

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

## Hawthorn House

19 Ketwell Lane, Hedon, Hull, HU12 8BW

Tel: 01482898425

Date of Inspection: 19 December 2012

Date of Publication: January 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Mr & Mrs C W Johnson
Registered Manager	Mrs. Claire Johnson
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 for four cars and the centre of Hedon is a short car or bus ride away.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 December 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with eight people that used the service and with two visitors. We spoke with the provider/registered manager and with three staff. We also looked at case files, viewed the environment and looked at some of the records held in the home.

We found people that used the service were satisfied with the care and support they received. One person told us, "I've been happy all the five years I have lived here." Another said, "We have lots planned for Christmas," whilst a third person said, "It's smashing here, we are treated very well."

People told us they knew about their care plans, received care in the way they wanted it and that the staff were very helpful. They told us they received their medication when they needed it, had activities to do to pass the time of day and that they made their own decisions about their lives. People told us their privacy, dignity and independence were respected and that they made choices about their care.

Two relatives we spoke with that visited the home told us they were very happy with the way their family members had been treated and cared for.

We found the home to be clean, warm and comfortable. We found the medication handling systems were effective and safe and we found that staff had been satisfactorily trained to carry out their roles and responsibilities. We found that the quality assurance system had been improved on since our last visit in December 2011. The home provided a good service of care and support.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We spoke with people that used the service, the provider and staff about respecting people and involving them in decisions about their care. We also looked at three case files.

People told us they had been well cared for during their time at Hawthorn House. One person said, "I get up and go to bed when I want, have good food and enjoy the activities on offer." Another person said, "I've been here just over a year and the staff are very kind. If I wanted to complain I could go to any of them or straight to the owner."

People told us they made their own decisions about their care, received support in the way they wanted it and were in full agreement with their care plans. People told us they were very satisfied with the quality of the service and particularly with the environment.

Staff we spoke with told us they respected people as individuals with differing needs, had completed 'equality and diversity' training and always asked people about the support they needed before they attempted to assist them. Staff told us they understood about the care and treatment needs of people because they had full access to assessment documents, care plans and risk assessments.

Staff also told us that where people were unable to communicate their needs about important issues decisions were made in a 'best interest meeting' with the aid of a multi disciplinary team. 'Best interest meetings' involve care professionals, health care professionals, relatives and other interested parties who help make a decision about a person's life when they are unable to make a decision for themselves. Staff said that on a daily basis people were offered as many opportunities as possible to express choice.

We saw staff interacting with people that used the service and saw that people were treated with dignity, courtesy and respect.

We saw that case files contained assessments of need, care and action plans, reviews of needs and all other documents to show how peoples' needs had been determined, had

been planned for and how their needs had been met. There was evidence in case files of consultation of people and their relatives in the form of information they had given and signatures on documentation.

People that used the service understood the care and treatment choices available to them. People expressed their views and were involved in making decisions about their care and treatment. Peoples' diversity, values and human rights were respected.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We spoke with people that used the service, two relatives, the provider and staff. We saw people being supported and we looked at care plans to make a decision about the care and welfare of people that used the service.

People told us they were satisfied with the support and care they received. One person said, "I think we do very well here, the girls are lovely, they help us when we need it and we only have to ask them to help us with anything. I wouldn't part with one of them." Another person visiting for day care services said, "I don't live here, but when I visit the people and staff are very nice. I am sure I would be quite happy here." A third person said, "The staff are very kind, you are never turned away by them when you need them. I have never known anyone to be dissatisfied or to have been poorly treated. I have seen my care plan and it is brought to me each month to review and sign it. Personal care is very good."

Two relatives we spoke with that visited the home told us they were very happy with the way their family members had been treated and cared for. One relative said, "Hawthorn is a lovely homely place, mum has only been here a short while, but she has settled well. She was very upset about a family death and was poorly following a fall soon after. She broke her hip but now she is on the mend in all ways. Staff are very helpful and lovely." Another relative told us they had always been highly satisfied with the support their 'nan' received. They said that their grandmother had been very well cared for and was always cheerful.

We saw people supported by staff that were considerate, caring and conscientious. People were treated with compassion and were given the time to make decisions and choices. We saw two people assisted with their meals, and we saw people consulted about their choices for the day: with mobility, food, what they wanted to do. One person had a birthday on the day we visited and staff and other 'residents' helped them to celebrate.

We saw in case files that care plans contained details of the person that used the service, information about their next of kin, their GP and other important people, and what care they needed support with. Care plans included information on personal care, likes, dislikes, mobility, nutrition, continence, emotions, leisure, social activities, interests and night time needs. We saw that care plans had been reviewed each month or sooner if

needs had changed.

Case files contained a medical history and details of any medical conditions. There was a photo of each person, risk assessments relevant to their needs, diary notes, time spent with a key worker and 'do not attempt resuscitation' documents where appropriate. There were monitoring charts in place if needed, for weight, skin integrity, food and fluid intake.

