

Review of compliance

Mr & Mrs C W Johnson Hawthorn House	
Region:	Yorkshire & Humberside
Location address:	19 Ketwell Lane Hedon Hull East Riding of Yorkshire HU12 8BW
Type of service:	Care home service without nursing
Date of Publication:	January 2012
Overview of the service:	Hawthorn House in Hedon provides accommodation and care to 22 older people. It is a modern property with conservatory, lounges and dining room and a pleasant garden accessed by a ramp. Rooms are all single occupancy, some with en-suite toilet. There is a car park and the centre of Hedon is a short car or bus ride away.

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

Our current overall judgement

Hawthorn House was meeting all the essential standards of quality and safety.

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 December 2011, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke with six people that lived at Hawthorn House and they told us they had been included in their care planning and in making decisions about the care and support they required. People told us they had signed to agree their care plans and other documents. They told us their privacy and dignity was respected.

People told us the staff looked after them well, that their individual needs were being met and that they enjoyed some very good social activities and entertainment. They told us they were quite satisfied with the food provision in the home.

People told us they felt very safe in the home, that the staff were very nice and that the manager was very approachable.

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

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People experienced opportunities to understand the care and support available to them, expressed their views where they were able, and were involved in making decisions. Peoples' privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided and delivered.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People experienced opportunities to give valid consent to the care and support they received. People were confident that their human rights had been respected and taken into account.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced effective, safe and appropriate care and support that met their needs and protected their rights. The provider did not use any specific risk tools in determining how risk was assessed, but never-the-less had assessed risks under a risk management system.

Outcome 05: Food and drink should meet people's individual dietary needs

People were supported to have adequate nutrition and hydration. Their nourishment choices and needs were assessed, recorded and met.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People were protected from abuse or the risk of abuse and their human rights were respected and upheld.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People experienced safe, accessible and suitable surroundings that promoted their well-being.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

People were safe and their health and welfare needs were met by staff that were 'fit' and appropriately qualified. Staff were physically and mentally able to do their job.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People were safe and their health and welfare needs were met by staff that were 'fit' and appropriately qualified. Staff were physically and mentally able to carry out their duties.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People benefited from safe quality care and support, due to effective decision making and the management of risk to their health, welfare and safety.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

People were confident their personal records had been accurately maintained, had been fit for purpose and had been held securely and remained confidential. Other records required to be held to protect their safety and wellbeing were held securely where required.

Other information

Please see previous reports for more information about previous reviews.

**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 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with six people that lived at Hawthorn House and they told us they had been included in the gathering of their personal information, in compiling their care plans and in making decisions about the care and support they required.

People told us their privacy and dignity was respected.

Other evidence

We discussed involving and respecting people with the manager and two staff and we looked at the case files of two people that lived in the home.

Staff explained their understanding of peoples' needs and wishes and told us about the ways in which they offered choices to people. Staff were aware of the need to implement 'best interest' meetings for those people who lack capacity when necessary and gave us an example of when they had implemented decisions made at a 'best interest' meeting.

Case files contained details of peoples' assessed needs and recorded when decisions had been made and showed the ways in which people had been included.

We saw people being treated with respect and that their privacy and dignity was maintained.

We saw evidence that people were consulted about the ways in which the service was delivered, in the form of surveys and questionnaires they had completed as part of the quality monitoring system within the home.

Our judgement

People experienced opportunities to understand the care and support available to them, expressed their views where they were able, and were involved in making decisions. Peoples' privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided and delivered.

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People we spoke with told us they had been involved in their care and had signed to agree their care plans and other documents.

They told us they were always made aware of the changes to their care plans and were asked to sign these and other important documents such as residency agreements.

Other evidence

We discussed the issue of consent with the manager and staff and looked at some documents in case files to evidence people had given consent to their care plans etc. being formed and followed.

Staff told us they knew people had signed care plans and agreements and where they had not been able to a relative or advocate had signed for them, but only after a 'best interest' meeting had been held. We did not see evidence of decisions following a 'best interest' meeting in the files we viewed as they had not been required for the people the files belonged to.

Case files contained documents that had been signed by people living in the home, or their relatives.

Our judgement

People experienced opportunities to give valid consent to the care and support they received. People were confident that their human rights had been respected and taken into account.

Outcome 04: 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

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People we spoke with expressed satisfaction with the care and support they had received. They told us the staff looked after them well, that their individual needs were being met and that they enjoyed some very good social activities and entertainment.

Other evidence

We discussed peoples' needs and their welfare with the manager and staff and we looked at two case files.

Staff told us they followed care plans and risk assessments and met peoples' individual needs according to their wishes. Staff related to us a summary of their typical day supporting people and it indicated that people were provided with the support they required.

Case files contained documentation that showed peoples' needs had been assessed and that their care had been planned and was reviewed.

There were risk assessments to reduce risk in daily living, personal care, engaging in activities, mobilising and nutrition, but the provider did not use any specific risk tools in determining the level of risk for these areas. A generic approach was used and statements about risk were written and action to reduce risk was then determined.

We told the manager about more specific risk tools that were available, for example the 'malnutrition universal screening tool' (MUST), or the 'Waterlow Score tool' and others

as optional alternatives.

