

Regal Care Trading Ltd

Hawthorn Lodge Care Home

Inspection report

Beckhampton Road
Bestwood Park
Nottingham
Nottinghamshire
NG5 5LF

Tel: 01159676735

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 12 and 13 July 2016. Hawthorn Lodge Care Home provides accommodation for persons who require personal care, for up to a maximum of 60 people. On the day of our inspection 50 people were using the service and there was a registered manager in place.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our previous inspection on 9 and 10 October 2015, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to; assessing and managing the risks to people's safety, the safe management of people's medicines, the environment people in which people lived, the care planning process and the management of the home.

During this inspection we checked to see whether improvements had been made. We found some improvements had been made in all areas, but further improvements were still required.

Improvements had been made to the premises but further work was required to ensure that the premises were safe for all people living at the home. The assessment of the risks to people's safety were now carried out more thoroughly and regularly reviewed. Where people had been involved in an accident or incident at the home the incident had been recorded and reported to the registered manager and had been investigated. The processes for the safe management of people's medicines had improved, but further improvements were required. This included the processes where people received their medicines 'as needed'. There were enough staff to keep people safe. People were protected from the risk of harm because staff could identify the potential signs of abuse and knew who to report any concerns to.

Improvements had been made to the way people's day to day health needs were met. However, people's care records did not always reflect the care carried out by the staff, and in some cases, lacked specific guidance for staff when supporting people. The ground floor of the home provided people living dementia or other mental health related conditions, with assistance to lead independent lives. However more work was needed to support people in other areas of the home.

People were supported by staff who had completed a detailed induction and training programme. However staff did not always receive regular supervision of their work. The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care. People spoke positively about the food provided at the home and we observed an organised lunch time experience.

People were treated with respect and dignity by staff, although we did see one negative interaction which impacted on a person's right to be treated with dignity and to have their privacy respected. People felt staff were kind and caring. People's records contained limited information about their life history; however plans were in place to address this. People were involved with decisions about their care and support needs. People were encouraged to lead independent lives. Information for people on how to access independent advice about decisions they made was easily accessible.

People's care records contained detailed care plans which enabled staff to respond to their needs. People were supported to follow the activities that interested them. People's diverse needs were respected, however some staff spoken with unaware of a person's needs. People felt able to make a complaint and were confident it would be dealt with appropriately.

The registered manager's auditing processes had improved since the last inspection, but further work was required to ensure the issues raised within this report were identified and addressed in a timely manner. The registered manager was aware of their responsibilities to inform the CQC of incidents that could affect people's lives, but they had not always done so. People, relatives and the majority of staff spoke highly of the registered manager. People were encouraged to become involved with development of the service and were given the opportunity to give their opinions during 'resident meetings' and via questionnaires.

We identified one continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Improvements had been made to the premises but further work was required to ensure that premises were safe for all people living at the home.

The assessment of the risks to people's safety were now carried out more thoroughly and regularly reviewed. Accidents and incidents were investigated appropriately.

The processes for the safe management of people's medicines had improved, however protocols for the administration of 'as needed' medicines were not always in place and the way people liked to take their medicines was not always recorded.

There were enough staff to keep people safe.

People were protected from the risk of harm because staff could identify the potential signs of abuse and knew who to report any concerns to

Requires Improvement 

Is the service effective?

The service was not consistently effective.

Improvements had been made to the way people's day to day health needs were met. However, people's care records did not always reflect the care carried out by the staff, and in some cases, lacked specific guidance for staff when supporting people.

The ground floor of the home provided people living dementia or other mental health related conditions, with assistance to lead independent lives. However more work was needed to support people in other areas of the home.

People were supported by staff who had completed a detailed induction and training programme. However staff did not always receive regular supervision of their work.

The principles of the Mental Capacity Act (2005), including

Requires Improvement 

Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care.

People spoke positively about the food provided at the home and we observed an organised lunch time experience.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity by staff although we did see one negative interaction which impacted on a person's right to be treated with dignity and to have their privacy respected.

People felt staff were kind and caring. People's records contained limited information about their life history; however plans were in place to address this.

People were involved with decisions about their care and support needs and people were encouraged to lead independent lives.

Information for people on how to access independent advice about decisions they made was easily accessible.

Is the service responsive?

Good ●

The service was responsive.

People's care records contained detailed care plans which enabled staff to respond to their needs.

People were supported to follow the activities that interested them.

People's diverse needs were respected; however staff knowledge for one person was poor.

