

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



Overall summary

This inspection took place 15 December 2015 and was unannounced. The last inspection took place in January 2014 when we found it to be meeting all the regulations we reviewed.

The service is registered to provide accommodation with personal care for up to 34 older people. There were 29 people living in the service on the day of our inspection. The service provides care and support for older people, with a range of medical and age related conditions, including mobility issues, diabetes and dementia

At the time of our inspection there was a registered manager in place. 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.

We saw that people were well supported by a staff team who were knowledgeable about the needs of people and understood their individual needs. We observed that staff were kind and friendly and respectful of people's individual needs.

Summary of findings

Staff recruitment procedures were followed and pre-employment checks were carried out to ensure new staff were safe to work with vulnerable people.

We saw equipment was available throughout the service to ensure people with limited or no mobility had safe means of moving and transferring.

People, their relatives and staff we spoke with all felt there was enough staff available to meet people's needs in a timely manner.

We saw a wide and varied range of activities were on offer. People were encouraged to remain active and participate in activities of their choice.

Families and friends were welcome to visit the home. People were encouraged to maintain relationships important to them.

Regular meetings took place to monitor the service and this gave people the opportunity to voice their opinions and feel valued. There was a complaints procedure which was available for people and their relatives.

We looked at how medicines were managed and found the service had a policy and procedure in place for staff to follow. Only staff who had received training could administer medicines.

A variety of training courses were available for staff to complete and this included safeguarding, safe moving and handling of people, infection control and fire safety.

We saw regular supervisions and appraisals were taking place so staff could discuss any personal learning and development needs they had along with personal progress.

Mealtimes were a social occasion. People told us they enjoyed the food that was provided. We saw a choice of menu was available and the food looked appetising and nutritious

We saw some refurbishment had taken place at the service. We saw bedroom doors had been painted and changed to look like front doors to houses. Memory boxes had been fitted to walls at the side of people's bedroom doors.

The registered manager used effective systems to continually monitor and evaluate the quality of the service being provided. There were plans for on-going and continuous improvement.

Summary of findings

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 safe.

People told us they felt safe. Staff understood the need to ensure people were protected from risks of harm, abuse and unsafe care and treatment. People's needs were met in a timely manner.

The provider ensured pre-employment checks were carried out to ensure staff were suitable to work with vulnerable people.

Medicines were administered stored, administered and disposed of safely.

Good



Is the service effective?

The service was effective.

People were provided with a balanced and healthy diet, which met individual needs, choice and preferences.

Staff received the training they needed to meet people's needs. Staff understood and followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for their care.

People had access to health and social care professionals; staff followed any instructions and guidance as necessary.

Good



Is the service caring?

The service was caring.

People's privacy, dignity and individuality was promoted and respected by staff who were kind and caring.

Staff knew people and their needs well. Staff communicated, engaged and interacted with people in a positive way.

Good



Is the service responsive?

The service was responsive.

People were provided with a variety of activities and were supported to maintain contact with families and friends.

Care plans and associated documents were in place to assist staff to provide care to people, which staff followed.

There was a complaints policy and procedure in place and people knew how to complain.

Good



Is the service well-led?

The service was well-led.

The registered manager's arrangements ensured the continuous assessment and review of the quality and safety of the service being provided.

Good



Summary of findings

The registered manager and the staff understood their roles and responsibilities in relation to people and their care.

Staff felt supported and listened to by the registered manager and the management team. Staff understood their roles and responsibilities.

The Hawthorns

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 15 December 2015 and was unannounced. The inspection team consisted of an inspector 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 service.

Before this 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. We looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with nine people who lived at the service, four relatives, and seven members of staff and the registered manager. Throughout the day, we observed administration of medicines as well as care practices and general interactions between people and staff. As some people were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

We looked at documentation, including three people's care plans and supporting documents, such as, their health records, risk assessments and daily notes. We also looked at staff recruitment files and records relating to the management of the service. This included audits such as medicine administration, risk assessments, staff rotas and training records.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us they were certain they were safe. Another person said, “It took me a while to settle,” but felt, “much safer than at home.” A third person told us they had fallen a number of times before moving into the home and now felt much safer due to having staff available for assistance. All the relatives and visitors we spoke with told us the home was safe and the people living there were safe.

