

The Salvation Army Social Work Trust

The Hawthorns

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: The Hawthorns is a registered care home providing personal care for up to 34 older people, including some people who may be living with dementia. At this inspection there were 26 people receiving care at the service, including one person admitted for short term respite care.

People's experience of using this service: The service continued to meet the characteristics of Good in all areas.

People continued to receive care that was safe. The provider's arrangements for people's care helped to protect them from the risk of harm or abuse. The provider took action when things went wrong at the service and referred to relevant authorities involved with people's care when required to do so.

Staff were safely recruited and deployed to provide people's care. Risks to people's health, associated with their care and related safety needs, were effectively monitored and managed. Staff supported people to take their medicines safely when required. Relevant management checks of staff care practice and competency helped to ensure people's safety when they received care.

People continued to receive care that was effective. People's care needs were effectively accounted for in consultation with them or their representative. Staff supported people to maintain or improve their health and nutrition as agreed with them and any external health professionals involved in their care.

People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible. The provider's related policies and systems supported this practice. Staff were trained, informed, supported and worked closely with other care providers or agencies to share relevant information about people's care when needed. This helped to ensure people received consistent and informed care, which they had agreed to.

People continued to receive care from kind, caring staff who treated them with respect and ensured people's dignity, equality and rights in their care. Staff knew people well; how to communicate with them and understood what was important to people in their care. People were informed, involved and supported to understand, agree and make ongoing decisions about their care.

People continued to receive timely, personalised care that was tailored to their individual needs and wishes. Care was agreed and provided in a way that helped to optimise people's independence, autonomy and inclusion in home life and the local community as they chose.

Staff were effectively informed and supported to provide personal care for people living with a life limited illness or at the end stage of life.

People were confident and knew how to raise a concern or make a complaint if they needed to. People's views and feedback were regularly sought. Findings from complaints and feedback were used to help inform

and ensure any service improvements needed.

Staff were effectively informed and supported to provide personal care for people living with a life limited illness or at the end stage of life.

The provider operated effective governance systems to help ensure the quality and safety of people's care, including sustained, timely service improvement when needed. Management and staff understood their role and responsibilities for people's care. Operational management arrangements helped to ensure effective record keeping, safe information handling and timely communication, engagement and partnership working with relevant parties for people's care.

Remedial management action was in progress following a potential breach of confidentiality and to foster good team working in response to an area of staff feedback.

More information is in the full report.

Rating at last inspection: At our last inspection we rated the service as Good. The report of that inspection was published in April 2016.

Why we inspected: This was a planned inspection to make sure the service remained Good.

Follow up: ongoing monitoring; possibly more about how we will follow up

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

The Hawthorns

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of a single inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: The Hawthorns is a care home service providing accommodation and personal care for up to 34 older people, including some who may be living with dementia. At this inspection there were 26 people accommodated, including one person for a period of agreed short term respite care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: This inspection was unannounced on 17 April 2019.

What we did: We looked at information we held about the service, to help us plan the inspection. This included written notifications the provider had sent to us when required, to tell us about any important events that happened at the service. We also reviewed the Provider's Information Return (PIR), This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make.

We used a range of different methods to help us understand people's experiences. We spoke with nine people who used the service and four relatives about their experience of care provision at the service. We observed how staff interacted with and supported people receiving care.

We spoke with the registered manager, the head of care and the administration manager. We also spoke with three senior and three care staff, a housekeeper, a cook and an external health professional. We looked

at part of four people's care records, to check they were accurately maintained and consistent with the care provided. We also looked at a range of other records relating to the management of the service. This included staffing, complaints, safeguarding and medicines records; meeting minutes and records relating to checks of care quality, safety and ongoing service improvement.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise any concerns they may have about their safety, or the safety of others at the service.
- People were confident of their safety at the service. One person said, "I feel completely safe; and there is good security."
- Staff knew how to recognise abuse and the actions they needed to take to protect people from the risk of abuse. This included to follow local and recognised joint agency reporting procedures in the event of the witnessed or suspected abuse of any person receiving care at the service.
- The provider had acted in a timely manner to report or respond to any safeguarding concerns and ensure people's safety at the service when needed.

Assessing risk, safety monitoring and management

- Risks to people's safety associated with their health condition, environment and any care equipment were effectively assessed before people received care and regularly reviewed. Staff we spoke with understood any risks identified and the related care actions they needed to follow to reduce this.
- We saw staff followed people's care plans and supported people safely when needed. For example, supporting people to move, eat and drink or take their medicines safely.
- People received safe, least restrictive care. Effective arrangements were in place for the reporting and monitoring of any health incidents or accidents at the service. This included regular management checks for any trends or patterns that may inform people's care needs for their safety.
- Arrangements were in place to ensure the timely servicing and maintenance of any equipment used for people's care.
- The provider operated a range of key safety procedures, which staff knew to follow in the event of any foreseen emergency. Such as, in event of a fire alarm.