People felt able to make a complaint and were confident it would be dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The registered manager's auditing processes had improved since the last inspection, but further work was required to ensure the issues raised within this report were identified and addressed in

a timely manner.

The registered manager was aware of the responsibilities to inform the CQC of incidents that could affect people's lives, but they had not always done so.

People, relatives and the majority of staff spoke highly of the registered manager.

People were encouraged to become involved with development of the service and were given the opportunity to give their opinions during 'resident meetings' and via questionnaires.

Hawthorn Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 13 July 2016 and was unannounced.

The inspection team consisted of two inspectors and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We spoke with 11 people who used the service, two relatives, five members of the care staff, a domestic assistant, the cook, the administrator, the deputy manager, the registered manager and three representatives of the provider. We also spoke with two healthcare professionals who were visiting the home at the time of the inspection.

We looked at all or parts of the care records and other relevant records of nine people who used the service, as well as a range of records relating to the running of the service.

Is the service safe?

Our findings

During our previous inspection on 8 and 9 October 2015 we identified breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to; the premises in which people lived, the assessment of and the action taken to reduce the risks to the health and safety of people receiving care; and the management of people's medicines. After our inspection the provider forwarded us an action plan which advised how they would make the required improvements in each of these areas.

During our inspection on 12 and 13 July 2016 we checked to see whether these improvements had been made. We found there had been improvements, but further improvements were also required.

Previously, we identified parts of the premises that placed people's safety at risk. This included radiator covers not being safely fixed to the wall, unlocked rooms containing potentially harmful materials such as industrial detergent and the nursing call bell system used by people to request assistance from staff, was not working appropriately. During the first day of the inspection, we found some improvements had been made. The call bell system was now functioning and we saw staff respond quickly when it had been pressed.

However, we also still found unlocked rooms which contained potentially harmful items. For example, an unlocked room contained unattended paint and work tools such as a saw and drill. The laundry, which had a bottle of fabric conditioner on the floor, was also not locked.

A lounge room on the first floor was poorly lit with only two out of ten lightbulbs working. We also saw staff had left items such as aprons covering a fire extinguisher and people's archived records had been stored in boxes at the bottom of a staircase. This staircase led to a fire exit. These issues could place the safety of people at risk.

These were examples of a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities).

During the second day of the inspection we found all of the issues identified during day one had been addressed. The registered manager told us they would speak with the staff to remind them of their responsibilities to ensure their actions did not place people's safety at risk.

We noted that since our previous inspection, parts of the home had undergone some maintenance. New flooring had been laid, walls had been painted and the ground floor of the home was now a brighter and more welcoming space. A representative of the provider showed us a plan of action which was in place to carry out further refurbishment work at the home. This included extensive work to the exterior of the home, including replacing the window fascias, which had become rotten in places.

We asked people whether they were happy with the décor within the home. One person said, "I like the

decoration. It's [person's bedroom] spacious, there is plenty of room to move about in my chair." Another person said, "My room is quite average, it's cosy, a bit plain, but as good as it possibly can be or what they could afford." Another person said, "I've got a lovely room upstairs, it has got great views."

We found improvement had been made since our last inspection in the way that the risks to people safety were assessed and managed. Previously we found where a risk had been identified a suitable risk assessment and care plan were not always in place. Where they were in place, they were not always regularly reviewed to ensure they met people's current needs. During this inspection we saw risk assessments were in place where required and were regularly reviewed, reducing the risk of people experiencing harm.

People had individualised personal emergency evacuation plans in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. A business continuity plan, which outlined how people would be protected in an emergency, was also in place and available to staff. Records showed regular servicing of the lift and other equipment such as hoists, walking aids, gas installations and fire safety and prevention equipment were carried out to ensure they were safe to use. However, we did note that a recent inspection by the Nottinghamshire Fire and Rescue Service had highlighted the provider's fire risk assessment required reviewing and updating to address concerns raised during their inspection. The registered manager assured us they were in the process of making the required changes.

Regular reviews of accidents and incidents that occurred at the home were carried out. Where trends or themes had been identified, preventative measures were put in place to reduce the risk of reoccurrence.

During our previous inspection we identified concerns that people's medicines were not managed safely. This included temperature checks of the room and fridge where medicines were stored were not always being carried out. Photographs of people, their allergies and preferences in relation to taking their medicines were not always noted. A person's records did not record where a specific type of patch had been administered, protocols were not in place when administering 'as needed medicines', and the stock levels of some medicines did not always accurately reflect what was recorded in people's records.

