

Isand Limited

Hawkstone House

Inspection report

Shann Lane
Off Spring Gardens Lane
Keighley
West Yorkshire
BD20 6NA

Tel: 01535288471

Website: www.woodleigh-care.co.uk

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22 May 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Hawkstone House is a residential care home situated in Keighley. The home provides accommodation and personal care for people with learning disabilities and complex needs. At the time of this inspection there were 10 people living at the home.

The care service had been developed and designed in line with the values that underpin Registering the Right Support and other best practise guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary life as any citizen.

People's experience of using this service:

People's care needs were assessed, and they received good quality person-centred care from staff who understood their needs well. Staff promoted people's choice and independence and ensured they had access to a wide range of individualised activities. People were engaged and involved in the day to day running of the home. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible: the policies and systems in the service supported this.

Staff were caring and encouraging of people who lived at the home. They were knowledgeable and received training, supervision and support to carry out their roles effectively. Staff were committed to providing person centred support and fulfilling opportunities for people. We saw staff used a variety of communication styles to ensure people's wishes were heard and acted upon.

People and their relatives praised the standard of care in the home. People said they felt safe and there were enough staff on duty. People and relatives said staff were kind and caring.

Medicines were managed safely, and people's health needs were met. The building and grounds were well maintained.

The registered manager provided people with leadership and promoted an open and supportive team culture. Robust systems were in place to assess, monitor and improve the service. People's views were welcomed on the running of the service. Staff told us there was an inclusive and relaxed atmosphere in the home. One staff member described Hawkstone House as, "Like a family. Everyone helps everybody."

More information is in the full report.

Rating at last inspection:

At the last inspection on 24 August 2016 the service was rated good.

Why we inspected:

The inspection was part of our scheduled plan of visits.

Follow up:

We will continue to monitor the service to ensure that people receive safe, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report, which is on the CQC website, www.cqc.org.uk

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 safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Hawkstone House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The service is a residential care home providing accommodation and personal care for up to 10 people. The home has two individual living areas. The cottage is a four bedded unit linked by a corridor to the main house which is six bedded. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on 14 May 2019 and 22 May 2019.

What we did:

We reviewed information we had received about the service since the last inspection.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this prior to our visit.

We asked for feedback from the local authority and commissioning teams in Bradford.

We spoke with the registered manager, regional manager, deputy manager and four care staff.

We spoke with five service users and two relatives.

We spoke with one social care professional.

We reviewed three people's care records and other records and audits relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; learning lesson when things go wrong

- Risks to people's health and safety were assessed and a range of detailed risk assessments were completed. Staff understood people's needs well and how to manage any risks they were exposed to. There was a culture of encouraging positive risk taking. One person liked to use a tread mill as part of their routine and information was available to ensure they could be supported to do this safely. This was an important part of the person's daily activities.
- The premises were well maintained and suitable for their intended purpose. Detailed safety checks were in place and actions taken when issues noted. The service employed a handy person which meant repairs were resolved promptly.
- Accidents and incidents were recorded and investigated. Where incidents had occurred, this had been acted upon. Staff were clear about how to record incidents and ensured detailed information was recorded. Staff had opportunities for debrief meetings. This meant staff were supported and lessons could be learned.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One relative said, "I am absolutely satisfied that [person] is safe. I have no qualms whatsoever."
- Staff received safeguarding training. They had a good understanding about how to raise concerns. We saw safeguarding was consistently discussed in staff meetings and individual supervisions.
- Safeguarding referrals had been made appropriately and actions put in place to help ensure the safety of people.

Using medicines safely

- Medicines systems were organised, and people were receiving their medication when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- We saw up to date and detailed protocols were in place for people who needed "as required" medicines. Information included exploring alternatives to administering medication such as activities or a change of environment. This meant people were offered support consistently.
- At the last inspection we recommended improvements in how the administration of covert medication was recorded. Covert medicines refer to medicines hidden in food or drink. We saw one person required their medication to be administered in food. This person did not have capacity to make this decision and it had been discussed with their GP, family members and staff and recorded in a clear and detailed format.

Staffing and recruitment

- Safe recruitment procedures were followed.
- Safe staffing levels were maintained, and we observed people received consistent and timely support. We reviewed the rotas and saw there were generally 11 staff on duty during the day. This meant people received

a high level of one to one support. Staff assisted people at the home with cleaning and food preparation. They said there was enough time to complete these tasks.

- People and relatives said there were enough staff. One relative said, "Staffing levels are fine. There is always someone with [person.]"

