Hamberley Care 1 Limited

Hawthorn Green Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Hawthorn Green is a residential care home providing personal and nursing care to 60 people aged 65 and over at the time of the inspection. The service can support up to 90 people.

The care home accommodates 90 people across three separate floors that each consist of two units. The units have separate adapted facilities. At the time of our inspection, the ground floor was closed due to refurbishment and people had therefore been moved to the first and second floor of the building.

People's experience of using this service and what we found

The provider was not managing people's medicines safely. There were numerous issues with record-keeping that created a risk to people using the service. The provider was not always assessing the risks to people's health and safety and appropriately mitigating these. The provider had not assessed night- time staffing numbers to ensure they had enough staff in place to meet people's needs. Audits were conducted into the quality of care, but these did not fully identify the issues we found.

The provider conducted appropriate pre- employment checks before staff started work. Appropriate investigations were conducted into accidents and incidents and lessons were learned as a result of these. The provider had appropriate safeguarding procedures in place and staff were aware of their responsibilities to safeguard people from abuse.

People and staff gave positive feedback about the service and told us improvements were being made. The provider was open and honest about their performance and improvements that were required. The management team and care workers understood their responsibilities. People and staff were engaged by the provider to give feedback through meetings. The provider worked closely with multi- disciplinary professionals to deliver care.

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

Rating at last inspection (and update) The last rating for this service was requires improvement (published 20 February 2019). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

This service has been rated requires improvement for the last seven consecutive inspections.

Why we inspected
We received concerns in relation to the management of medicines and the care for people at risk of pressure ulcers and at risk of falling. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service is Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well- led sections of this full report.

We have made a recommendation about staffing numbers.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hawthorn Green on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to Safe Care and Treatment and Good Governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Hawthorn Green Residential and Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was conducted by one inspector, a Pharmacist, a specialist advisor who was a nurse specialising in the care of older people, 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.

Service and service type
Hawthorn Green is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We sought feedback from the local authority in relation to concerns they had identified. We conducted on-going monitoring of all information received. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-
We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with twelve members of staff including four care workers, four unit leads, a member of the housekeeping team and the Hotel Services Manager.

We reviewed a range of records. This included twelve people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records. We contacted a member of the local authority in relation to their dealings with the provider.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider was not safely managing people's medicines. We found numerous examples of inconsistent or incorrect record keeping. We found Medicines Administration Record charts (MARs) had hand annotated notes or changes of directions recorded without corresponding information relating to which staff member had made the change. This meant the accuracy of the hand recorded information could not be verified.
- Controlled drugs were not always managed appropriately. Controlled drugs registers in some areas were not filled in correctly with nurses entering the obtained amounts from the pharmacy in the 'administered to' resident's sections, which made records confusing. Covert medicines included inconsistences in paperwork and a lack of documented reviews. Therefore, there was a lack of recorded information about whether administering medicine covertly remained appropriate.
- People's PRN (or 'as required') medicines were not always managed appropriately. Signed PRN protocols were not always in place and neither were protocols that matched the MAR chart instructions. This meant there was a lack of written instructions for care staff in how they were supposed to manage these medicines. The PRN medicines that were administered were not always recorded properly. There was sometimes a lack of recording on the back of MAR charts about the reason for administration and effectiveness.
- The records of people's blood sugars we looked at had no recorded targets or clear plans of action related to agreed targets as to what interventions should be taken. This created a risk that people's conditions could have been managed inappropriately. We observed staff to have a tray with more than one person's insulin with them on the trolley when administering medicine. This increased the risk of an administration error occurring.
- There were no risk assessments in place for emollient creams and other high- risk drugs such as opiates. We found one person who smoked was using an emollient cream without any consideration to the fire risk this posed. We spoke to staff about this and the person consented to staff members taking care of their cream.
- Medicines were not always disposed of correctly. We found controlled drugs were destroyed on site, without the requisite T28 exemption form, from the Environment Agency in place to demonstrate authorisation for this activity.
- The quality of auditing varied. The provider conducted both weekly and monthly audits. On one unit we found we found the auditing had identified issues and there were clear recorded actions for making the required improvements. On the other units, we found audits had not identified the issues.

Although we found no evidence that people had been harmed, the lack of records and examples of poor practise created a risk to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care act 2008, Regulated Activities Regulations 2014.

Assessing risk, safety monitoring and management

● The provider was not always assessing the risk to people's health and safety and taking appropriate action to mitigate these. We found pressure ulcer care plans did not always include sufficient information about people's repositioning needs. We found one person was being repositioned onto their back despite having a pressure sore on their sacrum. There was sometimes no recorded information about whether people were supposed to be repositioned and if so how often. People who needed to be repositioned were supposed to have this recorded, but there were sometimes gaps in repositioning records. It was therefore not always possible to determine how often some people had been repositioned, if they had been repositioned at all.

● There were no urinary tract infection (UTI) care plans or risk assessments in place for people who had experienced UTIs in the past to determine the risk of this reoccurring. We identified that people's risk of UTIs were discussed within a recent team meeting and care staff had good knowledge about what they were supposed to do to mitigate the risk of these.

Although we found no evidence that people had been harmed, the lack of consistent risk assessments and consequent action taken to mitigate risks created a risk to people's health and safety. This was a breach of regulation 12 of the health and social care act 2008, regulated activities regulations 2014.

● We found equipment was checked and care workers had a good understanding about how to operate equipment needed for people's moving and handling needs.