During this inspection we noted improvements had been made in most of these areas. Temperature checks were now regularly completed and people's photographs and allergies were now recorded. However, the way people liked to take their medicines was not always recorded. Protocols were in place for most 'as needed' medicines and the stock levels for each of the records we checked were correct. These improvements ensured people were now protected from the risks associated with medicines.

People and their relatives were content they or their family members received their medicines in a timely and appropriate manner. We observed staff administer people's medicines in a safe way. One person told us they managed their own medicines, "I do my own medicines and insulin, staff leave me to it but they do check. I have a key for my medicine cabinet and [staff member] has a key. If I'm worried about medicines I will speak to [staff member]." A relative said, "[My family member] gets their medicines okay, although they may have to wait if they [staff] are busy."

People told us they felt safe living at the home. One person said, "I'm safe, although I just don't like to be here." Another person said, "I'm happy living here, don't know about safe, I've never had any problems, if I did I'd go to staff." Relatives told us they felt their family members were safe. One relative said, "My [family member] is safe here." Another relative said, "[My family member] is safe here, they [staff] keep [name] safe."

People were supported by staff who understood the types of abuse people could face at the home. They knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local authority or the police. A staff member said, "I wouldn't hesitate to raise concerns if I needed to." Records showed a safeguarding adults policy was in place and that staff had received safeguarding of adults training, which ensured their knowledge met current best practice guidelines.

We received mixed feedback when we asked people if they felt there were enough staff in place to provide them with the support they needed. Whilst some people felt there were, others did not agree. One person told us they felt the staff were very busy. Another person said, "Staff work very hard, they on the go the whole time." Another person told us staff did respond quickly when they pressed their call bell, although they also felt there could be more staff on at night.

The relatives we spoke with told us they felt there were enough staff in place. One relative said, "I often see a staff member around, sitting with a resident, they get someone else to come in when they take a resident to the toilet." Another relative told us they had raised a concern about the staff numbers but, "In the last few months there's more availability of staff." The majority of staff we spoke with felt there enough staff in place.

We spoke with registered manager and discussed how they ensured people were provided with the appropriate number of staff to keep them safe. They told us regular assessments of people's dependency levels were carried out, and where risks had been identified, extra staff were put in place. We saw examples of these assessments. We observed the staff throughout the two days of the inspection and found they responded to people in good time.

Safe recruitment procedures were in place. Checks on staff suitability to carry out their role before they commenced work were carried out. This included checks to establish whether a potential member of staff had a criminal record, whether they had sufficient references and proof of identity. This reduced the risk of people receiving care and support from unsuitable staff.

Is the service effective?

Our findings

During our previous inspection on 8 and 9 October 2015 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to people's day to day health needs not always being met by the staff. This included guidance given by visiting healthcare professionals not always being followed. After our inspection the provider forwarded us an action plan which advised how they would make the required improvements in each of these areas.

During our inspection on 12 and 13 July 2016 we checked to see whether these improvements had been made. We found there had been improvements in the way people's day to day health needs were met. We spoke with a visiting healthcare professional during the inspection. They said, "On the whole the care is good. If there is something they [staff] are not sure about they will always let me know. If I say anything to the staff, they do it."

We found further improvement in the recording of the care people received was needed. For example, we saw a person had been identified as requiring regular repositioning to reduce the risk of them developing pressure sores. We noted that there was not a clear timeframe recorded in the person's care record for the repositioning to take place. This resulted in an inconsistent approach to repositioning the person. The person's records showed that for the majority of the days the person was repositioned between every two to four hours, however for one day the records showed the person had not been repositioned for a period twelve hours. Although the person did not currently have a pressure sore, the lack of specific detailed reference to the frequency of the repositioning could result in inconsistencies in the support being provided by staff.

We also identified a person who had been identified as a high nutritional risk. The risk assessment stated the person needed to be weighed monthly. However records showed the person had not been weighed for over three months. The person's care plan also contained limited guidance for staff on how to support this person with their weight. The registered manager told us the person had refused to allow staff to weigh them, but acknowledged this needed to be recorded in the person's care records.

People told us they were able to see their GP or other healthcare professionals when they needed to. One person told us they were confident they received the support they needed to do so. They also said, "The GP would come if I was poorly. I've seen my support worker and my social worker. My social worker set up all this respite business, she explained what's going on and we worked out a plan."