Staffing and recruitment

- The provider's arrangements for staff recruitment, retention and deployment helped to ensure people's safety at the service.
- People and relatives felt there were enough staff to provide people's care. One person said, "There's enough staff; I don't see any difference at weekends." A relative told us, "There always seems to be someone around, asking or offering help; there's enough cover."
- Required employment checks were carried out before staff commenced work to provide people's care at the service, to make sure they were safe to do so. The provider regularly took account of people's care, dependency needs and the layout of the home to help inform effective staffing levels and skill mix for people's care.

Preventing and controlling infection

- The provider's arrangements for the prevention and control of infection at the service, helped to protect people from the risk of a health acquired infection.
- People were satisfied with the standard of cleanliness and hygiene at the service. One person said, "It's always very clean."
- We saw the environment, furnishings and equipment used for people's care were visibly clean, hygienic and well maintained.
- Staff were trained and provided with the guidance and equipment they needed for infection prevention and control at the service. We saw this was followed by staff when needed during our inspection. For example, staff wore appropriate personal protective clothing, such as gloves and aprons when they provided personal care, or for handling and transporting soiled or dirty linen.

Learning lessons when things go wrong; Using medicines safely

- The provider had taken prompt action when needed for people's safety when things went wrong at the service. For example, following safety concerns relating to medicines arrangements, confidentiality and data protection at the service. This included ensuring timely remedial and ongoing management measures to help prevent any re-occurrence.
- We found people's medicines were safely managed. The provider ensured staff followed safe protocols concerned with the receipt, storage, administration and disposal of medicines. This included respecting people's choice and ensuring their safety. For example, where they wished to retain and administer any of their own medicines or if a person needed may sometimes need to be given their medicines their medicines covertly for their health.
- People said they received their medicines when they should. One person said, "I get my medicines on time." Another person told us, "The district nurse oversees one of my medicines."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before they received care and regularly reviewed with them or their representative.
- People's care plans showed their health conditions, how they affected them and the related nursing and personal care requirements, which staff understood and followed.
- Staff lead roles were established to champion people's care; such as for infection prevention and control, safe moving and handling and dementia care. Staff leads were provided with relevant guidance and training.
- This helped to ensure the delivery of effective care against nationally recognised guidance and practice standards that met with people's needs and choices.

Staff support: induction, training, skills and experience

- Staff received the care induction, support and training they needed to provide people's care and for their ongoing learning and development relevant to their role. This included enabling care staff to obtain relevant national vocational qualification and nurses to keep up to date with the requirements of their nursing registration; or to access any extended role training required, such as for taking bloods or catheterisation.
- We received positive comments from staff, which included, "I really enjoy working here; the training and support is always ongoing, timely and role relevant."
- New care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which non professional care staff are expected to adhere to when they provide people's care.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain or improve their health and nutrition and to access any relevant external health professionals when needed. This included for routine and specialist health screening.
- We received all positive feedback from people and their relatives. This included, "Staff do understand my needs, they know what they are doing;" "The staff are quick if I need a doctor, I see the district nurse and chiropodist regularly."
- Staff understood people's health conditions, how they affected them and their related care needs. For example, to help people maintain healthy skin and sufficient nutritional intake or to support people's regular mobility for their health. This information was detailed in people's care plans; subject to regular review and included any instructions from relevant external health professionals.
- Lunchtime was a sociable occasion, tables and lunch trays for those who stayed in their own rooms were attractively set. People were provided with regular meals, snacks and drinks, which met with their assessed

dietary needs, choice and nutritional requirements. For example, diabetic diets, or the correct consistency of food and drink for people who experienced swallowing or chewing difficulties because of their health condition.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in consultation with relevant external health professionals when needed for people's care.
- Standardised arrangements were in place to ensure timely information sharing with any external care provider, when needed for people's care. For example, in the event of a person needing to transfer to hospital because of acute ill health. This helped to ensure people received consistent, timely and informed care, as agreed with them

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA and found this was followed to ensure people's care was lawful and in their best interests.
- Staff were trained to understand the requirements of the MCA.
- People said staff generally explained what they were doing and checked people were happy before and after they provided care.
- We saw that staff asked people for their consent and offered choices for their care.
- Records showed related assessments and decisions had been properly taken. This included when people were unable to make specific decisions about their care because of their health condition.
- DoLS applications had been made for people where needed, to the local authority responsible. Staff understood the care steps they needed to follow to ensure people's safety, rights and best interests, pending any formal authorisation by the local authority.