Staff we spoke with all confirmed they thought people were safe. They told us they worked together as a team to ensure people’s safety was maintained. Staff we spoke with understood their role in protecting people from potential harm. They told us about the training they had received in safeguarding and were able to tell us recognised signs of abuse and what they would do to protect people. A staff member told us they had received training in safeguarding people and whistle blowing procedures. They went on to tell us, they knew how to report any concerns as well as how to support and protect the person. Staff told us they felt confident in reporting any concerns of abuse with the registered manager or senior staff. They went on to tell us the registered manager took any concerns seriously and would report to relevant people.

We saw the local authority’s safeguarding procedure and contact details clearly displayed on noticeboards. Records we looked at confirmed staff had received training in safeguarding. The provider had a safeguarding policy and procedure available for staff to refer to. The registered manager had ensured any concerns or potential safeguarding allegations had been reported to the Care Quality Commission (CQC) and the local authority in a timely manner. We spoke with a social care professional who confirmed the registered manager kept them fully briefed and informed of any concerns and took action to minimise potential risks and reduce any further issues. This showed us the registered manager understood their role on reporting to the relevant agencies.

Some people moved around the home independently. We saw some people were able to walk with the aid of a walking frame and were free to move around the home and use the lift to access their rooms on the upper floors. One person, who did not need any support, told us the staff had suggested not using the stairs without assistance because

of the risk of falling on them. They went on to tell us they fully agreed with the staff and happily used the lift, as suggested. This showed us the staff understood the need or respecting people’s independence and mitigating risk.

We saw staff using specialist equipment to move and transfer people. This was done safely and people were communicated with throughout in a reassuring and calm manner. The registered manager had systems in place should someone fall and require assistance and treatment following a fall. The registered manager had taken advantage of a local charity that provided a falls prevention service as well as a response service should someone fall. This demonstrated to us the registered manager was aware of putting measures in place to benefit people’s health, safety and welfare

Records indicated equipment, such as fire extinguishers and emergency lighting were checked and serviced. We saw equipment was available to assist people with safe moving and transferring. Hoists, wheelchairs and walking aids were available for people as and when they were needed. Equipment used for the moving and transferring of people was checked by an external company and judged safe to be used. We saw the home was clean and well maintained. Maintenance and servicing records were kept up to date for the premises. Requests for repairs were kept in an accessible place and any maintenance undertaken was recorded.

The provider followed a thorough recruitment process to ensure the staff had the right skills and attitude to meet the needs of the people living at the home. The service undertook criminal records checks called Disclosure and Barring Service (DBS) checks prior to anyone commencing employment. This was carried out to ensure prospective care staff were suitable to work with vulnerable people. The provider also ensured suitable references were sought. We saw from staff records and staff confirmed they did not commence employment until all the necessary checks and documentation were in place.

People told us enough staff were on duty and available to meet their needs. During our inspection staff on duty had a visible presence in the lounges and ground floor areas. Any request by people for assistance and support was met in a timely manner. Staff told us there was enough staff on duty to meet the needs of the people in a timely and safe manner. The registered manager told us staff numbers were adjusted according to the needs of the people

Is the service safe?

receiving care. The registered manager monitored people's needs and used a dependency assessment to judge how many staff were needed based on the number of people in the home and their individual needs. Duty rotas confirmed enough staff were on duty to meet the needs of the people.

People's medicines were managed safely; people told us they received their medicines at the time when they needed them. People told us they received the correct medicines at the correct time. One person explained their medicines regime and said, "It works well and I get them at the correct time."

Information was in place that detailed how to support each person with their medicines. We observed staff giving people their medicines safely and in a way that met with recognised practice. Medicine was administered, stored and disposed of correctly and showed that current legislation and guidance was followed. Staff who administered medicines had advanced medicines training to ensure their practice was safe. This showed medicines management was taken seriously to ensure people received their medicines safely and as prescribed.

Is the service effective?

Our findings

People told us they thought the staff had the right skills needed to care for them and in the way they needed. People were very pleased with the care they received. One person told us, "I am very happy living here." They went on to say, "The staff are helpful and know what they are doing." Another person told us, "It's very good here." A relative told us their relative was well looked after and felt reassured by this.

Staff told us they completed training deemed as necessary by the provider and the local authority. A staff member told us how their training enabled them to support people effectively. A staff member told us they were given the opportunity to further develop their own learning and development. An example given was the opportunity to attend workshops to develop understanding and knowledge in dementia care and awareness. Staff we spoke with told us they had supervision and appraisal with their line manager and felt it was useful and gave them the opportunity for discussion and feedback. Staff records we looked at confirmed they had access to training and received support through support sessions, appraisals, and team meetings. The head of care told us they ensured staff not only attended training, but also checked their understanding through assessment and discussion. This meant the registered manager and management team ensured staff were supported to deliver effective care to meet people's needs.

People told us they had ready access to the GP and other health services. One person told us they had the support they required to attend a local hospital for regular check-ups and monitoring of their health condition. People we spoke with also told us they had access, as necessary, to an optician for eye care and check-ups. Some people told us they chose to wait for a visiting optician to call at the home, whereas others told us they were assisted to attend appointments at a preferred optician in the local town. Records we looked at confirmed people were visited by health care professionals in order for their health care needs to be met. We saw visiting professionals included district nurses, GP's, chiropodists and community psychiatric nurses.

We asked the registered manager and staff to tell us about their understanding of the Mental Capacity Act 2005 (MCA). The 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.

The manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications to the local DoLS team and was awaiting confirmation of when assessment was to take place.

There were policies and procedures in place for staff to follow in relation to the MCA. Staff we spoke with understood the requirements of the MCA and the importance of acting in people's best interests. One staff member told us, "People must always be assumed to have capacity unless assessment proves otherwise." They went on to tell us how they involved people in making choices, whether it was about what to eat or drink, to more complex decisions regarding treatment and care.

People told us the food was good; one person described it as "Quite adequate." Another person described themselves as a "Normal eater," and went on to tell us, "If you don't like something they will get you something else." A third person said they particularly enjoyed the variety at breakfast. A visiting relative told us they thought the food was "very good."

The registered manager informed us the lunchtime main meals were not prepared by the cooks at the home. We were informed the provider had contracted to an external company for all the main meals to ensure a nutritious and balanced menu which could easily be audited. The cook told us and we saw there was a wide range of meals available for people, as well as alternative the cook could prepare, should someone refuse or not like what was on the menu. The cook further explained and showed us the process of meals arriving at the home, to cooking and serving them. The cook was able to order meals specially prepared for people who had specific dietary requirements.

Is the service effective?

For example, suitable choices were available for people with diabetes. Food was also available in the correct consistency for people who required soft or fortified diets because of their health needs.

The majority of people chose to eat their lunch in the main dining room, although a small group of people chose to eat together in the conservatory, off the main lounge and where it was quieter. People were asked which meal option they preferred and were also offered alternatives if they did not like or want what was on the menu. The main course was followed by a choice of two desserts. People were also offered the choice of a cold or hot drink with their meal.

People told us they had plenty to drink during the day and did not go thirsty. One person said if they ever wanted

another drink there was never a problem. Mid-morning, people were offered a selection of fresh fruits and biscuits as a snack. This demonstrated people were supported to have sufficient food and drinks throughout the day.

We saw some refurbishment had taken place, specifically geared towards people who were living with dementia. All the bedroom doors had been adapted and decorated to resemble front doors. The doors had been painted to the colour choice of each person, with the intention of reminding people which door was theirs. There was also memory boxes fixed on the walls, at the side of each person's door. Again, this was a visual reminder for each person and gave staff the opportunity to involve the person and relevant family members in the development of the boxes. This showed an understanding of adapting the home to meet the needs of people living with dementia.

Is the service caring?

Our findings

People and their relatives were positive and complimentary of the care being provided by staff. One person told us, "I'm well looked after." Another person told us, "The carers are very kind," and went on to tell us, "They (staff) look after us very well."

