Inspection Report

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

Hawkstone House

Shann Lane, Off Spring Gardens Lane, Keighley, BD20 6NA

Tel: 01535609122

Date of Inspection: 28 July 2014

Date of Publication: August 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Isand Limited
Registered Manager	Miss Debra Shepherd
Overview of the service	Hawkstone House provides accommodation and support for up to 10 adults with learning disabilities who require significant support in daily living and may present with challenging behaviour. The home is situated less than a mile outside of Keighley town centre.
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'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 28 July 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We have considered all the evidence gathered during the inspection and used it to answer the five key questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found. The summary describes the records we looked at and what people who used the service, relatives and the staff told us.

Is the service safe?
At the time of our visit there were 10 people who lived at the home. We spoke with two people who both told us they felt safe. We also spoke with two relatives, they told us they were pleased with the standard of care and felt people living at the home were safe.

Each person's care file had risk assessments which covered areas of potential risk. When people were identified as being at risk, their plans showed the actions required to manage these risks.

Safeguarding procedures were in place to protect people from the risk of abuse and we found staff understood their roles and responsibilities in safeguarding the people they supported.

Overall, we found there were enough skilled and experienced staff to ensure people received a consistent and safe level of support. The staff we spoke with told us there was always enough staff on duty to ensure people were kept safe. However, they said there were occasions when they felt there were not sufficient levels of staff on duty, such as when an incident occurred which required a number of staff to support with physical interventions. One staff member said "90% of the time staffing levels are fine, but there are occasions where I have thought we could have done with an extra staff member for that

shift".

The care records reviewed were accurate, relevant, complete and up to date. They were also stored securely to ensure confidentiality. We saw appropriate records were maintained in relation to the management of the service. All records were located promptly when requested.

Is the service effective?
The home had a good working relationship with other healthcare professionals and followed their guidance and advice. The input of other healthcare professionals involved in people's care and treatment was clearly recorded in their care plan.

Is the service caring?
Overall people said they were pleased with the standard of care provided. One person told us they had looked at several homes when deciding where their relative should live and Hawkstone House "Stood head and shoulders above everywhere else; due to the genuinely caring and calm environment".

We found the care staff we spoke with demonstrated a good knowledge of people's needs and were able to explain how individuals preferred their care and support to be delivered.

Is the service responsive?
Care records were reviewed and any changes made either when people's needs changed or as part of the six monthly review process. We saw evidence of this within the care records we reviewed.

Where people's needs changed and additional staff support was required we saw evidence the service put additional staff on duty to ensure people were kept safe.

Is the service well-led?
We saw there was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in the service and any non-compliance with the essential standards of quality and safety.

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

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with two people who lived at Hawkstone House. They both told us they were happy with the care they received and liked living at the home. One person told us "I am really happy here, staff make me laugh and they help me to go shopping which I love". Another person said "It's nice here, I am happy because staff look after me". We also spoke with the relatives of two people who lived at the home. Overall people told us they were happy with the standard of care provided. One person told us they had looked at several homes when deciding where their relative should live. They said Hawkstone House "Stood head and shoulders above everywhere else; due to the genuinely caring and calm environment". Another person said they felt involved in the wider decisions regarding their relatives care and treatment as they attended regular care review meetings and staff kept them informed of any key issues. However they said staff did not always keep them informed of what their relative did on a day to day basis and because they could not visit every day they would like to know this information.

We reviewed three sets of care records. We saw support plans were in place to provide staff with guidance about how to support each person's individual needs in relation to health, personal and social care. For example where the person may have displayed challenging behaviour the care plan described ways of helping to calm the person's behaviour. There were also risk assessments which identified potential risks to people's health and wellbeing. These included; money management, environmental risks and moving and handling. We saw evidence staff reviewed care files approximately every six months or sooner if any changes occurred. This ensured documentation remained relevant to people's current needs.

We saw health action plans were in place for everyone who used the service and these were reviewed annually. A health action plan is used to support people with learning disabilities to check and maintain their general health. We saw people had access to a range of health professionals such as opticians, psychiatrists, podiatrists, general practitioners and district nurses.

During our inspection the manager of the home was on holiday so we spoke with the deputy manager and the clinical services manager. The deputy manager told us staff worked closely with community based services in specific areas of people's care which included both their physical and mental health. We saw the input of other healthcare professionals involved in people's care and treatment was recorded in people's care records.

We asked staff to tell us about someone who used the service. They were able to provide us with detailed information about this person, such as what they liked and disliked, potential risks to their health and wellbeing and what their specific care needs were. They gave us examples of how they would recognise if someone's needs had changed and what they would do to ensure people received the care and support they needed.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The two people we spoke with told us they felt safe living at Hawkstone House and that staff were kind and treated them nicely. All of the relatives told us they felt people were safe and that staff treated people with consideration and respect.