Preventing and controlling infection

- Staff completed training in infection control. They confirmed they had access to aprons and gloves when supporting people with personal care or preparing food.

- The service had received a five-star food hygiene rating. This is the highest award that can be received and demonstrated food was stored and prepared appropriately.

- The communal areas of the home were generally clean and tidy.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home. One relative told us, "The transition was very carefully done, and they worked closely with us. [Person] was happy from day one."
- People's care plans described the support required. We found care plans were detailed and contained person centred information. People had positive behaviour support plans which provided comprehensive information about how to recognise signs they may become anxious or upset. Proactive strategies were followed to help reduce people's anxiety. We saw some people had physical intervention plans but this was only used as a last resort to keep people safe.
- Staff said care plans were clear and updated if people's needs changed. The staff we spoke with were able to describe the best way to support individuals and we observed staff following detailed guidance from care plans.
- The building was adapted to meet people's individual needs. There was a range of communal space and large accessible grounds with a seating area, swing and a trampoline where people could spend time.
- People's bedrooms were very spacious and personalised. One person was happy to show us his room and was proud of the décor and accessories in the room.

Staff support: induction, training, skills and experience

- Staff we spoke with were knowledgeable and skilled. They told us they received a range of training. This provided them with the skills to provide effective care and support to people. Staff received regular one to one supervision which provided them with the opportunity to discuss any issues including their development needs. The registered manager told us they were in the process of introducing an annual appraisal system. The purpose of this was to ensure staff were offered further opportunities for ongoing personal development.
- New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff. One new staff member said, "The induction and training were very helpful and any questions you can just ask. Everyone takes their time to help you."
- We reviewed the training matrix for the service which showed staff were up to date with training. We saw staff had the opportunity to complete additional training to further develop their skills.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed and met by the service. One person followed a halal diet and separate storage and cooking utensils were available to prepare their meals.
- People's weights were regularly monitored when this was part of their care plan.
- People were encouraged to prepare their own food and eat a healthy diet. We saw people supporting to make lunch and evening meals using fresh ingredients.

- People said they liked the food and were involved in planning the menus for the home. We saw the menus had been changed to include more spicy food and egg sandwiches. Alternatives to the menu were available and people could eat at a time that suited them. One person needed encouragement to eat and we saw they had a "snack box" available to them. This meant they could eat their preferred snacks at a time which suited them.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained information about their health needs. Records showed people had an annual health check and saw a range of professionals to support their physical and mental health.
- We saw one person had regular appointments with a health care professional to review their medication. Staff had followed a consistent approach and the person had been able to significantly reduce the amount of medication they needed to help them when they were anxious. The health care professional said in a review, "Hawkstone have done a brilliant job."
- Staff told us health appointments were planned carefully to ensure they met individual's needs. For example, some appointments were scheduled later in the day for one person who preferred this.
- We saw people had the opportunity to engage in a wide range of activities that promoted exercise and health. This included regular walks, rock climbing, swimming and accessing the trampoline.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)
- The service was acting within the legal framework of the MCA. People's capacity to consent to their care and treatment was assessed. People had been involved in decisions relating to their care and we saw evidence they had consented to their care and support where they had the capacity to do so.
- Appropriate DoLS applications had been made in a timely manner by the service and conditions were being monitored.
- Information about people's capacity to make decisions had been clearly assessed. Where people lacked capacity, we saw best interest decisions had been made. We saw a range of individual person-centred assessments had been completed for different decisions.
- We observed staff asking for consent from people before they provided support or care.
- The registered manager understood the principles of MCA and how to protect people's rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff we spoke with were kind and caring. They knew people's preferences and used this knowledge to support them in the way they wanted.
- People and relatives spoke positively about the home and the staff. One relative said, "I can't speak highly enough of them." Another person said, "I like living here. I get on with the staff. I get everything I need."
- We saw staff treat people with kindness and compassion. We saw staff using intensive interaction to communicate with people. Intensive interaction is a practical approach to interacting with people with learning disabilities who do not find it easy to communicate. We saw staff mirroring sounds and gestures and using eye contact and sounds when a person became anxious. The person became less anxious and smiled and we observed warm affection between them and the staff member. One staff member said, "[Person] likes it when you sing and clap and it has helped our relationship progress."
- Staff and people shared jokes and laughed together. It was clear staff had developed trusting and strong relationships with people and they knew each other well. One staff member said, "If you are happy and positive, the residents are happy too."
- People had completed a survey about their views. Symbols were used to support people to give feedback. People indicated staff treated them with respect and this made them happy.
- Advocates were used where people did not have someone to speak on their behalf.