Some adaptations had been made to the design of the home to support people living with dementia. Bathrooms and toilets were clearly identified and on the ground floor there was directional signage to support people to move independently around the home. However, people's bedrooms were not clearly identified and lighting in some people's bedrooms and some parts of the home was dull. This meant people living with dementia may find it difficult to orientate themselves in parts of the home. The registered manager told us they planned to place 'memory boxes' containing items that were important to each person outside of people's bedrooms to help them identify their own rooms. They also told us some

directional signage for the first floor had been removed during redecoration work. This had not yet been replaced.

The majority of people we spoke with told us they felt staff understood their needs and had the skills needed to provide them with effective care and support. One person said, "Some staff know how to look after me, but not ten out of ten." Another person said, "They [staff] leave me to it, if I've got a problem I just ask. They] know their jobs; they're always on the lookout for you."

Another person said, "I just get on and do my own thing, the staff are okay, they know what they're doing. It's better than the other place [a previous adult social care service]."

Records showed that staff received a wide ranging induction and training programme designed to equip them with the skills needed to support people effectively. Training was carried out in a number of areas such as dementia awareness, safeguarding and safe moving and handling procedures. Records showed training for the care staff was up to date.

People were supported by staff who felt supported to carry out their role effectively. A staff member said, "I feel supported by everyone. There's always someone to talk to." We saw there was a process in place for staff to receive regular supervision of their work. Records showed some staff had received up to four supervisions in 2016. However, we noted other staff had only received one. The registered manager told us staff received supervision in other ways, such as staff meetings and group discussions, however the records provided by the registered manager did not reflect this.

Staff were able to explain how they supported people with behaviours that may challenge others and care records contained guidance for staff in this area. A staff member said, "If people are getting upset, I keep calm and then come back later if necessary."

The age range of people living at the home was varied, with some people living with dementia or other mental health related conditions. We observed staff communicate effectively with all people using a variety of methods such as speaking slowly and non-verbal communication.

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. We checked whether the service was working within the principles of the MCA.

People's care records contained a variety of mental capacity assessments which assessed people's ability to make their own decisions in a wide range of areas. These included people's ability to maintain an adequate level of personal hygiene and whether they could manage their own medicines. Decisions were then made that ensured that any plans put in place to support people were done so in their best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We looked at the documentation for three people and found staff adhered to the terms of the DoLS.

Some people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) documentation in place. These had been completed by the person's GP or other appropriate professional person. This meant that the decision for CPR to not be carried out had been taken, if it may have a detrimental effect on the person's on-

going health.

People told us they liked the food provided for them. One person said, "It's very good food, I love my food." Another person said, "The food's good. You always get a choice of two things. The menu is up in the dining room and you're asked what you want before the meal." Relatives also spoke positively about the food. One relative said, "The food's lovely, there is a good selection and we get invited along at times." Another relative, "[My family member] likes the food, it looks good."

We observed the lunch time experience. It was organised in a way that meant people received their meal in a timely manner. We observed one staff member speak with each person asking them what they would like and other members of staff serving the meal. People were provided with sauces and gravy to use as they wished. Where people required assistance with eating their meal, staff supported them appropriately.

We noted there was a menu on the wall, written in large bold writing to assist people in choosing their food. However, there were no pictures in place which could make it difficult, for some people who struggled to read, to know what was on offer.

People's care records contained care plans for eating and drinking, however people's preferences were not always well recorded. Nutritional risk assessments had been completed and nutritional care plans were in place with actions to reduce the risks to people for example, choking. A staff member we spoke with had a good knowledge of those people that required additional support in this area.

Where people's health was at risk due to excessive weight loss or gain, plans were in place to monitor and record the amounts people consumed. Where needed, referrals to external healthcare professionals such as dieticians were made to offer guidance to staff on how to support people effectively with their food and drink intake.

Is the service caring?

Our findings

People told us they felt the staff were kind and caring and they enjoyed living at the home. One person said, "I find staff reasonable, most of them are caring." Another resident said, "I think staff are okay, they're all nice." Another person said, "I'm quite happy here, feel comfortable. I think I've found the right place." Another person said, "I like it staff are very good, they treat everyone the same."

Relatives also spoke positively about the staff. One relative said, "They [staff] were very good when [my family member] first came to the home; they listened to us. If there were any problems they address it with us and they do act."

The staff we spoke with had a good understanding of people's needs and could explain what was important to them. People's care records contained some information about their life history and personal preferences. The registered manager told us they had asked the activities coordinator to complete life history books with people and their relatives, to enable staff to have more detailed information about them. They told us this would help the staff to form meaningful relationships with people. We looked at some of these records and saw they were in the process of being completed.