The provider had a policy in place for safeguarding people from abuse. This policy provided staff with guidance on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy and the provider had a dedicated telephone line which staff could ring to report matters of concern. The provider may find it useful to note the contact details for the local authority adult protection team and the Care Quality Commission (CQC) were not included in these policies. We raised this with the clinical services manager who said they would ensure the appropriate authorities contact details were included.

We looked at the residents meeting minutes from March 2014. We saw safeguarding was discussed with people who lived at the home. Staff explained how people may be abused and who they could contact if they thought they or someone else was being abused.

The deputy manager explained that all staff receiving annual safeguarding vulnerable adults training. We saw records which confirmed this. The three staff we spoke with were able to confidently provide examples of how people could be abused by poor working practices. They were able to tell us about different types of abuse and were clear about how to report any concerns they might have about people's welfare and safety.

Prior to our inspection the CQC was informed about an incident in April 2014 where staff members had blown the whistle on the conduct of other staff members working at the home. The provider investigated the concerns raised and provided CQC with their investigation report. The provider may find it useful to note that two of the three staff we spoke with during our inspection told us they would not feel confident to call the provider's whistleblowing telephone line in the future because the names of the staff members who blew the whistle in April 2014 had not remained confidential. Both staff said they would contact CQC if they had a whistleblowing concern in the future.

We spoke with the clinical services manager about the measures they had taken to ensure this did not happen again and that, where possible, staff identities would remain confidential if they called the whistleblowing line in the future. They showed us a letter that had been sent to all staff and had been discussed at the team meeting on 23rd April 2014 regarding the importance of confidentiality and not discussing internal investigations with other staff members. However, as there were no on-going investigations at the time of our inspection we were unable to test how effective this letter had been in improving staff's adherence to confidentiality protocols.

The provider may also find it useful to note the service had not notified CQC or the Bradford Adult Protection Unit about two of the three people who were deemed to be at risk of harm by the whistle blowers. This was discussed with the clinical services manager, who assured us it was a mistake and would not happen again. From the information we hold about the service we know that other notifications regarding potential safeguarding incidents have been made to CQC.

Physical interventions were sometimes used by staff to ensure people were kept safe when they became anxious. The deputy manager told us all staff received annual training to enable them to correctly carry out physical interventions when required. We saw that each person had an individual protocol for when and how physical intervention should be used. This included information such as strategies around how to avoid potential triggers and what alternative action should be tried to calm the person before physical intervention was used. Each protocol we saw provided staff with appropriate information to ensure physical intervention was used as a last resort.

Where physical intervention was used, we saw staff completed an incident form which included information such as the type of restraint, the length of time it was used and what actions were taken to try to de-escalate the situation before physical intervention was used. The deputy manager explained all incidents were reviewed by either them or the manager and behavioural analysis completed for each person every month. This enabled them to track how often physical intervention was being used for each person and whether there were any themes, patterns or triggers to behaviours. They provided us with examples where the managers had taken action to reduce risks for people in response to identified patterns and trends.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The two people we spoke with told us staff were friendly and approachable and knew how to support them. The two relatives we spoke with told us they had no concerns about staffing levels and whenever they visited there appeared to be sufficient staff on duty. One relative said staff were "Patient, able, genuinely caring and always did their very best". They also told us there were sufficient staff available to enable their relative to go on trips out at least six days per week. Another relative said most staff were "very good" but a few were not always aware of how to fully support their relative's specific needs. For example, their relative's autism meant they responded well to positive language. However some staff still used words such as "no" when re-directing them, which they felt may have increased their relative's anxiety.

The deputy manager told us sufficient staff were employed for operational purposes and there was a good skill mix within the staff team. They said eight support workers had been recruited and were due to start their induction in the coming weeks. They said they covered short notice absences, such as sickness, through their permanent staff group. The three staff we spoke with confirmed this. One staff member said "I love this job, it's the best job I have ever had". Another staff member said "The management are really supportive and approachable, they have helped me a lot and are always there if you need them".

Staff meetings were held at least every two months. This ensured staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received.

The deputy manager told us on employment all new members of staff completed an induction programme that took into account recognised standards within the care sector and was relevant to their workplace and their roles. They confirmed no staff were allowed to work unsupervised until they were confident and competent to do so. Staff also received ongoing training and development to ensure they had the required skills and knowledge to ensure people were provided with safe and appropriate support. We saw training records which confirmed this.