As a faith based charity, there was a strong emphasis on Christian worship and values. There was a Chaplain at the home most days and they conducted a short morning service. People were free to attend or opt out of the services or any of the religious based activities as they pleased. For some people the religious element of the home was important and one person told us they enjoyed participating in morning prayers. Another person told us, they had regular visits from their own local vicar rather than attend prayers. Staff told us there was no expectation for people to participate in the religious activities and people confirmed this. Although a Christian based home, people had the opportunity to follow a faith of their choosing.

We noticed there were some handmade decorations hung on the Christmas tree. One person we spoke with explained to us the meaning of the decorations. They explained each decoration was a white bird and had the name of a person sown on them. Each bird represented people who had lived at the home and had passed away. The person told us this was important to them and gave them the opportunity to remember each person and mark their life. This simple gesture showed us how the staff were aware of giving people the opportunity to reflect and remember others.

During our inspection we observed positive and friendly interactions between people, their relatives and the staff. It was evident staff knew the residents well. On the morning of our inspection, we saw and heard an activity being led by the activity coordinator and the Chaplain. We saw

people were included in conversation and discussions of importance and relevance to them. For example, we heard discussions about people's previous occupations, where people had lived and mutual acquaintances. One member of staff told us how they had built up relationships with the people living at the home. They went on to tell us, "I feel privileged to work here." It was clear the staff had taken time and effort to find out about people's lives and experiences.

People and their relatives told us there were no restrictions on when they could visit the home. This was confirmed as we saw people's relatives and friends visiting without prior notice or appointment. We saw and heard visitors welcomed into the home. Relatives told us the staff were kind and caring and they always felt welcome to visit.

Staff were gentle and caring in their approach. Staff ensured people were comfortable and took time to tell people what was happening when assisting people, for example, with moving and transferring. We saw staff discretely observe people and should anyone require assistance, staff were quickly available and on hand. This showed the staff had an understanding of the need to promote people's independence whilst balancing risk.

People's privacy was respected and people had space to be able to spend time alone with relatives. We spoke with staff who were able to give us examples of how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, one care worker told us about how they ensured people's privacy was maintained during personal care. The registered manager told us they were currently working towards their Derbyshire Dignity Award and hoped to submit the application in the near future. This showed us the registered manager and the staff acknowledged the importance of being aware of promoting people's dignity.

Is the service responsive?

Our findings

The service was responsive to the needs of people. People received care and support that was personalised and met individual needs. People told us the staff were helpful. One person told us, “The staff are very good; they will do anything I ask.” Another person told us, “The staff are always helpful and friendly.”

People told us there were regular ‘residents’ meetings’ where they were given the opportunity to raise any issues or concerns they had. We saw dates for meetings were displayed on the notice board in advance. One person told us they chose not to attend but said if they had anything to discuss they would do so direct with the registered manager. Another person told us they always went to the meetings as, “Everything is up for discussion.” We saw there was a large amount of information was available for people and visitors in the entrance area and on noticeboards. There was information in relation to complaints, local safeguarding procedures and information for people living at the home. We saw that ‘residents’ meetings’ were advertised and took place.

The home employs an activity coordinator who worked five days a week and provided a range of group and individual activities. During the morning the majority of the people chose to sit in one of the two lounges. The smaller lounge was quieter with a number of people choosing to keep themselves busy, reading the newspaper or chatting to friends. In the larger lounge people had chosen to participate in the activities. The activity coordinator was very aware of involving all the participants in the discussions. This showed us the staff ensured people felt included and valued.

Residents also told us about the activities on offer. Some people said they liked to read and had access to books and papers. Some people told us they liked to watch television and said they were able to watch in the lounge or in their bedrooms. One person told us they used a sewing machine and showed us the bunting in the conservatory which they had made. In the afternoon of our inspection, we saw birthday celebrations took place. Everyone was given the option of joining in with the celebrations, singing ‘Happy Birthday’ and sharing the birthday cake. This showed us people were offered varied and meaningful activities.