We observed some positive interactions between people and staff. Interactions were warm and friendly. We saw some staff sit and talk with people; however there were periods of time where the interactions between people and staff were limited to discussing task related matters. However, we did see staff respond quickly when people were showing signs of distress or discomfort. For example, we saw one person who was sat in their wheelchair with their feet up on the footrests. The staff member noticed and asked the person if they wanted any assistance with moving their legs. They then sat down to chat with the person for a while.

The people we spoke with could not recall being involved with a formal review of their care; however people did tell us they discussed their care needs regularly with the staff. A relative said, "I have been invited to the care plan review and I come if I can." People's care records did show that people's needs had been discussed with them and where changes to people's care was needed; the appropriate changes had been made and recorded.

Information was available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

We observed most staff treat people with dignity and respect. For example we saw a staff member had noticed that a person's glasses were dirty and they asked them if they would like them to be cleaned. The person responded positively to this. However, we also saw another member of staff discuss a private matter with a person where others could hear. This could have a negative impact on the person's right to be treated with dignity and for their privacy to be respected.

The registered manager told us treating people with dignity was one of the most important aims of the service. We saw a dignity board was in place which provided people with guidance on how people should expect to be treated. 'Dignity champions' were in place. These were staff who were given specific responsibility to ensure that people were treated with dignity at all times.

We saw staff respect people's privacy in other ways. Staff took people to private areas to support them with their personal care and saw staff knock on people's doors before entering. The home had a number of areas where people could have privacy if they wanted it.

People's records were stored in two formats, electronically and on paper. Whilst the records were on the whole stored safely and securely, we did see some archived records that had not been. This could compromise people's right to privacy. We raised this with the registered manager who acknowledged the records should have been stored in a more suitable and secure place.

We observed people being encouraged by staff to lead independent lives. Some people lived in specially adapted flats within the home, to encourage more independent living. The staff we spoke with explained how they promoted people's independence.

The registered manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. We observed and spoke with relatives visiting people throughout the day.

Is the service responsive?

Our findings

The majority of the people we spoke with told us they felt the activities provided at the home met their needs. Several people told us they had been involved in making masks for a planned masquerade ball which was soon to take place. One person said, "We were doing masks for the ball, a group of us had a laugh, a giggle and a cup of tea." Another person described how much they enjoyed making the masks. Another person said, "[The activities coordinator] tries to keep us occupied in the morning and afternoon. They do everything they can to keep us entertained." Another person said, "I join in with social events, especially the quizzes." However another person said, "There are supposed to be activities, like dominoes and quizzes, but I haven't seen anything."

A relative told us their family member, "Will take part if they are in the mood. The staff do try and involve [my family member]." Another relative told us they had asked for more information about what activities that were due to take place at the home. They told us the registered manager had responded to this and ensured that notification of future activities and events were placed on the noticeboard."

We saw the provider was a member of the National Activities Providers Association (NAPA). NAPA is an organisation that encourages older people to lead active and fulfilling lives. An activities coordinator was in place at the home to assist people with taking part in the activities that were important to them. Events such as the masquerade ball and day trips out of the home were regularly organised. On the first day of our inspection we saw limited activities taking place, however this was largely due to the fact that preparations were being made for the ball taking place the following day. On the second day of the inspection we saw staff encourage people to take part in group activities and we also saw some individual activities taking place.

Staff feedback about the activities provided at the home was mixed. One staff member said, "[The activities coordinator] is always doing activities with people." However another staff member said, "Activities are not very good. People should go out more."

People's care records contained information about the activities they had taken part in. Some of these records showed some people were actively engaged with regular activities; however some records showed more limited participation. The registered manager assured us that people were encouraged to take part and told us they would ensure that staff completed people's records to accurately reflect this.

Each person had a range of care plans for their care and support needs such as personal hygiene, eating and drinking, mobility, and pressure sore prevention. Care plans were reviewed regularly and changed in line with people's changing needs. We observed staff support a person with a procedure for their diabetes. However, we saw no reference to how staff should carry out that procedure within the person's care records. We discussed this with the registered manager and they advised they would update the person's care records to reflect this.

People's care records were written in a person centred way and were regularly reviewed. They contained

detailed information obtained from people and/or their relatives when they first came to the home. Guidance was also available for staff about how to support people in the way they wanted. This included reference to how people would like their personal care to be provided and whether they wanted a male or female member of staff to support them.

