

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

The Hawthorns

29 Rotton Park Road, Edgbaston, Birmingham,
B16 9JH

Tel: 01214559024

Date of Inspection: 20 February 2013

Date of Publication: March
2013

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

Respecting and involving people who use services ✓ Met this standard

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

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Complaints ✓ 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	11
Complaints	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 20 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us.

We contacted commissioning for their opinions of the service.

What people told us and what we found

We spoke to four people, four relatives and or visitors and four staff. We also looked at three people's care documents and four staff personnel files. As well as associated provider documents.

At this inspection we saw that the provider had a culture which encouraged people to be voice their opinions about the service and their needs. People felt confident to make complaints, knowing there would be no negative repercussions.

Staff were skilled and supported in their roles, they received training to recognise and report abuse, this formed part of their mandatory training.

Staff were able to meet the care and welfare needs of the people using the service. The associated documentation was detailed but the information required to deliver care was well presented, making it easy for staff to find information about people. The provider worked with external healthcare professionals when needed to meet people's needs. One relative when asked about the service said, "Absolutely brilliant".

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

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

On the day of the inspection we saw that a few people were having breakfast at 10am, we also saw that they were having it in various places such as the lounge, the dining room and in bedrooms. We asked the manager what time breakfast was served, we were told that it was when people wanted it. We saw in care documents that the time individuals wanted to eat their meals was recorded. When we spoke to people using the service one person said they liked to wake early and would have their breakfast when they wanted. They also said they preferred to eat in their room, but on occasion when they wanted, they would eat in the dining room.

We saw care documents in which a detailed pre-assessment was completed. This had detail of what individuals wanted as support from the service. There was information about the person's likes and dislikes, their preferred name, language and religion including whether they are practicing or not. This meant that the provider recognised that each person was an individual and respected their choices.

The provider ensured that people's privacy and dignity was respected. The service had a few rooms which were dual occupancy. We saw in rooms that screens were available. We spoke to one person who had a shared room, when asked about sharing, they told us that the staff always used the screen and closed the curtains at the window to protect their dignity and privacy. We requested and were sent the service's policy for privacy and dignity. The provider demonstrated that it followed its own policy to ensure that people's privacy and dignity was respected.

People's diversity, values and human rights were respected. We saw that people were dressed appropriately for their gender and age. People wore their own clothes which they brought in with them. We saw that there were good storage arrangements within each room. We looked at seven bedrooms in the home, we saw that they had been

personalised with people's belongings. This demonstrated that the provider had supported people to express their individuality through their belongings and dress.

People's opinions were sought and were involved in the running of the service. We saw minutes from residents meetings, which took place on a monthly basis. People were given opportunities to make suggestions about such things as the food they were served and when, what charities to support and what activities they wanted. When we spoke to family and visitors, they told us that they could attend relatives meetings and that they received the minutes from the residents meetings regularly. We were told by a member of staff and saw this in the meeting minutes that residents wanted to sponsor a puppy to be trained to support the blind. The person who was training the puppy had been to the home and delivered a presentation. People had been involved in determining and agreeing on support to be provided and people using the service were consulted to ensure their needs were being met.

People were supported and given the opportunity to engage with community. We saw in the residents meeting minutes an opportunity to go on a trip to the botanical gardens. We saw a leaflet with people's names who wanted to attend. We also spoke to staff who confirmed they were encouraging people to attend. One resident told us that they went out most weeks with a relative. We saw in care documents activities that people enjoyed outside of the home regularly such as shopping and attending church. The provider recognised that interactions with the community can be an enjoyable activity for people.

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, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw detailed care documents for people. These demonstrated that following assessment, the support that was required was documented. We spoke to people using the service who told us that they had given information about themselves and the support they required so staff knew what they needed. One person said, "They never rush you, they always have time for you". All of the care documents we looked at had details of people's life history. We spoke to staff who told us that they knew how to care for people by using the information in the care plan.

We observed a meeting which took place as new staff came on duty. The meeting was used to inform and update the staff coming on duty about any changes or any new areas of concern. This ensured that people received continuity of care.

We saw that the care documents were regularly updated to reflect the latest care requirements. The care documents were written from the individual's point of view and had plenty of individualised information within them. We saw that daily records were written for every person which detailed information such as food intake and activities that people had undertaken. The provider delivered support which was planned and documented in care documents.

People were given opportunities to take part in activities in and outside of the service. We saw a timetable of activities and spoke to staff who explained how the activities were chosen. Some of the activities were chosen by the residents at meetings. Others were chosen by staff. On the day of our inspection we saw that a hairdresser and an aromatherapist were attending to people. We also saw that a laptop had been placed in the lounge. Staff told us they were going to help people send emails to friends and family. We saw in one of the residents meetings that all the residents had their own email address. The provider saw the benefit for people of offering a variety of activities so that they catered for most people.

The provider used the expertise of external agencies to offer additional support. We saw that all the people were registered with a local GP practice. District nurses provided specialist support when this was required and we saw that this was documented in the

care plan and that their advice had been followed by staff. The provider understood their responsibility to access specialist support for people when required.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. We saw that mental capacity assessments were completed for people within the service. When we spoke to staff they demonstrated an understanding of mental capacity and what depriving people of their liberty meant. The provider understood people's rights to make choices and not to be prevented from leaving the premises.

There were arrangements in place to deal with foreseeable emergencies. The provider had a fire policy which we had been sent to us. We saw documents of fire drills with attendee's signatures. These had been undertaken on a regular basis. The provider had protected both people and staff from foreseeable emergencies.

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

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. We spoke to staff and they were all able to describe types of abuse and they were able to explain what they would do in the event of suspecting abuse. The provider may wish to note that when we spoke to staff they were not as knowledgeable about how a safeguard was raised with social services and what happens afterwards. We were advised by the provider that they would arrange for staff to have refresher training.

We were sent documents which demonstrated that the vast majority of staff were up-to-date with their safeguarding training (17 of 19 staff had received their training).

There were no open safeguarding investigations ongoing at the time of the inspection

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We were sent documents where the provider was able to demonstrate that staff were supported to receive training. We saw that provider identified mandatory was delivered to staff. We also saw that every member of staff was either enrolled or had achieved a health and social care qualification.

Staff were given induction training and every 2 months received combined supervision and appraisals. We saw paperwork in personnel files and staff confirmed that they received supervisions delivered by their line managers.

When we spoke to people and their relatives they all felt that staff had the skills to care for people's needs. One visitor said, "I would not leave them here if they were not happy".

The provider ensured that staff received regular mandatory training and supported them in their roles. Staff were also supported to gain external nationally recognised qualifications. This enabled them to meet the needs of the people using the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We spoke to people and their relatives they were all aware that they could make a complaint if they wished. They said would either phone the service directly or go and speak with the management.

One relative told us about a comment they made and that it was resolved to their satisfaction. When we asked to see if the provider kept a complaints log this comment, which had been verbal, was recorded. This was the only comment the provider had received in the last 12 months.

We saw that the service had a complaints policy. The provider may wish to note that CQC cannot investigate individual complaints, and it may be useful to people to also have the commissioning authorities contact details as they can investigate individual complaints. We shared this with the provider who told us they would update the policy to reflect this.

We spoke to staff who told us that in all cases they would inform their line manager of any complaint. However, if they felt they could resolve it themselves they would and then inform their manager.

This meant that the provider had an atmosphere within the service, that people felt comfortable to bring comments and complaints to the provider without fear. Staff were empowered within their roles to deal with complaints they felt able to, but were also aware that the management needed to be informed to ensure that the issues had been resolved.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