People we spoke with were confident, if they had any concerns they would speak with the registered manager direct or to the chaplain. One person told us, “It is nice here; I don’t have any complaints at all.” Another person told us they knew how and who to complain to and went on to tell us, “I will speak up if I’m unhappy; but I’m happy.” Relatives we spoke with told us they were all happy with the care their family members received. It was clear people knew who the registered manager was and a number of people mentioned her by name. We spoke with the registered manager who told us when any formal or written complaints were received they ensured they were investigated and responded to promptly. We saw there was a complaints record in place which contained details of any complaints, along with any actions taken and dates of response. This showed us the registered manager took complaints seriously.

We saw a pre-assessment of people’s needs was conducted before they moved into the home. This was to identify whether the needs of the person could be met by the staff. People’s care plans and associated documents were personalised and reflected each individual’s needs. We saw each person’s care plan covered such areas as, eating and drinking, weight, mobility and personal handling risk assessment. We also saw for those people on specific medicines, there was an information sheet with specialist guidance. Care plans were reviewed on a regular basis and were adapted and re-written when any changes were identified in the person’s needs or condition. This showed us the care plans were person centred and contained lots of relevant information to help staff meet people’s needs.

One person told us, “Staff and managers are good; they listen to us and want to make sure we’re happy.” They went on to say, “We couldn’t be better looked after.” Staff we spoke with were familiar with the needs of the people receiving care at the home. Staff knew people’s care needs and what was significant and important to them in their lives. Staff told us they kept up to date with people’s changing needs and preferences by working as a team. Staff recognised each person as individuals and aimed to offer personalised care, reflective of personal need.

Is the service well-led?

Our findings

People told us they thought the home was well managed. One person told us the registered manager, “Listens to us and makes any changes to help and benefit us.” A social care professional told us the registered manager was a good manager. The professional told us the registered manager had good systems in place to ensure relevant professionals were kept informed of any changes to people’s needs.

Staff told us they felt fully supported by the registered manager. All the staff we spoke with told us the management team worked well together to ensure the home ran smoothly. One staff member told us the registered manager was, “Supportive and approachable.” Another staff member told us the management team were, “Very approachable and very supportive.” They went on to say, “We have a good team and we all work well together.”

Staff clearly understood their roles and responsibilities in relation to people and their care. For example, staff understood how to raise concerns both with the registered manager, the provider and with external bodies such as the local authority and the Care Quality Commission. Staff knew how to communicate any changes in people’s needs. This included, reporting any accidents, incidents or changes to people’s health. A social care professional confirmed they were kept informed of changes to people’s needs and accidents and incidents were reported to them. The registered manager ensured analysis of accidents took place for learning and identification of any trends. If they needed to, staff knew how to raise serious concerns about people’s care and understood the need to protect their rights.

We saw people were listened to and asked for their opinions regarding the quality of the service and care they received. Satisfaction surveys and questionnaires for families and friends had been completed. We saw feedback received from people and it had been acted on. An example we saw was, ‘we don’t like minestrone soup’ and

the response was, ‘taken off the menu and replaced with leek and potato’. This showed us the registered manager was aware of the need to listen to the people, take on-board their suggestions and inform people of the outcome.

We spoke with the registered manager about how they assessed, monitored, evaluated and improved the care being provided. We were shown a variety of documents which detailed how the registered manager assessed and monitored the quality of the service and care being delivered. The audits we looked at included medicines monitoring, care plans and complaints. The audits gave the registered manager the opportunity to identify and address any areas for change or improvement. We saw any identified issues were then actioned. An example we saw was the storage of wheelchairs and moving and handling equipment. The registered manager had identified staff needed to ensure this was done in the correct areas and not blocking fire exits. We saw signs were on display to remind staff not to block exits. We saw a weekly walk round check was carried out by the maintenance staff to ensure any potential environmental risks and hazards were identified and rectified. This demonstrated to us the registered manager understood the need and importance of continuous improvement and monitoring of the services being provided.

There were clear arrangements in place for the day-to-day running and management of the home. The registered manager told us they felt supported by a head of care, a group of team leaders and care staff and felt this was supportive network of people working which enabled them to provide a good service to the people. The registered manager also told us they felt supported by their line manager and the provider. We saw there was a plan of continuous improvement and the registered manager told us their aim was to continue providing people with a high standard of service and care. This showed the registered manager to be committed to continually improve the service being provided.