

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

Hawkstone House

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Date of Inspection: 13 December 2012

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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

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Isand Limited
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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with four people who lived at Hawkstone House. They told us they made decisions about what they did, such as what time they wanted to get up or go to bed. They said staff listened to them when they made their wishes known. One person said "It's my house, I like it here". Another person said "staff always let me choose what I want to eat".

People told us they were happy living at Hawkstone House and that staff provided them with care and support when they needed it. One person said "when I feel poorly, staff always look after me and help me feel better". Another person said "I like living here, it's ace".

The four people we spoke with told us they felt safe living at Hawkstone House. One person said "staff are nice and kind to me". Another person said "when I get upset staff make me feel ok again".

The four people we spoke with told us they found the staff, friendly, respectful and polite. They said they would approach staff if they had a problem and felt they would be listened to.

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 privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with four people who lived at Hawkstone House. They told us they made decisions about what they did, such as what time they wanted to get up or go to bed. They said staff listened to them when they made their wishes known. One person said "It's my house, I like it here". Another person said "staff always let me choose what I want to eat".

We saw people had annual reviews where their care and treatment was discussed, planned and agreed. These were attended by people's relatives, staff and other health professionals. Staff also told us they went through people's care records with them every six months to ensure they were still relevant. Staff provided us with examples where they had changed care and treatment due to the requests people had made. One person we spoke with showed us their 'person centred plan' (PCP), which contained information about their likes, dislikes and past life. They said they had written it "in their own words". This meant people had the opportunity to express their views regarding the care and treatment they received.

We saw examples of staff supporting and encouraging people to be as independent as possible. For example, staff encouraged people to make their own drinks, wash their own laundry, and supported them to access the local community. We also saw staff provided choices to people and explained their actions so people understood the support being provided. This demonstrated people were treated with consideration and respect.

We spoke with two members of staff about how they maintained people's privacy and dignity. They told us about the importance of knocking on doors, addressing people by their preferred name and ensuring people received privacy when being supported with personal care. One staff member said "I always remember this is their home, staff are just visiting". This demonstrated staff had a clear knowledge of the importance of dignity and respect when supporting people.

We looked in two people's bedrooms. We saw people had personal belongings in their rooms which reflected their tastes and interests and helped make their rooms more personal and homely. One person told us they had chosen the paint and wallpaper to decorate their room.

Where people were unable to make their own decisions, we saw evidence that meetings were held to ensure decisions made about people's care was in their best interests. Meetings were attended by health professionals, staff, the person and their relative/representative. This demonstrated where people did not have the capacity to consent, the provider acted in accordance with legal requirements and in people's best interests.

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

The four people we spoke with told us they were happy living at Hawkstone House and that staff provided them with care and support when they needed it. One person said "when I feel poorly, staff always look after me and help me feel better". Another person said "I like living here, it's ace".

During our visit we saw staff spoke with people in a kind, respectful and calm manner. They approached people in a way which showed they knew the person and how best to assist them. When people became distressed they offered reassurance, encouragement and used distraction techniques appropriately in order to reduce the likelihood of episodes of challenging behaviour escalating. This demonstrated the care provided was safe and appropriate.

We reviewed two peoples' care records and saw appropriate risk assessments which had care plans in place to manage the risks identified. For example where the person may have displayed challenging behaviour the care plan described ways of helping to calm the person's behaviour. These were reviewed every six months or whenever changes to peoples needs occurred. Care records showed there were plans in place to maintain people's general health and people had access to a range of health professionals such as dentists, podiatrists, community nurses and psychiatrists.

The provider may find it useful to note in one of the care records we reviewed the risk assessment for managing violence and aggression did not provide clear direction to staff.

Each person had a 'person centred plan' which contained information about their likes and dislikes. This helped staff to get to know and understand people's individual preferences and needs. We asked two staff members to tell us about someone who used the service. They were able to tell us what they liked and disliked, what their specific care needs were and how they would calm them down if they became distressed. This showed to us people's care and treatment was planned and delivered in line with their individual care plan.