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

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

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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We spoke with people that used the service, the provider and staff about medication handling and we looked at the systems for storing, administering and recording medicines.

People told us they did not want to handle their medication and that staff always administered prescribed medicines to them. One person said, "I only need medication once a day and the staff always bring it to me." Another person said, "I look after some of my medicines, but only those you can buy over the counter at the chemist. The manager knows what I keep. Otherwise anything on prescription is held by the staff and locked up. There are no problems with receiving the right medication on time."

Staff told us they only gave out medication when in a senior role and that the provider, deputy manager and seniors had all been trained in medication administration. The deputy manager told us she supervised staff every year and checked their competence to ensure they administered medicines safely and according to policy and procedure. The provider may find it useful to note that there were no records maintained of these competence checks, which could supplement staff training records. Together they would show that people received medication from staff that were competent to administer it.

Staff told us they had completed safe handling and administration of medication with a pharmacist in Hull. We saw the staff training records that showed they had completed training in 2010. This meant that people were at low risk of receiving the wrong medication or at the wrong time, because staff were trained to administer it.

The pharmacist in Hull supplied medication to the home in a monitored dosage system (MDS). MDS is a weekly or monthly measured supply of medication dispensed by the pharmacist in individual doses to be taken on specific days at particular times. We saw the MDS in operation, because we observed the senior care staff hand out some of the lunch time medication to people that used the service. This was carried out safely and efficiently. The staff checked the person and the medication they were taking, took time for people to take their medicines and provided water to do so. They then signed the MAR sheet.

We saw that some MDS cards had medicine administered that was out of synchronisation with others. The deputy manager explained to us that when a person left hospital or was new to the home their prescriptions did not always follow the same dates as everyone

else. Efforts had been made to ensure everyone received prescriptions that coincided with the same date, but GPs and pharmacists were reluctant to prescribe and dispense fewer or more than the standard monthly number of tablets, which would be necessary to put the non-synchronised prescription in line with everyone else. The provider and deputy manager told us they and the staff were extra careful when a person's medicines were received on a different day to everyone else. This meant that people were at low risk of receiving medication at the wrong time, because staff were vigilant in administering medication to these people.

We looked at the medication administration record (MAR) sheets and saw that they had been signed for medication that had been administered. Signatures of medicines administered corresponded with medication that had been used. There were no discrepancies. This also applied to the controlled drugs that were administered to people and the controlled drug record.

We discussed the storage of controlled drugs with the provider and saw that they were kept in a single locked medication cabinet mounted on the wall, along with all other prescribed medicines. The cabinet was kept locked at all times and was only unlocked to remove a medicine at the time it was to be administered. We saw that unused or unwanted medication was returned to the pharmacist and was recorded and signed for.

Medicines were handled appropriately and they were kept safely. Medicines were safely administered and they were disposed of appropriately.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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We spoke with the provider and staff about training opportunities and we looked at staff training records and the staff training matrix. We did not speak with people that used the service about this outcome.

Staff told us they had completed training in mental health awareness, which included the Mental Capacity Act 2005. They told us they had completed training in food hygiene, equality and diversity, moving and handling, use of the hoist, first aid, medication administration and safeguarding of adults awareness. The cook told us she had completed training in food hygiene, nutrition and diabetes awareness.

We saw the staff training matrix and looked in two staff files which showed staff had also covered courses in fire safety, infection control, dementia care, pressure care, stoma care and National Vocational Qualification level 2. We observed staff interacting with people and saw that they were competent in assisting people to move, to eat their meal and to make decisions. We heard staff offering food choices at lunch time to some people that had memory impairment, and we saw them encouraging two people to eat their meal. This meant that people were care for by staff that understood their care and support needs and had been trained in caring for people with dementia and conditions of old age.

Staff told us they received regular supervision and when we looked at the records of these we saw that supervisions had been held every three or four months.

Staff received appropriate professional development.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received

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### Reasons for our judgement

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We spoke with the provider and the staff about quality monitoring the service of care that people received. We looked at some of the quality audits and the survey questionnaires that the provider used to assess the quality of service provision. We did not speak with people about this standard.

The provider and staff told us there were some simple quality audits carried out, though staff told us they had not been part of these. These audits covered equipment, food hygiene, cleanliness, fire safety, reviews of care, handling finances and key worker time.

The provider informed us there was an activities coordinator who carried out art and craft sessions for anyone wishing to join in. One session had recently involved planning for the compiling of some 'life boards' for people, which would involve collating information about a person's past life and achievements and then representing these on large picture boards. Other sessions had been monitored and evaluated and had proved to be popular. The provider had also carried out some survey questionnaires in November 2012 covering the area of 'dignity'. We saw some of the questionnaires that had been returned from people and they showed positive comments about how the staff had respected peoples' dignity when staff had provided personal care or spoken with them.

We also saw a newsletter that the provider had produced, which gave people information about the home, activities, surveys and results.

People that used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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