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. However, when we discussed a person living at the home, some of the staff were not aware of the person's diverse needs, which could impact on the way the person was supported by the staff.

People were provided with a complaints policy within their service user guide when they came to the home. A person living at the home confirmed they were given this guide when they arrived at the home. Guidance on how to make a complaint was also displayed. The complaints policy contained details of who people could make a complaint to, both internally and externally.

People told us they felt able to make a complaint if they needed to. People were confident they could speak to staff about any concern or complaint they may have. Some people told us they had spoken with staff about concerns or personal worries and had felt listened to. A person said, "The manager would listen to a complaint and would help."

A relative told us they had not seen a complaints procedure but also said, "I know to go to the manager if there is a problem." Another relative said told us they had raised a couple of complaints and had seen changes as a result. They also told us they were felt confident in raising any concerns they had.

We viewed the complaints register and saw the registered manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner, in line with the provider's complaints policy.

Is the service well-led?

Our findings

During our previous inspection on 8 and 9 October 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to registered manager's auditing processes, which were not always operating effectively to ensure that people received safe and effective care and support. After our inspection the provider forwarded us an action plan which advised how they would make the required improvements in each of these areas.

During our inspection on 12 and 13 July 2016 we checked to see whether these improvements had been made. We found there had been some improvements.

The registered manager showed us a new auditing process that was in place that enabled them to identify and address any issues within the home. A daily audit was conducted by the registered manager or another member of the management team. This audit focused on areas such as the environment that people lived and actions were put in place to address concerns raised. However, we noted that although there had been some improvement with the way the registered manager carried out quality assurance within the home, there were still issues identified within this report that needed to be addressed. This included ensuring all people's care records reflected people's current needs, staff supervisions were carried out consistently for all staff, parts of the premises still required for improvement for people living at the home

We spoke with two representatives of the provider during the inspection. They told us they carried out regular audits of the service to identify any areas that required improvement within the home. They then liaised regularly with the registered manager to ensure a plan of action was put in place to address these issues.

The registered manager told us they were aware of their responsibilities to meet the conditions of their CQC registration. The CQC must be informed via a statutory notification if a person receives a serious injury or if they were being deprived of their liberty. However we noted we had not received notifications for four people for whom the local authority had agreed that their liberty should be restricted for their safety. The registered manager told us they would complete these notifications and forward them to the CQC.

The registered manager told us they had a system in place where staff were given specific areas of responsibility where others could go to them for advice. For example, we saw some staff were responsible for dementia awareness, infection control, nutrition and care planning. The registered manager told us they ensured staff were aware of their responsibilities and they held them to account for their actions. However, we noted that on occasions, such as ensuring that supervisions were carried out on time, the registered manager had not sufficiently held staff accountable when they had not done what was required of them. The registered manager acknowledged they needed to improve in this area, in order for the staff to assist them in providing safe and effective care and support for people.

People and relatives were provided with a variety of formats where they were able to contribute to the development of the service. Questionnaires were regularly given to people and relatives to obtain feedback

on the quality of the service provided. Feedback received was then used to make improvements to the service. We saw results of these questionnaires were placed in the foyer of the home. We saw people and relatives had responded positively to all questions. Additional comments included, 'This is a lovely place. [My family member] is happy here. I have always thought Hawthorn Lodge was comfortable and homely.'

Relatives were aware of residents' and relatives' meetings. People told us they thought they were listened to and action taken when they raised any issues. One relative told us they had been asked for their views and made a comment about an issue at the home. They told us as a result of their feedback the situation had recently improved.

The registered manager had was a visible presence throughout the inspection. They interacted well with people, relatives and visitors and people spoke highly of her. Several people told us they would speak to the manager if they had any concerns. One person said, "I can talk to her." Another person said, "The manager says, 'this is your home'." Another person said, "I had some bad news and I was upset. The manageress was very good, I spoke to her and she said if I was ever worried I should speak to her."

The majority of the staff spoke positively about the leadership of the home. A staff member told us that the registered manager was strict and very clear about their expectations. They told us that the registered manager was approachable and listened to them. Another staff member said, "I have taken issues to the manager and they have helped me a lot." Another staff member said, "The manager always goes around the home, talking with [people who used the service] and checking they are ok." A visiting professional said, "The manager is brilliant." However another member of staff felt the registered manager was not always approachable.

Staff told us they would be comfortable raising issues using the processes set out in the whistleblowing policy. They felt that management would take action if any serious concerns were raised with them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always; (d) ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.