relatives. People told us they were happy living in the home. One person told us, "I'm very satisfied, when I ring the buzzer staff come to help." Another person told us they had moved to a larger bedroom which they liked as it meant they could accommodate more of their possessions.

All the relatives we spoke with were satisfied with the care and support their relatives received. One relative told us, "We are completely satisfied, she has improved physically since being there." Another relative said, "They (the staff) are very welcoming, polite and friendly. They are very patient with him and very caring."

Care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at the care records for three people, spoke with three staff and observed the care provided to people. The care records reflected the care provided to people. This meant that the staff knew what people's individual's needs were.

The care records showed that people's likes, dislikes and abilities had been determined, for example, their daily preferred routines, how they liked to spend their time and what they were able to do for themselves. The care records we looked at included detailed information about people's care and support needs. This ensured that staff knew how to support people. The staff spoken with had a good understanding of the content of the care records. This meant that people received care in the way they wanted.

People's needs were regularly re-assessed and reviews held with the people concerned to discuss their care needs and if any changes were necessary. Any changes to the way care and support was to be provided had been documented. This meant people were consulted about their care needs on a regular basis.

People's individual risks were identified and staff were given detailed information about how to keep people as safe as possible. For example, where people were at risk of skin damage there were details of the equipment to be used to avoid this happening. We saw this equipment being used ensuring the person was not put at risk. Other records gave detailed information of the specific moving and handling needs of people who were not fully mobile. These ensured people were moved safely. The staff we spoke with were able

to tell us about people's risks and how they minimised these. This ensured people's needs were met safely.

Arrangements were in place to ensure people's health care needs were met. We saw that staff asked health care professionals to visit people when necessary, for example, doctors, district nurses, opticians, chiropodists and dieticians. Records were kept of the outcomes of any health care appointments. This ensured staff were kept fully aware of people's health care needs.

Three of the people we spoke with were happy with how they spent their days. Two people told us they did get bored. They said there was little to do except watch television. We saw written records and photographs that showed there were activities for people to take part in if they wished. These included, quizzes, exercise, food tasting days for international foods, reminiscence sessions and films. People went out to local shops and churches if they wished and there were occasional trips further afield. There were also visits from outside entertainers. We saw that some people preferred to spend time in their rooms watching their own televisions, reading or just spending time quietly in private. We spoke to the manager about the activities on offer as people had mixed views about these. We were told people were all offered the opportunity to take part in activities. It was not always possible to determine the full range of activities people had been offered as refusals were not recorded. The manager was to address this and activities were to be discussed further with people to ensure that people were satisfied with the range on offer.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw that the home had policies and procedures in place which provided staff with information about managing medicines.

All of the the people we spoke with told us that the staff gave them their tablets. One person told us, "I get two tablets in the morning, I always get them."

All the staff who administered medicines had undertaken training to ensure that medicines were handled and administered safely.

We saw that medicines were kept stored safely at all times. This meant that only people who were authorised to access medicines were able to access them.

Systems were in place to ensure all medicines received into the home and administered were recorded. We saw that people's medicine administration records (MAR) were signed and completed when medicine was administered. There were no gaps on the MARs we checked. This meant people received their medicines as prescribed.

We saw there were robust systems in place to ensure that any controlled medicines were administered safely. There was separate storage for the medicines and a controlled drug log was available. We saw the log had been completed as required, giving a running total of the medicines and two staff signatures to witness medicines had been administered.

We saw that one person was prescribed a tablet for pain relief that could be taken 'as and when necessary.' The manager told us other people were also prescribed this tablet. There were no written guidelines in place to indicate to staff when this medicine should be administered. The provider may wish to note that there should be written guidance for staff to ensure they were consistent and that people were only administered these medicines when they were required.

Most medicine was dispensed from a Monitored Dosage System (MDS). There were some medicines that were administered directly from boxes and packets. We audited a sample of these and the balances held were correct. This showed people received their

medicines.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

There were effective recruitment and selection processes in place.

Reasons for our judgement

We saw that the people who lived in the home were comfortable in the presence of the staff. Friendly relationships were evident and staff were available at all times. One of the people who lived in the home told us, "The staff are good." A visitor to the home told us, "They (the staff) are very polite, very friendly."

The provider had robust recruitment procedures in place to ensure only appropriate people were employed to work at the home. This meant people were protected from the risk of harm.

We checked the recruitment records for three staff employed at the home. The records included documentation for all the recommended pre-employment checks. These included, completed application forms, references, evidence of identification, pre-employment health questionnaires and a record of interview. All the records also included the outcomes of the disclosure and barring checks to ensure that the staff members were suitable to work with vulnerable people.

The records showed and a staff member confirmed that new staff received induction training to ensure they were competent to work with the people in the home.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider asked people who lived at the home, their relatives and visitors for their views about the quality of service provided at the home in a variety of ways.

The provider sent satisfaction surveys to the people living in the home, their relatives and representatives annually. The surveys covered a variety of areas including, the quality of the care and the environment. We sampled some of the most recent surveys and all were complimentary about the service offered. There were meetings for families and friends held at the home. We saw that various topics were discussed at these and people's ideas and views were listened to and acted on. For example, ideas for activities and changes to the menu were put in place.

There were monthly meetings with the people living in the home. We were given examples of suggestions that had been made by people that had been acted on. For example, people wanted a tuck shop and this was in operation. One person had suggested a charity the home should support and this had been accepted and was on-going. This showed people's views were listened to and acted on.

Arrangements were in place to monitor and assess the quality of the service provided. We saw records of monthly audits which included audits of incidents, care plans and equipment in the home. We saw the annual pharmacy audits for medication which showed that medication had been given as directed and there were no concerns.

The manager told us they were very much 'hands on' in the home and was able to see what was happening and chat to people to ensure they were satisfied with their service. This ensured the service was overseen and continually improved for people.

Systems were in place to address every day maintenance issues at the home. This ensured the environment was safe for the people living there.

We saw that systems were in place to ensure other equipment was tested and serviced at

the required frequency. This ensured that the equipment was well maintained and safe for use.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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