The deputy manager explained that minimum staffing numbers when everyone was in the home during the day was eight staff. We looked at the staffing rotas for July 2014 and saw

minimum staffing levels were usually reflected. The deputy manager explained that where eight staff were not on duty this was because people were engaged in community activities where staff support was not required.

The deputy manager informed us that usual staffing levels from 11.00pm until 8.00am was one waking and one sleeping staff. They said the sleeping staff member did not go to bed until everyone was in bed and people were usually settled during the night. Our review of incident records and discussions with staff confirmed this. Each person had a door alarm so staff were alerted if people left their rooms during the night. This ensured people were kept safe and provided with support when required. They also had a buzzer to wake the sleeping staff if additional support was required and an on call number to contact if they needed further management support. The provider may find it useful note some staff told us when they had requested additional support during the night it had taken some time for this support to reach them. They told us this meant they could not always provide immediate support if more than one person woke up and required assistance.

The staff we spoke with told us there were clear lines of accountability in the home, for example they knew which people they were responsible for on each shift. The provider may find it useful to note that all of the staff we spoke with told us there were times when they felt there were not sufficient levels of staff on duty. One staff member said "90% of the time staffing levels are fine, but there are occasions where I have thought we could have done with an extra staff member for that shift". They all told us there was enough staff to ensure people were kept safe. However, they said when an incident occurred which required a number of staff to support with physical interventions this affected other people in the home because their allocated support worker would have to go to assist the person who needed physical interventions to keep them safe. Staff also explained that three people who lived at the home required two staff members to support them when out in the community. They said there were not always sufficient numbers of staff to ensure these people could access the local community when they wanted to.

We discussed the concerns raised by staff with the clinical services manager. They explained that if people's needs changed additional staff would be provided. They gave an example and provided evidence to show they had increased the staffing levels in the home during May and June 2014 due to one person having an increase in challenging behaviours. They also explained that during week days the deputy and manager were supernumerary and available to drop onto a shift if additional support was required. However, the provider may find it useful to note this additional support was not available during evenings and weekends. Following our inspection we wrote to the provider. We requested further information to demonstrate that there were sufficient staff on duty at all times of the day and night. Although this information was not used to form our judgement as part of this inspection, it provided us with further evidence to assure us there were enough staff to meet people's needs and keep people safe.

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

We saw quality assurance documentation which showed us there was a programme of audits completed throughout the year to monitor the quality of care provided. This included checks of; finances, care files, medication, accidents and incidents, the environment and various health and safety checks. The clinical services manager also visited the home on a weekly basis and completed a detailed audit of the service every two months. This audit looked at all areas of the home including staffing levels, recruitment, care plans and the environment. We saw their last audit completed in June 2014 had identified areas for improvement in relation to some care plans. The manager had developed an action plan which detailed how they would address the issues raised and the clinical services manager had returned to the home on the day of our inspection to check appropriate improvements had been made.

The deputy manager explained they monitored accidents and incidents on a daily basis and when necessary took action to reduce the risk to the individuals concerned, such as making appropriate referrals to health professionals. They reviewed each incident which enabled them to look for any trends or patterns and identify actions to reduce the risk of similar events happening again.

Regular meetings were held for people who used the service and each person had a monthly meeting with their key worker which provided people with the opportunity to say what was going well for them and identify where improvements were required. The deputy manager explained that where people were unable to communicate their preferences through speaking, staff would use pictures to establish how people felt about the care and support they received. They also involved people's relatives and residents by inviting them to six monthly care reviews. The relatives we spoke with confirmed this. We checked the minutes from the service user meeting in March 2014 and saw a wide range of issues was discussed including meals, social events, complaints and safeguarding. This showed us that people were provided with the opportunity to be involved in how the service operated.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We reviewed three care records and found they were well organised and easy to navigate. There was an index at the front of each file and information was organised into separate sections which meant information could be promptly located by staff when required. All the care records we looked at were up to date and provided detailed information about the level of support each person required. The provider had a process in place for reviewing and monitoring records such as care plans and risk assessments. This meant they were accurate, relevant, complete and up to date.

We saw that personal records were kept securely within the locked manager's office to maintain confidentiality. The Team Leader on shift had a key to the office to ensure staff could access information regarding people's care and treatment when required. The staff we spoke with confirmed this.

The deputy manager explained there was a system in place to ensure documentation was securely archived each month and kept for appropriate periods before being securely destroyed. The provider also had a data protection policy and confidentiality in place which described how it looked after data safely.

We saw appropriate records were in place in relation to the management of the service. This included audit documentation and policies. An up-to-date training plan was also in place, which showed when each staff member required training updates in a number of subjects. This allowed management to quickly identify if people were up-to-date with training.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk