Inspection Report

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

Hawkstone House

Shann Lane, Off Spring Gardens Lane, Keighley, BD20 6NA

Tel: 01535609122

Date of Inspection: 22 September 2013

Date of Publication: October 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Isand Limited
Registered Manager	Miss Debra Shepherd
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

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 22 September 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

People told us they liked living in the home. We saw how staff asked people for consent. For example, when discussing their cooking for the week, staff asked, "Would you like any help to work out your menus for the week." We spoke with three people who used the service and asked if they were asked for their consent to care and treatment. Comments included, "They always ask me if I want anything first before we do it", "If I need any medication they always ask me first" and "I like it when we go swimming it's fun and enjoyable." We saw consent to care and treatment was recorded in people's care plans.

People told us they liked the people caring for and supporting them. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Each person was allocated a key worker following admission. The key worker made sure people were provided with the information they needed, helped people to feel comfortable in their new surroundings, and enabled them to ask any questions about life in the home. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Care was individually planned according to risk, for example one person enjoyed swimming and a safeguarding protocol was in place that allowed him to go swimming weekly. Risk assessments were evaluated every six months unless there was a change in a person's behaviour and then a new risk assessment was carried out.

People told us it was always clean and tidy and everyone helped to do the cleaning. We saw evidence of cleaning on a daily basis. There were effective systems in place to reduce the risk and spread of infection. We saw bedrooms were clean and well maintained and staff told us specific cleaning routines were in place to maintain hygiene standards and people were encouraged to keep their own rooms clean with help from staff.

We saw evidence staff received regular supervision and were supported in their role. One member of staff said, "I like working here, I get a lot of job satisfaction and I have become more confident in my job." Another member of staff said, "I like it here as I feel I make a difference to somebody's life."

People had their comments listened to and acted on. People who used the service said they felt staff listened to them. People said they felt confident to speak to the staff about any concerns they may have.

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

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We saw how staff asked people for consent. For example, when discussing their cooking for the week of staff asked, "Would you like any help to work out your menus for the week." We spoke with three people who used the service and asked if they were asked for their consent to care and treatment. Comments included, "They always ask me if I want anything first before we do it", "If I need any medication they always ask me first" and "I like it when we go swimming it's fun and enjoyable."

We asked staff how they ensured they obtained consent from people. Staff were all able to give examples of how they obtained verbal consent. Comments included, "I ask people if they want me to do something, I don't just do it", "I talk to people and ask for their permission first" and "I explain everything and always ask first. We always make sure consent is documented."

We saw consent to care and treatment was recorded in people's care plans. We saw detailed reviews were carried out annually or when people's needs had changed. These reviews were conducted with the families or representatives of people who used the service. Where people had no family or personal representative we saw the home provided information about advocacy services. This was on display on the notice boards and in individual care plans. Advocates could also act on people's behalf and the Registered Manager showed us records which showed where people had previously accessed such services and we saw evidence of advocate's signatures in care plans. This ensured people had access to help and support when making decisions.

The Registered Manager described the procedures they would follow where people lacked the mental capacity to make an informed decision about their care and welfare. They told us an assessment of the person's mental capacity would be carried out first. If the person

was assessed as lacking capacity then a "best interest" meeting would be held. They knew these meetings needed to include people who knew and understood the person who used the service, or had legal powers to act on their behalf. This should ensure any decision made on behalf of the person was done in their best interests. We saw evidence in care plans that such meetings had taken place and people's best interests were taken into account.

We asked the Registered Manager whether any people who lived at the home were subject to a Deprivation of Liberty safeguard (DoLS). This provides legal protection for individuals who lack the mental capacity and protects them from harm. Each person's case notes included an up to date DoLs assessment. The Registered Manager told us all staff had had training in this area and we saw evidence in staff files of this.

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 people's safety and welfare.

Reasons for our judgement

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

The Registered Manager told us that following admission, each person was allocated an individual member of staff called a key worker. The key worker made sure people were provided with the information they needed, helped people to feel comfortable in their new surroundings, and enabled them to ask any questions about life in the home.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People told us they were happy with the care provided. Comments included, "Staff always ask permission to do anything; they always knock on your door and ask if they can come in." "I am happy and I would not change a thing" and "The staff are really good my key worker always goes through my care plan with me."

We spoke with three people who used the service and observed how staff helped them support and care. We looked at their records of care to see how people's care was planned, monitored and co-ordinated. We looked at three people's care plans. Care was individually planned according to risk, for example one person enjoyed swimming and a safeguarding protocol was in place that allowed him to go swimming weekly. Risk assessments were evaluated every six months unless there was a change in a person's behaviour and then a new risk assessment was carried out.

We saw evidence of visits by health and social care professionals, such as the GP, social worker and mental health professionals. This made sure that people's wider needs were supported. We also saw evidence of appropriate referrals being made when assessments had identified risks to people's welfare. For example when people wanted to go swimming or to the local day centre.

We saw staff kept a daily record of the care provided, as well as any changes to a person's health care needs. We found staff knew people very well; they were able to describe people's health needs as well as their preferences and interests.

We asked people and staff about social activities. They told us the home arranged lots of different activities. During our inspection we saw some people were playing a ball game, some people were chatting with each other and others were cooking for themselves.

We saw evidence of recent research in peoples care plans for example an article entitled, " Why does music therapy help in Autism" from 2009.

There were arrangements in place to deal with emergencies. Staff said they were trained to deal with people's health needs and to recognise signs of ill health or deterioration. All of these measures demonstrated systems were in place which would ensure people received appropriate care, treatment and specialist support when this was needed.

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

The people we spoke with said the environment was clean and in good repair. We saw bathrooms, toilets and communal areas were clean and well maintained.

There were effective systems in place to reduce the risk and spread of infection. Staff told us specific cleaning routines were in place to maintain hygiene standards and people were encouraged to keep their own rooms clean with help from staff.

To help reduce the risk of infection protective equipment such as gloves and aprons were available for staff. They were hand cleaning techniques displayed in each bathroom and hygienic hand rub was available throughout the home.

We looked at the home's infection control policy. We found this included guidance for staff to follow. There was a named person who was the lead on infection control, who carried out three monthly audits which showed the home was clean and systems were in place to keep the home clean. There were also individual infection control risk assessments which identified the levels of support needed for each person.

There was a daily cleaning schedule which was dated and signed each day. We also saw evidence of the daily cleaning of mops and we saw evidence of mops being replaced. The atmosphere within the home was warm and friendly and it was apparent the Registered Manager and staff took a great deal of pride in providing people with a pleasant environment in which to live.

Supporting workers ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

Staff were required to attend mandatory training courses including moving and handling, health and safety and safeguarding vulnerable adults. Staff were able, from time to time, to ask for development opportunities such as an acting supervisor role. One member of staff said, "I have regular supervision, every two months and I can start my National Vocational Qualification Level 3 soon." Another member of staff said, "I enjoy working here, really good atmosphere, training is good and we get lots of support."

Staff and the Registered Manager confirmed there were systems in place to support staff which included staff meetings and staff supervision every two months. Individual staff training and personal development needs were identified during their formal one to one supervision meetings with the Registered Manager. We saw evidence of this in the supervision records and in the supervision matrix.

Records showed the work staff did was supervised and all staff received regular supervision and annual appraisals of their work and performance and a record was kept. Staff said they felt well supported and regularly discussed their own performance and their development with a supervisor.

We asked staff about staff relationships and teamwork. One member of staff said, "I like working here, I get a lot of job satisfaction and I have become more confident in my job." Another member of staff said, "I like it here as I feel I make a difference to somebody's life." Staff we spoke with said everyone worked well together and they had received enough training to equip them with the right skills to do their job well. All staff we spoke to said they felt valued as member of the team.

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.

Comments and complaints people made were responded to appropriately

Reasons for our judgement

People were made aware of the complaints system. Staff said people who used the service were encouraged to discuss any concerns with staff and these would be dealt with within five days. The Registered Manager said they encouraged relatives and people who used the service to bring forward any issues or concerns at any time.

People had their comments listened to and acted on. People who used the service said they felt staff listened to them. People said they felt confident to speak to the staff about any concerns they may have. We asked people who used the service what they would do if they were concerned about an issue or wanted to make a complaint. Comments included, "If I wasn't happy I would talk to (manager's name)", "I am very happy here but I would talk to (name of key worker) if there was a problem" and "I always talk to my nurse if I have a problem, they help me sort it out."

We saw there was a complaints policy in place. This was on display in the reception area of the home. In addition, a copy was held in the office for staff to refer to. This meant people were kept informed about how to raise any complaints or concerns they might have. We spoke with three members of staff; all were aware of what action to take if someone approached them with a complaint. They said they would always try to resolve matters verbally with people who raised concerns. Staff were aware of people's rights to make formal complaints. Staff said they would record all complaints and report them to the Registered Manager or senior person on duty. Staff we spoke with said they were confident the Registered Manager would deal with any concerns or comments promptly and take appropriate action where necessary.

There have been no complaints made about the service in the past 12 months.
The Registered Manager said people who used the service had a regular review of their needs and this usually included people's relatives. They said this was also an opportunity for people to bring up any concerns if they had them.

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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