

Review of compliance

Isand Ltd
Hawkstone House

Region:	Yorkshire & Humberside
Location address:	Shann Lane Keighley BD20 6NA
Type of service:	Care Home Services without Nursing
Date the review was completed:	20 January 2011
Overview of the service:	<p>Hawkstone House is large detached house standing in its own grounds. Keighley town centre is about 1/2 mile away where a variety of shops, transport links and leisure facilities can be found.</p> <p>The home provides accommodation and support for 10 adults with learning disabilities who require significant support in daily living and may present with challenging behaviour.</p>

Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Hawkstone House was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Care and welfare of people who use services
- Meeting nutritional needs
- Safeguarding people who use services from abuse
- Management of medicines

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 18 January 2011, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

What people told us

People told us that they like living at Hawkstone House and that they like the staff.

People said that they enjoy the activities they do.

Two people told us that meals at the home are good.

One person told us they would be able to speak to staff if they were unhappy about anything in the home.

One person told us that she gets her medication when she needs it and that she understands what her medication is for.

What we found about the standards we reviewed and how well Hawkstone House was meeting them

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

The care plans detail what action staff need to take to meet people's needs and identify the risks to the people who use the service. However, care plans were not dated and additional information is required about meeting people's specific medical needs.

- Overall, we found that improvements are needed for this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

People at the home get suitable food and drink to meet their individual needs.

- Overall, we found that Hawkstone House was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

People living in the home are protected from any abuse.

- Overall, we found that Hawkstone House was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

People who use the service generally get their medication when they need it. Staff must make sure that they follow the home's medication policy and procedure to make sure that individuals rights are fully protected and that medication reviews take place on a regular basis.

- Overall, we found that improvements are needed for this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Other information

Please see previous review reports for more information.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 4:

Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they like living at Hawstone House and that they like the staff.

People said that they enjoy the activities they do.

Other evidence

We looked at five care plans to see what information was available to staff about people and what support they need to offer. We found that care plans contained good details about people's likes and dislikes, links with family and friends, things that individuals can do independently and things they need support with. There was also good information for staff about what action they need to take if there is a deterioration in people's behaviours and the support they should offer.

We looked at one person's care plan with them and they confirmed that the information was accurate.

We talked to staff who clearly had a good knowledge of people's care plans and who were able to talk about individuals specific support needs. For example one care plan contained details of specific toiletries that needed to be used for sensitive

skin. From talking to staff it was clear that the care plan is followed.

We could also see that six monthly reviews of the care plans had taken place, however, none of the care plans or reviews that we saw were dated. This made it difficult to find out how up to date the information was.

People have very good opportunities to go out in the local community and to follow their chosen activities. We could see that people were going out regularly for walks, swimming, shopping, attending day centres, working at the organisations bakery, horseriding and attending school.

We also spoke to a health care professional and social worker who were visiting the home. They were there to attend a review for the person they have placed at Hawkstone House. They told us that staff know people well and that their placement is settled and has a good routine. The activities on offer suit the individual concerned and staff always have a contingency plan if an activity is unavailable. This means that the person is always kept occupied.

We did feel that staff could improve the care plans for people who have specific health care needs to give staff more information about care and support issues. For example for someone with diabetes the frequency that eye tests and podiatry checks should take place. Information about the different types of diabetic comas and the need for good skin care.

We also noted that people are not being weighed regularly. There are some people using the service who need to be weighed to see if they are putting on weight or losing weight. Staff told us that some people are unable to stand on the scales. The acting manager agreed that the home need to get suitable equipment so the people can be weighed regularly.

Our judgement

The care plans detail what action staff need to take to meet people's needs and identify the risks to the people who use the service. However, care plans were not dated and additional information is required about meeting people's specific medical needs.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Two people told us that meals at the home are good.

Other evidence
We looked at three people's care plans to look specifically at their nutritional needs. All three had very differing needs. One person has diabetes and their care plan contained details of the importance of a healthy diet. Another person is supported to go out to get their own Halal food and they have their own storage facilities and pans to cook with. In the third plan we found that the person had certain food intolerances and required a special diet. Staff were able to show us a separate menu for them and a food diary.

At lunchtime people were enjoying homemade soup and homemade bread from the bakery where some of them work.

Our judgement
People at the home get suitable food and drink to meet their individual needs.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
One person told us they would be able to speak to staff if they were unhappy about anything in the home.

Other evidence
The home has written policies and procedures about keeping people who use their service protected from any abuse. All of the staff have received training about the types of abuse that can occur and what they need to do if they think there is something happening that is not in the best interest of a person in their care.

We spoke to two members of staff who confirmed that they had received training and would feel able to raise any concerns that they may have with a senior member of staff. The acting manager also told us that she talks to staff about keeping people safe at their individual supervision sessions. There is a clear reporting procedure in place for any incidents that may happen in the home and any untoward incidents between people who use the service are automatically reported to the local safeguarding team. This makes sure that someone external to the service can make sure the staff at the home are taking the right action to keep people safe.

Our judgement

People living in the home are protected from any abuse.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are moderate concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

One person told us that she gets her medication when she needs it and that she understands what her medication is for.

Other evidence

We look at the medication policy, the medication administration records (MAR) and people's care plans. We found that generally the medication system is well managed and we could see that people, in the main, get their medication at the correct times. We did see that one person was not being given their 2 pm medication, when we asked staff about this they told us this was because the person is usually out doing activities at this time. Staff need to make sure a medication review takes place with this persons doctor to look at changing the prescribed times for administration so they fit with the individuals lifestyle.

We also noted that staff are not signing the medication administration records to show that they have applied prescribed creams or lotions. These need to be signed

for to show that prescribed treatments have been carried out.

No one has a specific medication care plan, we talked to the acting manager about this. It would be helpful if everyone had a plan that gave staff specific information for example: about how people like to take their medication, what medication they are taking, details of any creams/lotions that need to be applied and where and the date when a medication review needs to take place.

In two peoples' care plan we saw that staff are putting their medication in to drinks or food. This is covert administration. The home has a clear policy about what staff should do if they think it is necessary to disguise medication, however, staff have not recorded why this decision has been made or details of consultation with the individuals concerned, doctors, pharmacists or families. It is important that this information is recorded to make sure that staff are acting in people's best interests.

In another care plan we found very good information about the person's understanding of their medication and what staff needed to do if the individual was in pain and needed Paracetamol. This means that staff can make sure they get pain relief when they need it.

Our judgement

People who use the service generally get their medication when they need it. Staff must make sure that they follow the home's medication policy and procedure to make sure that individuals rights are fully protected and that medication reviews take place on a regular basis.

Action we have asked the provider to take

Improvement actions

We have not asked the provider to take any improvement actions.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9	Outcome 4 Care and Welfare of People who use Services
	<p>How the regulation is not being met: The care plans detail what action staff need to take to meet people's needs and identify the risks to the people who use the service. However, care plans were not dated and additional information is required about meeting people's specific medical needs.</p>	
Accommodation for persons who require nursing or personal care	Regulation 13	Outcome 9 Management of Medicines
	<p>How the regulation is not being met: People who use the service generally get their medication when they need it. Staff must make sure that they follow the home's medication policy and procedure to make sure that individuals rights are fully protected and that medication reviews take place on a regular basis.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

Enforcement action we are taking

We are not taking any enforcement action.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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