Supporting people to express their views and be involved in making decisions about their care

- Staff had formed good relationships with people who used the service and engaged positively with people. One staff member said, "I like making a difference in an individual's life, no matter how small." People's choice and independence were promoted. Staff were able to describe how to support people with non-verbal communication. We saw people were able to access different communal areas and the garden supported by staff.
- People said they felt listened to and staff acted on their wishes. One person liked steam trains and had posters in his room. We observed the person talking with staff about plans to go on a day trip which included a journey on a steam train.
- People and their relatives were involved in care decisions daily and through reviews and surveys.
- Residents' meetings were held every month. These were held in two smaller groups to help people be more involved. We saw suggestions were acted upon. This included having a take away night and an Easter party.

Respecting and promoting people's privacy, dignity and independence

- Staff were conscious of maintaining people's dignity and promoting independence. We saw people were involved in the day to day running of the home, including shopping for items, cleaning and food preparation. We saw people had a sense of pride and fulfilment in being involved in the running of the

home.

- Care plans promoted people's independence. One person's care plan included detailed step by step guidance about their morning bathing routine to ensure they were able to maintain and build on their skills.
- People and relatives gave examples about how they had been supported in a respectful manner. One relative told us about a time when their relative had been unwell and distressed. They said, "[Staff] managed this amazingly throughout."
- We saw activities helped people to maintain their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs were assessed, and a range of detailed care plans put in place. We saw people received personalised care from staff who knew them well.
- The service identified people's communication needs by assessing them. Care documentation explained what communication aids people required in line with the Accessible Information Standard (AIS). Staff used a range of methods to support effective communication including intensive interaction, sign language and symbols. One person's first language was Punjabi. We saw they had staff available who could speak the same language. One staff member told us how they had used an I-Pad to help a person decide on their preferred holiday destination.
- Activities were provided and reflected what people enjoyed doing. Over the course of the inspection we observed people had access to a range of individual activities. This included work placements, swimming, walking, using the trampoline, crafts and going out for a shopping and lunch trip. There was a strong focus on people having personalised plans. People and staff told us about previous and planned holidays.
- Staff told us there were ongoing plans to develop opportunities. This included the development of a sensory garden and an activity room. We saw the staff were committed and passionate about the positive impact this would have for people.

Improving care quality in response to complaints or concerns

- A clear complaints procedure was in place. Concerns and complaints had been clearly recorded and appropriate action taken.
- People and relatives told us they knew how to complain and would feel comfortable talking to staff or the manager if they had any concerns.
- An easy read guide to the complaints process was available using symbols. This helped people who used the service to understand how to raise concerns.

End of life care and support

- People's end of life wishes had been sought by the registered manager. Most people did not want to put a plan in place. We saw one person had completed a detailed plan about their wishes. The plan had been developed using symbols to ensure it was accessible to the person.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was well run and organised. The registered manager and team were committed to providing high quality, person-centred care. We observed the registered manager had developed a positive rapport with people and relatives. The registered manager attended daily handovers. This meant they communicated with all groups of staff on a regular basis. One staff member said, "It makes staff feel good, anything that needs to be addressed can be dealt with. We address issues there and then."
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- The registered manager completed regular comprehensive audits of all aspects of the service. We were updated on recent improvements to the building and future refurbishment and development plans.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff we spoke with were clear about their role and responsibilities and had a very good knowledge of the service.
- Staff praised the home and the way it was run. They described team morale as being good.
- Staff praised the registered manager and said they were supportive and had an "open door" approach. One staff member said, "[Manager] is an inspiration and a good leader." Another staff member said, "You can always go talk to [manager] if you need anything and have a chat."

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

- People, staff and relative's views were sought about the running of the home. The registered manager had recently carried out an annual survey with people, staff and relatives. The feedback was generally positive, and we saw suggestions had been acted upon. The registered manager was passionate about fostering team work which made people feel valued and included.
- Relatives said the registered manager was approachable.
- Staff and resident meetings, one to one supervisions and management meetings were held regularly. These were an opportunity for any quality issues to be discussed and for staff and people to share ideas.

Continuous learning and improving care;

Working in partnership with others

- The registered manager understood their legal responsibilities and was committed to learning and

improving care.

- We saw evidence the registered manager networked closely with other homes and services. This involved sharing good practise and ideas to make improvements.
- The registered manager demonstrated her commitment to the ongoing improvement of the service. They were passionate about developing staff skills and promoting positive opportunities for people living at the home. They told us two new vehicles were going to be available to the home which would further improve community activities.