

The Hawthorns Lodge Limited

Hawthorns Residential Home

Inspection report

8 High Street
Loftus
Cleveland
TS13 4HW

Tel: 01287641508

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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

Hawthorn Residential Home is a residential care home for 13 older people some of whom may be living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection 11 people were living at the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were protected from abuse by staff who were trained and knowledgeable about safeguarding adults and understood their responsibilities. The provider had suitable policies and procedures in place for staff to follow to keep people safe.

Where people had been assessed for a risk of harm we found that there were risk assessments in place for staff to follow to minimise that risk for the person.

People lived in premises which the provider maintained safely. The provider carried out a range of health and safety checks including fire safety, water temperatures and hygiene, window restrictors, electrical and gas safety, equipment maintenance and servicing.

Medicines were being administered and managed safely by trained and competent staff. The provider checked that people received their medicines as prescribed.

There was enough staff employed at the service to provide people with safe care. We saw that the provider regularly reviewed the staffing levels to ensure that people had the maximum amount of time with staff.

The provider had recruitment systems in place to ensure that the people they employed were suitable to work with vulnerable people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood their responsibilities in relation to respecting people's privacy and dignity.

People enjoyed the food they received and had choice over meals in line with their preferences and cultural needs. People were supported to maintain their health and had regular contact with health professionals.

People received care in line with the Mental Capacity Act 2005 (MCA). The provider appropriately applied for Deprivation of Liberty Safeguards (DoLS) authorisation where it was necessary to deprive a person of their liberty as part of keeping them safe.

People's care needs were assessed and detailed plans were in place to meet their individual needs. People told us that they were cared for by staff who knew them very well, promoted their independence and understood how to support them.

A training programme was in place that enabled staff to provide good standards of person-centred care. New staff also received a suitable induction.

Staff received regular supervision and an annual appraisal which allowed the registered manager to plan further training to support staff development.

Staff had an understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and had received training.

The service had an effective complaints process in place and people were aware of it and understood how to make a complaint should they need to. The service actively encouraged feedback from people and staff.

Leadership was visible and competent with an experienced registered manager in post. The provider was accessible to people and staff. One person told us "I would give the home 10 out of 10, I don't think there's any improvements that could be made." The management team carried out audits of the service to check the quality of care.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Hawthorns Residential 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.

Before the inspection we reviewed all of the information we held about the service. This included notifications they had sent to us. A notification is a record about important events which the service is required to send to us by law. We contacted professionals involved in caring for people who used the service, including commissioners, the local authority safeguarding team and Healthwatch.

We used the information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send to us at least once annually to give us some key information about this service, what the service does well and improvements they plan to make.

This inspection took place on 17 October 2018 and was unannounced. The inspection was carried out by two adult social care inspectors, an inspection manager and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with six people who used the service, one relative, the registered manager, the quality assurance manager, the deputy manager, one senior care worker, one care worker, the cook and the maintenance worker.

We looked at care records for three people, staff recruitment files for two members of staff, medication administration records (MAR) for three people and other records relating to the quality and running of the service.

Is the service safe?

Our findings

People received safe care and support. People told us "I feel perfectly safe here, I've had no accidents or anything like that," "It's like being on holiday living here. I was falling over at home, but I'm safe here," and "I feel safe and I've never been waited on so much in all my life."

The provider had systems in place to safeguard people from abuse. One relative told us "I'm really not concerned about anything, there's no safety issues. There's always two carers around, even at weekends and evenings, staff are very good."

People were protected from harm and the risk of abuse by staff who were trained in safeguarding adults. Staff told us they understood their responsibilities for safeguarding people, could describe the signs of abuse and what they would do if they had any concerns. The provider responded appropriately to any allegations of abuse, working alongside the local authority safeguarding team to keep people safe.

Care records had a range of risk assessments for each person with clear actions for staff to take to minimise the risks. Risk assessments had been regularly reviewed and reflected people's current needs.

The provider had personal emergency evacuation plans (PEEP's) in place for each person clearly identifying the support they required in the event of an emergency evacuation.

There was sufficient staff deployed to keep people safe and provide personalised care. One person told us "I think there are enough staff on during the day." Another said "Plenty of staff including on evenings and weekends." The registered manager told us that they use the level of people's needs to plan the right level of staff on duty so that they could ensure safe standards of care for people.

People received their medicines in a safe way. One person told us "I get my tablets on time." The home undertook regular planned audits of medicines looking at storage, temperatures, stock, balances, recordings and the administration process. This meant that any errors or inaccuracies were identified quickly and the provider could take actions to ensure people were kept safe and getting medicines as prescribed.

We observed staff administering medicines safely. This was done in line with agreed procedures and maintained people's dignity and respect. The registered manager undertook monthly staff competency checks to ensure that staff followed the providers procedures when administering medicines.

Accidents and incidents were reported and reviewed by the registered manager to identify potential trends and to minimise the risk of them happening again.

The provider had robust recruitment procedures in place. Disclosure and Barring Service (DBS) checks were undertaken. The DBS helps employers make safer recruitment decisions and minimises the risk of unsuitable people from being employed to work with vulnerable people.

The premises were maintained safely. The provider carried out repairs promptly. The provider monitored the premises with a range of checks carried out by the maintenance worker, quality assurance manager and staff. During the inspection we found that some windows on the first floor could open wider than the required 10mm even though restrictors had been fitted. We pointed this out to the provider who acted immediately to rectify this.

Staff followed good practice around cleaning and the use of personal protective equipment (PPE) such as disposable gloves and aprons to prevent the spread of infection. The service was clean and tidy throughout.

Is the service effective?

Our findings

People were cared for by staff who received the right training and support. One person told us "Staff are very good, I think they are well trained." Staff told us "My training is all up to date," "We get good training, if there is anything you want to do you just need to ask, I've just done falls training which was really good." The providers training records showed staff received regular training including equality and diversity, safeguarding, mental capacity, first aid, dementia, health and safety, end of life and nutrition and hydration.

We saw that new staff undertook an induction programme that included the providers policies and procedures and the Care Certificate. The Care Certificate is a set of core standards that health and social care workers adhere to in their daily working life. It sets out clearly the learning outcomes, competencies and standards of care that will be expected. New staff also completed shadowing shifts (observing) until the registered manager was confident that they had the skills to work unsupervised.

Staff received regular supervisions from the registered manager. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they found supervision valuable to their development. We saw that annual appraisals were planned for staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under The Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us that they had training in the MCA and DoLS and how they acted in a person's best interests when making decisions for a person who lacked capacity. We checked that the service was working within the principles of the MCA and found that they were. We saw that applications to deprive a person of their liberty had appropriately been made and DoLS records were up to date and reviewed.

People spoke highly about the food they received. People told us "The food is lovely and at lunchtime there is a choice," and "I have no complaints about the food, there's always plenty of choice." Staff made the mealtime experience an enjoyable experience for all people. Food was presented tastefully. The cook told us how they liked to cater to people's individual dietary needs and preferences. They told us "Food helps people to talk, I like to do old fashioned types of food to help bring back memories like old fashioned rice pudding with nutmeg." We observed staff regularly offering people a choice of drinks throughout the day and included visiting relatives by offering them meals and drinks too.

People were supported to live healthier lives and maintain their mental and physical health needs. We saw evidence in care records of people regularly seeing their GP, being offered the flu vaccination, having visits from the district nurse and a chiropodist.

The premises met people's needs. The service stood within its own grounds which allowed people to have free access to a large garden. One person told us "I think it's wonderful here, I'm used to a big garden and I can sit out in the garden here in the summer." The provider had a refurbishment plan in place which

included the areas requiring attention that we found during our inspection. For example, a bath required replacing, some bedrooms required painting along with some radiator covers needed replacing.

Is the service caring?

Our findings

People told us staff provided a caring service. Comments included, "I know all the staff and they are all friendly," "The staff are all caring and kind and listen to everybody, they respect your privacy and dignity," "I'm well looked after, the staff are caring and kind" and "Staff are very nice, nothing is too much bother." One relative told us "Staff are very good, they do try. They actually enquire about me and how I'm doing because I live on my own."

We observed staff patiently talking and spending time with people. We saw one member of staff painting a person's nails and chatting with them about their life. Another person told us "Its lovely here, I get my hair done every week and they even paint my toe nails." We observed staff spending time with a person reminiscing about their time as an author and the books they had written.

People's independence was encouraged. People told us "I can do a lot of things for myself like dressing, but the carers help me to draw my curtains and things like that," "The lady carer helps me to shower, [Staff] does the bits I can't reach," and "Staff help me to get the shower temperature right before I get in." We saw evidence in people care records of the support they needed from staff whilst helping them to maintain their independence.

People were involved in decisions about their care. Staff told us that they followed people's wishes and if a person did not want to receive personal care or join in an activity they respected that and offered them the choice again later. We saw consent was sought for people around their personal care needs and managing medicines. However, in one person's file we found some contradictory information regarding their capacity to consent to their care and treatment. We pointed this out to the provider who immediately rectified this.

People's privacy and dignity was respected. One person told us "Staff respect my privacy and dignity, they treat me like an individual." Staff told us how they respected people's privacy. They gave examples of how they always explained to the person what they would be doing, asked people's permission, ensured curtains were closed, knocked on doors before entering and asked people what they liked to be called.

Staff supported people to maintain contact with their families and friends. Staff understood who was important to each person, their life history and background. One person told us that their relative visited every week and another told us how their relative lived locally and would "pop in to see them." We saw how staff warmly welcomed one visiting relative and included them in activities, meals and drinks being offered. The registered manager told us that a local church also visited the service each week.

Staff had received training on equality and diversity and human rights. One person told us "staff call me [persons name] and they are friendly and treat me normally." One staff member said, "I like to treat everyone how I would like to be treat, as an equal."

Is the service responsive?

Our findings

People received care that was tailored to meet their individual needs. At the front of people's care records was a pen picture about the person, this included what is important to the person, what those who know the person would say they liked or admired about them and, how staff can best support the person. We saw evidence that staff followed this. One person told us "I get up at 5.15 (am). I've always got up early, the night workers bring me down to the lounge on the stair lift and make me a cup of tea." In another person's pen picture it was recorded how they liked to be smartly dressed and have their hair 'slicked,' we saw that this was clearly followed for the person during our inspection.

Staff told us that they had time to talk and build relationships with people, one member of staff said "It's good here, we have quality time to sit and talk to people and not have to rush around."

We found that people's care plans contained information about the person's choices and preferences, eating and drinking, continence, health, mobility, communication and skin care. There was also information about the persons' daily routines, for example what time they preferred to get up, go to bed and what they preferred to wear. Care plans were reviewed monthly by the registered manager and changes updated immediately.

Relatives were involved in the planning of their relative's care. We saw evidence within care records of relative's involvement in care planning at the pre-assessment and any other reviews. One relative told us "I'm kept informed about my [relative] care needs and any changes, they listen to me."

The provider employed an activities co-ordinator to ensure that there was a range of activities being provided both within the service and the wider community. We observed activities on the day of our inspection that included colouring in, music and sing-a-longs, pamper sessions and one person being offered support to go and buy their weekly lottery ticket at the shops. We were told of outings to Redcar for ice-creams and the local Library. The provider told us that they were in the process of developing the activities on offer by training more staff to support this role, for example, to deliver chair based exercise classes.

People's care plans included their end of life wishes and choices. We saw evidence of discussions at staff meetings of the support offered following the loss of people living at the service and how staff made comfort boxes for relatives to support them during end of life care of a loved one.

Where appropriate we also found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms. These were clear, with agreed instructions for when a person's heart or breathing stops as expected due to their medical condition, that no attempt will be made to resuscitate them. These were up to date and reviewed. They were kept at the front of people's care plans to ensure that people's final wishes were observed.

The provider had a complaints policy and procedures in place. We found that there had been no complaints since our last inspection. People told us that they knew how to complain if they had any concerns. People

told us "I don't have any complaints, if I did I would speak to [registered manager]," and "I'd see the manager if I had any concerns about anything."

Is the service well-led?

Our findings

The service was well-led by a registered manager who was experienced and who had been employed by the provider for 12 years prior to becoming the registered manager last year. People knew who the registered manager was and spoke positively about them.

Staff also spoke positively about the management team and told us "We get good management support, [registered manager] is brilliant," and "I love working here! Everyone loves working here, you get time to spend with people." The registered manager told us of their open door policy where staff were made to feel welcomed, supported and listened to if they had any concerns. The provider had also introduced daily "flash meetings" that staff spoke positively about in supporting them to let the provider know what was going on in the service each day and raise any concerns or suggestions.

The registered manager was supported by the provider and a quality assurance manager who were available at the service most days. A deputy manager and senior carer worked closely with the registered manager and were responsible for leading shifts each day and administering medication.

The provider had systems in place to audit the quality of the service. The quality assurance manager and registered manager carried out spot checks and observations to check that people received good standards of care. These included people's dining experience, activities, building cleanliness and medicines. During this inspection we identified some minor environmental issues that the audits had not picked up on, for example, pull cords in bathrooms required plastic coverings and a commode needing replacing due to some rust appearing. The provider acted immediately to rectify these and provided evidence of this after the inspection.

The provider encouraged and valued feedback from people using the service, their relatives and staff. The results of the surveys were collated, their findings shared with staff and used to improve service delivery. Staff meetings were held regularly and staff told us that they could "speak freely" at these meetings and share their suggestions for service improvements. We saw evidence that the provider attended all staff meetings. Comments from staff included "Very good management team working together and are approachable," and "The flash meetings are very good problems can be dealt with."

The registered manager told us of the close working partnership they had built with a local GP practice and how they worked closely together to quickly identify when a person had an infection and quick support could be sought.

The provider submitted notifications to CQC in a timely manner as required by law in relation to significant events that happen in the service. This meant we could check that appropriate action had been taken.