Adapting service, design, decoration to meet people's needs

- People were consulted and happy with the environment. People were supported to personalise their own rooms as they wished.
- The environment was well maintained and adapted to meet people's independence, choice, orientation and safety needs. This included appropriate signage, to help people understand, such pictures or the use of colour or personal memorable items to aid people living with dementia.
- People were able to move around the home, which provided correctly located hand rails and sufficient space for any equipment people needed to use, such as walking frames.
 - Private and quiet spaces were available for people and their families to use; along with accessible drinks making facilities.
- There was a well-kept garden area, which provided level access, seating and raised planting beds for people to use.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives felt they had good relationships with staff who knew them well and treated them with kindness and compassion. One person said, "The staff are caring, nothing is too much trouble, they are continuously happy to help." A relative told us, "The staff are nice and welcoming."
- Throughout our inspection we saw staff interacted in a positive, friendly and professional way with people.
- People's equality and diverse needs were identified, respected and followed by staff who provided their care. This information was recorded in people's care plans and staff received training to help staff understand and ensure people's equality and rights in their care. Regular management checks helped to make sure this was consistently followed.
- People were supported to practice their faith in the way they chose, which included daily opportunities for prayer and worship, inclusive of any faith denominations. One person we spoke with told us their religion was highly important to them. They said staff respected this; by supporting their preference for daily worship and prayer.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives felt they had good relationships with staff who knew them well. People were satisfied and felt regularly involved in discussing and agreeing their care.
- Staff gave examples of how they ensured people's involvement and choice when they provided care. This included people's choice of clothing, food, where, when and how they received care and spent their time.
- People's care plans showed their choices and preferences for their care and daily living routines.
- People were provided with information about how to access independent advocacy services, if they needed someone to speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People received care from staff who were kind and caring. All of the people and relatives we spoke with were confident of this. Examples of their comments included, "All of the staff are kind and understanding;" "They treat me with dignity and respect my privacy;" and "I am involved in my care plan, we have regular meetings about this to agree my care."
- Throughout our inspection we saw staff consistently supported people in way that ensured their dignity, privacy and independence. This included knocking people's bedroom doors and waiting for permission before entering; making sure people's clothing was properly adjusted after providing personal care and making sure people had drinks and any personal items to hand before leaving them.
- Staff were patient to support people at their own pace in way that helped to maximise their independence

and choice. For example, when staff supported people to move, they took time to ensure the person understood what they needed to do to complete the task.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received timely, individualised care. One person said, "You don't really wait long; staff are very good."
- Staff knew how to communicate with people and understood people's needs and preferences for their care, lifestyle and daily living arrangements. This information was assessed and identified in people's care plans to inform their care, which was regularly reviewed with them or their representative. For example, staff knew when they needed to use verbal or non-verbal gestures or objects of reference to communicate with people. Such as photographs or showing people a relevant object, to help them understand what they needed to do.
- People were provided with information about their care and daily living arrangements in a way that helped them to understand. Such as picture menus and activities information.
- People's inclusion in home life, with their families and access to the local community was promoted in accordance with their needs, preferences and interests. One person said, "There's a regular activities' programme if you want to join; there's plenty to do; I particularly like the colouring and reading activities; and we get out in good weather." Another person said they had enjoyed a recent shopping trip out to buy plants.
- We saw people were well supported to engage in home life and a range of activities as they chose during our inspection. People were particularly engaged with a live Easter chick hatchery, which they enjoyed watching throughout the day.
- Creative methods were used to support people's inclusion, communication and involvement in home life and with relatives and staff. This included supporting people to create their own personal photograph albums and a record of their daily life at the service and activities they engaged in within the home or local community. Individual laminated birthday information was also provided, which included information that was meaningful to people, including important news events at the time of their birth. People kept this information in their own rooms. One person's relative said, "The photo album is really appreciated; it means we have something to talk about, as [person] doesn't always remember what they have done."
- Staff had sourced special pens to enable another person to write and draw, which they enjoyed. Their relative explained the person had become unable to grip a standard pen, due to their health condition.

Improving care quality in response to complaints or concerns

- People and relatives said they were informed and confident to make a complaint or raise any concerns, if the needed to about the care provided at the service. Everyone we spoke with said they hadn't had any cause to make a formal complaint because staff listened and addressed any issues without the need to.
- Complaints received by the provider were effectively accounted for, investigated acted on and used to make service improvements when needed.
- The provider routinely sought people's views about their care experience at the service. This included

individual care reviews, group meetings and through the use of periodic care questionnaire type surveys.

- Feedback obtained from people or their representative, was used to help inform any service improvements needed.

End of life care and support

- The provider had introduced a 'Priorities for Care' document to help inform and support people's individual end of life care at the service against nationally recognised care principles.
- There was no one receiving end stage, end of life care at the time of our inspection. Staff we spoke with understood best practice care principles concerned with people's dignity, comfort and choice at their end of life care. This included ensuring people's access to relevant lead external health professionals, spiritual support and any equipment needed for their care and treatment.
- We looked at one person's care plan, who was living with a life limiting health condition. This showed their involvement in deciding and agreeing their end of life care, including advance decisions for their care and treatment at the end stage of their life, their preferred place of death, who would be involved and care of their body after death.
- Anticipatory medicines were in place for use if needed out of normal working hours. This helped to ensure the person's comfort in the event of them experiencing pain or distress and to help them avoid any unnecessary hospital admission.
- This helped to ensure timely, consistent and co-ordinated end of life care and people's related dignity, choice, comfort and support at the end stage of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on their duty of candour responsibility

- The provider operated effective systems to continuously monitor, sustain and improve the quality and safety of people's care when needed. Examples of recent improvements from this included medicines and care planning arrangements.
- Records relating to people's care were usually accurately maintained and safely stored. Remedial action was taken to fully ensure this, following a related incident. The provider's operational policy and ongoing management arrangements, helped ensure the safe handling and storage of people and staffs' confidential personal information.
- The provider took regular account of management, staffing and communication arrangements at the service, to make sure these were consistent and effective for people's care.
- The provider had met the regulatory obligations for their registration. They had sent us written notifications about any important events when they happened at the service, to ensure people's safety there. They had also ensured the visible display of their most recent inspection rating in the home and also one their website for public information.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support

- There was a registered manager for the service and deputy manager, head of care. The registered manager understood and followed the requirements of their registration for people's care.
- People, relatives and most staff were highly positive about the arrangements for management and leadership at the service. Remedial action was in progress to review and address some related concerns recently raised by individual staff.
- People and relatives all felt the home was well managed and organised, with a 'good management presence.' One person said, "The manager is approachable, she will deal with any queries or issues; they are all very willing and helpful." Another person said, "It is well organised and managed here; I have confidence in place." Staff told us, "I really love my job, there is a great care and work ethos here; management support is fantastic;" and "Communication and team working is generally good; there are niggles but you can't please everyone all of the time; things get nipped in the bud here, but in a positive way before they have chance to escalate."
- There were clear lines of management accountability established within the service. Staff we spoke with understood their roles and responsibilities for people's care. This included related record keeping, information handling, communication and reporting; such as for any health incidents or safety concerns. Management measures concerned with staff performance, support and supervision helped to monitor and ensure this was effectively followed by staff.

- The provider had established a comprehensive range of operational policy guidance for people's care and safety. These were periodically checked and revised against nationally recognised standards, to make sure they provided up to date guidance for staff to follow for people's care and safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Planning and promoting person-centred, high-quality care and support with openness

- People and relatives were satisfied with the provider's arrangements for their ongoing engagement, involvement and inclusion in relation to the service and people's care. One person said, "We have regular meetings; you can raise anything – suggestions, concerns – they are always taken on board." Another person said, "I am always happy to talk about anything; they make it easy and value what we say."
- Staff felt there was an open culture where they could raise any concerns if they needed to. One staff member said, "I feel valued and privileged to work here; it's an open honest culture where you can speak your mind and your views are routinely sought."
- The provider had published their care aims and values, so people knew what to expect from the service. Regular management checks helped to make sure this was followed and upheld for people's care.
- Records showed the registered manager undertook regular formal consultation with people, relatives and staff to help inform, monitor and drive service improvement. This included through individual and group meetings, care reviews and surveys. Outcomes, including any actions agreed from this were shared with each party as relevant. The provider's recent care survey with people and relatives showed their overall satisfaction with the service.
- When any changes or improvements were needed for people's care, including from people's views, feedback or management checks; staff confirmed this was communicated to them in a timely and appropriate manner, and to ensure they fully understood.

Working in partnership with others

- The provider worked with relevant agencies, including educational, external health and social care partners, when needed for people's care. For example, to ensure personalised and effective care planning for people living dementia or a life limiting illness; and to ensure safe arrangements for cleanliness, infection control and prevention at the service.