Case files contained care plans, risk assessments, review information, key working notes, daily diary notes, accident and incident forms and monitoring charts. They also contained a picture of people and copies of local authority assessments and care plans, as well as medical information.

Our judgement

People experienced effective, safe and appropriate care and support that met their needs and protected their rights. The provider did not use any specific risk tools in determining how risk was assessed, but never-the-less had assessed risks under a risk management system.

Outcome 05: 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 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People we spoke with told us they were quite satisfied with the food provision in the home.

They told us the food was 'lovely' and that there was always plenty of it. They said they could choose from a menu each day and that they could have something special if they asked for it.

Other evidence

We were able to see people having breakfast and lunch and we saw that meal times were very sociable and the quality of the food was good. The dining room was pleasant and comfortable and people were relaxed. Meal times were leisurely and the tables were set with clean linen, matching cutlery, place mats and centre pieces.

The manager showed us risk assessment documents that described whether people were at risk of poor nutrition or not. The risk levels achieved had not been arrived at by use of a specific risk assessment tool, but risks had been noted and managed. This was discussed with the manager who told us she had completed a risk assessment training course but had not been informed about alternative specific risk tools. She stated she would explore these for nutritional and other risk assessing purposes.

We saw that people enjoyed their meals and afterwards spent some time socialising in the dining room.

Our judgement

People were supported to have adequate nutrition and hydration. Their nourishment choices and needs were assessed, recorded and met.

Outcome 07: 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 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke with told us they felt very safe in the home, as they were happy with the security of the building and with the presence of staff. They told us the staff were very nice people and that the manager was very approachable with regard to worries or concerns. They had confidence in the people caring for and supporting them.

Other evidence

We discussed safeguarding people from harm with the staff and asked to look at the records of safeguarding referrals that had been made to the East Riding of Yorkshire Council (ERYC) Safeguarding Adults' Team.

The manager informed us there were no safeguarding referral records to view, as none had been made for several years. She told us she and the deputy manager had completed the registered manager's safeguarding course provided by ERYC. Also that staff had viewed an in-house DVD and answered a questionnaire in connection to the information. Staff had also completed a questionnaire on restraint and safeguarding people from harm.

Staff told us they had received training in safeguarding people from harm and they demonstrated understanding of their responsibilities to keep people safe and to report any suspected or actual incidents of abuse.

Our judgement

People were protected from abuse or the risk of abuse and their human rights were

respected and upheld.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People we spoke with were very satisfied with the cleanliness and the comfort of the home. They liked their rooms and communal areas and thought the quality of the furnishings and decorations was very good.

Other evidence

We viewed the communal areas of the home and we looked in three bedrooms belonging to people. The home was very well furnished and decorated and we didn't notice any areas of concern in respect of safety and suitability of the premises.

Our judgement

People experienced safe, accessible and suitable surroundings that promoted their well-being.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not speak with people directly about this outcome.

Other evidence

We discussed recruitment with the manager and viewed two staff recruitment files.

The manager told us all staff were recruited using a recruitment process, which involved completing an application, taking up references and security checks, interviewing candidates and then inducting and assessing them during a probationary period. The manager had updated the practice after being aware of her responsibilities under the Public Interest Disclosure Act 1998 following an incident with a staff on probation. This had been resolved.

The staff files that we looked at contained information to evidence that the above process had taken place.

Our judgement

People were safe and their health and welfare needs were met by staff that were 'fit' and appropriately qualified. Staff were physically and mentally able to do their job.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We did not speak with people directly about the staffing levels, but they told us their care needs had been met.

Other evidence

We discussed staffing levels with the manager and staff and we viewed the staffing rosters.

Staff told us they worked to a roster that usually had two care workers, one cleaner, one cook and either the manager or a senior staff on duty throughout the day and two care workers and a kitchen assistant in the early evenings. Also that there were two care workers throughout the night.

The duty rosters we looked at confirmed this. People had told us their care needs were met and we saw that they were well cared for, so staffing levels were sufficient.

Our judgement

People were safe and their health and welfare needs were met by staff that were 'fit' and appropriately qualified. Staff were physically and mentally able to carry out their duties.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not speak with people directly about this outcome.

Other evidence

We discussed systems for assessing the quality of the service with the manager and we looked at some of the documentary evidence that had been collated.

The manager told us information to assess the quality of the care given included that obtained from resident's meetings, staff meetings, monthly audit checks, complaints and compliments and surveys and questionnaires.

We saw there was an audit plan for the year and we saw evidence of completed audits, questionnaires and surveys and we read some of the resident and staff meeting minutes.

The manager told us information was then used to give feedback to people living in the home and to make necessary changes to address shortfalls.

Our judgement

People benefited from safe quality care and support, due to effective decision making and the management of risk to their health, welfare and safety.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- * Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- * Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not speak with people directly about this outcome.

Other evidence

We looked at a sample of the documents held in the home; in case files and in staff recruitment files, as well as at rosters, audits, and meeting minutes. We saw that records and information had been kept up to date and were maintained, signed and dated. Documents were securely stored.

Our judgement

People were confident their personal records had been accurately maintained, had been fit for purpose and had been held securely and remained confidential. Other records required to be held to protect their safety and wellbeing were held securely where required.

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 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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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA