Inspection Report

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: 29 October 2013

Date of Publication: November 2013

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

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ 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 a conservatory, lounges and dining room and a pleasant garden accessed by a ramp. Bedrooms are all single occupancy, some with en-suite toilet, and those on the upper floor are accessed by a passenger lift and a stair lift. There is a car park for four cars and the centre of Hedon is a short car or bus ride away. Activities are offered each day and people are encouraged to join in with the local community whenever possible.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 29 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with six people that used the service, two staff, the deputy manager and the provider/manager and we looked at various documentation and records in place used to evidence the service provision.

We found that people that used the service had their needs well met. People said, "Staff couldn't be better", "The food is excellent...I couldn't be happier" and "There is plenty to do".

We found that peoples' health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

We found that people were protected from the risks associated with disease and infection because the provider maintained a clean and hygienic home, where staff practice followed infection control guidelines and staff were trained in good infection control management.

We found that people were protected from unsafe or unsuitable equipment because the provider had appropriate equipment available, it was fit for purpose, properly maintained and staff had been trained to use it.

From survey and audit information we saw that had been accumulated for purposes of quality monitoring the service we found that the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people that used the service and others.

We found there was an effective complaints system available to people to use though they had not used it for some years. People said they were happy with the service and had not needed to complain.

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

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

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure peoples' safety and welfare.

Reasons for our judgement

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

We spoke with people that used the service, the provider and staff. We saw people being supported, observed interactions between them and the staff and we looked at care plans to make a judgement about the care and welfare of people that used the service.

People told us they were satisfied with the support and care they received. They said, "Staff couldn't be better", "The care is always how I want it to be", "The food is excellent, I have plenty of company and I couldn't be happier" and "There is plenty to do, quizzes, dominoes, jig-saw puzzles and outings".

People told us about their past lives, why they had come into care and what they thought about their lives now they had given up their own homes. People were resigned to the fact that they needed support and said they made the very vest of every day. They said they got on well with the staff who were very supportive and caring.

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. Staff said, "We offer people choices in all things, we respect that they are different and allow them to decide what they want and when" and "I think we provide a really good service of care here at Hawthorn House. It is the best place I have ever worked in ".

The provider told us about a 'dignity day' that had been held in the service in February 2013 where people that used the service, relatives and staff took part in group activities and listened to a talk about what dignity meant and how it was to be considered in the service. The day was a huge success according to the feedback people and relatives had

given, which we saw on 'dignity day' evaluation forms that had been handed out. We saw photographs of the day and other activities that had been held throughout the year. The provider was planning to hold a similar event next year and people that used the service had fed back to the provider that they would be very interested in taking part in it.

We saw people supported by staff that were considerate, caring and conscientious and we heard staff speaking to people respectfully and offering them choices. People were treated with compassion and were given the time to make decisions. We saw two people assisted with their personal comfort, and we saw people consulted about their choices for the day: with mobility, food, what they wanted to do and whether they wanted to visit the hairdresser who was booked to offer hairdressing at the service.

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 and we saw evidence of how the changes had impacted on peoples' care that they received from staff.

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 (the provider had included some new risk assessments since our last inspection), 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.

All of this meant that people that used the service had their needs well met and their rights protected because they received effective, safe and appropriate care.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

Peoples' health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Peoples' health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

We spoke with the manager and deputy manager about co-operating with other providers and organisations and we looked at the service's documentation used to pass and receive information about people that used the service.

The managers told us they completed pre-admission assessment documents to gather information about prospective users of the service, as well as seeking information from, for example, hospital staff, other care home providers or relatives. They said they used 'patient passports' (NHS forms for passing information about a person's care to the hospital) and 'do not attempt resuscitation' (DNAR) forms, if in place, to ensure hospital staff knew what a person's care needs were. They also said they visited people as quickly as possible to give information verbally whenever they were admitted to hospital, so that ward staff gained any further relevant information about the person concerned.

The manager explained that 'patient passport' and DNAR forms were not accepted by hospitals unless the information was on the original official NHS forms and that they were often not returned to the service on discharge of the person. The provider felt this was inappropriate. We saw some completed copies of both forms held in peoples' case files, in readiness for use. The managers told us that sometimes it was difficult to obtain information from hospitals about people on discharge as hospital staff would quote the Data Protection Act and say they could not supply any details. The manager said she found it easier to visit a person before they were discharged and speak to ward staff directly.

We also saw copies of the information received from the East Riding of Yorkshire Council (ERYC) when a person was referred to the service: Community Care assessment forms and person centred support plans. The managers also explained they had documentation they completed to exchange review information with other placing authorities. They had

people that used the service placed by Hull City, Northumberland and Lancashire councils.

We found that people received safe and coordinated care when they moved between providers or other organisations and Hawthorn House.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The provider had an infection control policy and was aware of the 'Code of Practice on the Prevention and Control of Infections and Related Guidance' supplied by the Department of Health.

We spoke with people that used the service and staff about maintaining good systems of infection control and we looked at cleaning schedules, staff practices and information guidelines held by the service. We also saw evidence that staff had been trained in infection control measures.

The managers told us they were 'infection control champions' who ensured all staff followed the infection control policy and practice guidelines available in the service. They said all of the staff had been booked on an infection control distance learning course with a leading training company, due to start in November 2013, as a training update. The managers told us about their responsibility to ensure all staff had appropriate 'personal protective equipment' (PPE), cleaning products and information to do their job safely.

There was a cleaning regime/schedule, a copy of which we saw, held in the cleaner's store cupboard and the appropriate cleaning materials and 'control of substances hazardous to health' (COSHH) information, available for staff to use and follow. One cleaning staff was employed and another was being recruited, as a long standing cleaner had just retired. The activity coordinator was covering the vacancy, as well as working as coordinator, so cleaning had not been neglected. All cleaning work was recorded on completion. There were certain cleaning tasks to be completed at night as well, which were also recorded on completion.

When we looked round the premises to assess cleanliness and hygiene standards we saw that the service environment was very well maintained, clean and hygienic. There were no unpleasant odours anywhere and the service provided a pleasant place in which to live. People benefitted from a hygienic home environment, safe care practices and knowledgeable staff.

We were informed by the manager that no one was using the service's mobile lifting hoist at present, but the manager was aware of the need to have separate slings for people to prevent cross infection. We saw that the main bathroom bath hoist seat was corroded, posing an infection risk, but the manager had already informed us that a new bath seat was on order and would be fitted immediately once received. We were informed that the laundry had suitable washing and sterilising equipment for heavy soiled items and that the kitchen was equipped with colour coded chopping boards and cleaning cloths and mops. Kitchen staff were trained in food hygiene and all staff had information about good hand hygiene.

Staff told us they had completed infection control training in the past and were soon to update this. They confirmed to us that they were provided with suitable PPE and that they had adequate clinical waste storage and collection facilities for their use.

We saw an infection control referral form for making alerts to the local health protection unit, so that the service had access to information and support from Public Health England in the event of an outbreak of an infectious disease.

All of this told us that a clean and hygienic service was safely delivered and so people that used the service were protected from the risk of infection and received safe and effective care.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider ensured equipment was suitable, fit for purpose, properly maintained and was safely and correctly used.

People we spoke with did not provide any feedback about this outcome. They did not require any lifting equipment to aid them with their mobility, other than to get in or out of the bath. The manager told us that the service had lifting equipment available should anyone require the use of it. Equipment included a passenger lift, chair lifts, a mobile lifting hoist, a fixed bath hoist, and slide sheets. We saw that there was other equipment available to aid people that used the service with their independence. These included bed safety rails, turntables, a 'banana board', a profiling bed and personal mobility aids: wheelchairs and walking frames. All of these were used appropriately, well maintained and risk assessed for their use.

We saw from documentation held in the service and on the training matrix that staff had completed moving and handling training in June and July 2013 and that three separate companies had responsibility for the maintenance contracts on different pieces of lifting equipment. All of the equipment had been serviced in May and June 2013 and there had been a comprehensive Lift Operations and Lifting Equipment Regulations 1998 (LOLER) check carried out on everything at the end of June 2013. The manager informed us that any person requiring the use of lifting equipment would be fully assessed by either an occupational therapist or the 'falls team' before they began to use it.

We saw that equipment was stored safely and was clean and hygienic for use. We were told by the manager that any equipment used was only used when included as part of a risk assessment. We had seen risk assessment documents on mobility and lifting and handling in peoples' case files. We saw that one person's wheelchair was being serviced by a visiting maintenance engineer and advice was provided regarding an exchange of parts. We were informed that people that used the service were included in maintaining the cleanliness of their own personal equipment: walking frames and wheelchairs. This was carried out as an activity of living between the person and their key worker.

All of this meant people that used the service could be confident they were not at risk of harm from unsafe or unsuitable equipment and they were assisted with their mobility by

staff that were trained to use equipment 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 in place to identify, assess and manage risks to the health, safety and welfare of people that used the service and others.

Reasons for our judgement

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

People we spoke with did not give us any feedback on this outcome. However, we were made aware of their views about the care they received when we looked at the systems used by the provider to assess and monitor the quality of the service provided. These views were clearly recorded in the numerous satisfaction surveys that the provider had issued and received over the year since our last inspection.

Quality satisfaction surveys had been issued in February 2013 shortly after the 'dignity day' event had been held, and in September 2013. The February survey related specifically to the 'dignity day' and asked eight questions of people that used the service and their relatives. Responses included, 'I am very happy with the service', 'I think mum is extremely well cared for', 'Could someone be brought in to give a talk to people, as they love talking about bygone days', 'The entertainment and stimulation is excellent', 'I am satisfied with everything', 'Personalised care is certainly offered' and 'The service is good at assessing health problems promptly and taking steps to control health issues'.

One relative's survey was completed with some negative comments and the provider felt there could have been an element of complaint, so the provider took time to contact the relative, discussed issues regarding the person's care and provided information to the relative to alleviate their anxiety. A care review was held and the relative attended it so that everything could be shared about the person's care and everyone could understand the person's needs more clearly. The provider was pro-active in seeking peoples' views and providing information that clarified the position for everyone. We saw copies of the information that had been exchanged and judged that the situation had been handled appropriately in the best interest of the person that used the service.

The September survey asked 7 questions of people that used the service and their relatives and again all comments received were positive. They included, 'We are most definitely well looked after', 'Care is given to a high standard', 'Every effort is made to meet

individuals' needs...it is a top home' and 'I am happy with the care and attention received'.

We also saw that certain areas of service provision were audited by the provider each month according to a planned auditing schedule. Areas audited included equipment, food hygiene, cleanliness, fire safety, reviews of care, medication, handling finances and key worker time.

We saw that the provider produced a newsletter, which gave people information about the home, activities and surveys and results. The newsletter had been used to give people and relatives information about the 'dignity day' and how successfully it had been received and enjoyed. It also mentioned the information that people were keen to hold a similar event. We also saw that the provider held meetings for people that used the service and meetings for staff to enable everyone to discuss issues, share information and make decisions about communal life.

All of this provided evidence that people were regularly asked for their views about the performance of the service and their views were taken into consideration. This meant people benefited from safe, quality care due to effective decision making and good management of the risks to their health, safety and welfare.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. People were given support by the provider to make a comment or complaint where they needed assistance.

We spoke with people that used the service and staff about making and handling complaints and we looked at the records the service maintained. We saw the policy, procedure and forms to complete for making complaints.

The complaint procedure was made available to people and their relatives on admission to the service and there was a copy on display in the service. People told us they had never needed to make a complaint, but knew what to do if they did need to complain. They said, "Nobody ever has a complaint here" and "I couldn't be happier, though I am sure I could speak with the manager if I was dissatisfied about anything". People only spoke well of the managers and staff and said the place was very pleasant.

The manager told us there had been no complaint made in several years so there were no records to view. The manager explained one relative had been dissatisfied with some aspects of a person's care and had commented on this in a survey, so the manager had been pro-active in addressing the issues and had held a review of care. The outcome had been to the person and their relative's satisfaction. All of the action that had been taken regarding this had been recorded and showed the manager had dealt with it appropriately.

The manager explained that any 'niggles' about care or how people were treated were always addressed quickly to prevent them becoming complaints. There was an extensive system of obtaining peoples' views all year round, in meetings, reviews, and from issuing surveys, so there were plenty of opportunities for making views, positive and negative, known to the manager. This meant that people rarely felt they had cause to complain.

Staff told us they would assist people to make a complaint if they had any and they knew about the availability of a form to hand out to them. They said they had never heard of anyone making a complaint, but if a complaint was made to them they would try to resolve it as quickly as possible and if unable they would pass the details on to the manager. People that used the service knew who to complain to and were confident they would be listened to, because there was a system in place to make and address complaints and people had good relationships with the staff.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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