Staffing and recruitment

● The provider did not always ensure enough staff were available to meet people's needs. We received complaints from two people and two members of staff about the staffing numbers during the night shift. One person told us staffing was, "Too short, at night. One coming sometimes two, varies at night" and another person said, "Sometimes they could do with more." Staff told us that "Generally we are short at night. It's difficult. The nurse and the carers will be running up and down" and "There is always staffing issues on my shift. Sometimes we come in, and we have to go round looking to see if other units have excess staff, so we can take them to my unit."

● We reviewed the staffing numbers for the home and found that during the night shift there were three care workers and one nurse available to cover two units, which was approximately 30 people. We asked the provider whether they had any dependency data to demonstrate this was a suitable number of staff, but they had not yet developed one. The provider was clear that on the basis of their night-time observations, they felt they had enough staff working.

We recommend the provider consider current guidance on staffing levels at night and use of dependency tools and take action to update their practice accordingly.

● The provider ensured appropriate pre-employment checks were conducted prior to staff working at the service. We reviewed seven staff files and saw they included evidence of a full employment history, two references from recent employers, proof of their right to work in the UK and criminal record checks.

Learning lessons when things go wrong

● The provider learned lessons when things went wrong. We saw records were kept of accidents and incidents as well as complaints. Investigations were conducted into the causes of these and there was a record of further actions taken.

● Accidents and incidents were also reviewed on a monthly basis to identify any lessons learned as a result or whether there were any trends across the home that needed to be rectified.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe using the service. Care workers had a good understanding of their responsibilities to safeguard people from abuse. They understood the different types of abuse and gave us examples of possible signs of abuse. One care worker told us, "If you see anything that could be abuse, even if it's probably nothing, report this to the manager. It is our duty to report anything that worries us."

● The provider had a clear safeguarding and whistleblowing policy and procedure in place. This stipulated staff responsibilities as well as the procedure to follow if there were concerns.

Preventing and controlling infection

● The provider ensured the home was tidy and maintained a good level of hygiene. We observed the home environment was clean and free of clutter. Care workers were using personal protective equipment such as gloves and aprons throughout our inspection. We saw the home had a separate sluice in use for the disposal of waste items.

● The provider employed a housekeeping team and they took primary responsibility for maintaining hygiene within the home. We spoke with a member of the housekeeping team and they had a good understanding of their responsibilities. The provider conducted infection control audits to ensure the standard of cleanliness was maintained and issues were managed. We saw these did not identify any concerns about cleanliness within the home.

Requires Improvement

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider conducted various audits to assess and improve the quality of the service, but these did not fully identify the issues we found. The provider conducted audits such as a fire safety audit, a housekeeping audit and care plan quality audit among others. There was an overall action plan in place, but this did not include the specific issues we found, for example in relation to the management of medicines.
- The provider had taken some action to improve the safety of medicines administration, however, this did not cover the full scale of the issues we found. The provider had implemented a peer review system, which involved members of the staff team checking their colleague's records after they had administered a round of medicines. The provider told us that it was taking time for these practices to fully embed.

The above issues constitute a breach of regulation 17 of the health and social care act 2008, regulated activities regulations 2014.

- Following our inspection, the provider sent details of how they were taking some immediate action in respect of some of the issues that had been identified in relation to medicines management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- People's relatives and care workers gave positive feedback about the management of the service. People's comments included, "They [the managers] are very good, very helpful" and "The manager comes and talks [to us]."
- Members of staff gave detailed feedback about the service and told us that whilst they had experienced issues in the past, they felt improvements had been made and were continuing to be made. Their comments included, "The manager does appreciate us and encourages us. When people appreciate what you're doing, it is encouraging" and "Things have improved and that is what we want. I'm quite happy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour responsibilities and were open in their communications with external professionals and organisations.
- The provider understood their responsibility to send notifications of significant events to the CQC and ensured this was done. They sent regular and timely updates in relation to issues that had been reported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● We spoke with the Quality Service Manager and Director of Clinical Excellence during our inspection and found they were open and transparent about the challenges they had faced and continued to face within the service. They understood their regulatory responsibilities and had an awareness of what they needed to achieve. The provider was working with the local authority, the pharmacist and the CGG to secure improvements to medicines management within the home. They had demonstrated a commitment to make improvements in the areas of concern that had been identified.

● Care workers had a good understanding of their responsibilities towards the people they cared for. They told us the requirements of their roles were made clear to them when they applied for their jobs and their experience of working at the service had matched their expectations. We reviewed the provider's job descriptions and found these aligned with care workers understanding of their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and staff confirmed they were asked for their feedback and this was acted on. One person told us "On occasions they come and ask about me and how I am doing, they are very friendly and I have no complaints." One care worker told us "They ask us for our feedback. They ask us how they can make improvements."

● The provider conducted regular staff meetings to engage staff members. Unit meetings took place on a quarterly basis and general staff meetings took place every six months among others, including management and senior management meetings. Care workers told us they found these meetings useful. One care worker told us "we give feedback during meetings. Or [the registered manager] has said we can go straight to her office if we have any issues."

Working in partnership with others

● The provider worked in partnership with other organisations. People's care records contained communications from multi- disciplinary professionals such as the GP and Speech and Language Therapists which demonstrated a joint working approach. We communicated with the local authority and they confirmed they were working effectively with the provider in respect of issues they had reported to us.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always effectively operate systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (1) and (2) (b).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always assess the risks to the health and safety of service users of receiving care and do all that is reasonably practicable to mitigate any such risks. The provider was not always managing people's medicines safely. Regulation 12 (2) (a), (b) (g).

The enforcement action we took:

A warning notice has been issued in regulation 12.