The provider may find it useful to note monthly weights were not up to date for all people who lived at the home. There was also no protocol in place to guide staff about when they should make a referral to healthcare professionals for weight loss or gain.

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 four people we spoke with told us they felt safe living at Hawkstone House. One person said "staff are nice and kind to me". Another person said "when I get upset staff make me feel ok again".

The provider had a policy in place for safeguarding people from abuse. This provided staff with guidance on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy for staff to report matters of concern. The manager said they would regularly test staff knowledge and understanding of safeguarding procedures as part of staff supervisions and during team meetings. The staff we spoke with confirmed this. This showed people who used 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.

The two staff we spoke with were able to give examples of how people could be abused by poor working practices. Both members of staff were able to tell us about different types of abuse. They were clear about how to report any concerns they might have about people's welfare and safety. They were also confident the manager would deal with safeguarding concerns appropriately. The provider may find it useful to note staff were not confident about the whistle blowing procedure. However, they said they had access to the policy if they had concerns and wanted to check what they should do.

Physical interventions were sometimes used to ensure people who lived at Hawkstone House were safe when they became distressed. Staff told us they received annual training to enable them to correctly carry out physical interventions when required. Where physical intervention was used, 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. This enabled the service to determine that physical intervention was used appropriately.

The provider may find it useful to note there was no overall record of physical intervention. The registered manager said they reviewed the individual incident records for each person every month; however they did not have a formal process which recorded this. They had recognised this was an issue and raised it with the provider at their management meeting in November 2012. They said the incident log was being updated to include information

about the use of physical intervention and would be in use by January 2013.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The four people we spoke with told us they found staff, friendly, respectful and polite. They said they would approach staff if they had a problem and felt they would be listened to.

We reviewed two staff files and saw appropriate recruitment records such as application forms and references. This demonstrated the provider had effective recruitment and selection processes in place.

The registered manager told us Criminal Record Bureau checks were carried out for all staff before they commenced work. CRB checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people. We did not see CRB certificates in the two staff files we looked at. The manager explained certificates were stored at the provider's head office. However, there was a form within each of the staff files which confirmed the check had been completed.

We spoke with two staff members who confirmed they had carried out an induction programme and worked alongside experienced staff before they commenced working alone. They also said they received ongoing training and support to ensure they had the skills they needed to support the people who lived at Hawkstone House. This demonstrated staff received the training and support they needed to carry out their work effectively and safely.

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

All four people we spoke with told us they had never had to complain about the service. However, they felt able to approach staff if they did have a concern and were confident staff would listen to them. They also said they enjoyed participating in the monthly resident's meetings. This meant people had the opportunity to share their views on how the service was run.

The manager told us they send questionnaires to people who used the service and relatives once a year. At the time of our visit they were waiting for the results of the relatives questionnaires from November 2012 and were due to send resident's questionnaires in January 2013. They said once they received the feedback they had to complete a plan for the provider which detailed the action they would take to resolve issues people had raised. They provided examples where they had changed something to accommodate recommendations and requests people made in the past. This demonstrated people who used the service and their representatives were asked for their views about their care and treatment and they were acted on.

The registered manager explained they reviewed all accidents/incidents every month. This enabled them to identify any patterns/trends and take appropriate action to reduce the risk of similar events happening again. They also sent monthly accident/incident reports to the provider who also checked for trends and issues. We saw evidence that learning from accidents/incidents took place and appropriate changes were implemented.

The registered manager told us they had a programme of audits which they completed throughout the year. This included audits of medication, finances, the environment, infection control and health and safety checks. They also told us the provider visited the home monthly to check on the quality of the service. We looked at the provider visit report from May 2012 and saw they looked at a wide range of issues including care records, infection control, fire safety and food hygiene. We saw evidence these audits identified areas for improvement and the service took appropriate action to resolve them. This meant the provider had an effective system to regularly assess and monitor the quality of service that people receive.

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.

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