

HC-One Beamish Limited

Hawthorn Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Hawthorn Court is a care home providing personal and nursing care to 60 people aged 65 and over, including people who live with dementia, at the time of the inspection. The service can support up to 62 people.

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

The home was comfortable, well-decorated and clean. The environment was designed to meet the needs of people who may live with dementia. People were cared for by staff who were kind and compassionate. The atmosphere within the home was friendly and welcoming.

People were safe with staff support and staff were caring and approachable. Risks to people's safety including any environmental risks were well-managed. Appropriate checks were carried out before staff began work with people. People received suitable support to take their prescribed medicines. Staff were aware of their responsibility to share any concerns about safeguarding and the care provided.

People's privacy and dignity were respected. Staff received training and support to help them carry out their role. Staff knew the people they were supporting very well. Records reflected people's needs but more detail was required to ensure all people received person-centred care.

Some improvements were required to people's dining experience and to keep people, including people who lived with dementia, involved in decision making about their food. There were opportunities for people to follow their interests and hobbies. They were supported to be part of the local community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Regular audits and checks were carried out. There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns. People and staff were positive about the management of the service and felt valued and respected.

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

Rating at last inspection

The last rating for this service was good (published 28 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hawthorn Court

Detailed findings

Background to this 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 carried out by one 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 care service.

Service and service type

Hawthorn Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and 10 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, three senior support workers, six

support workers, the activities co-ordinator, the kitchen assistant and two visiting professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and four medicines records. We looked at three 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 training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks were assessed to ensure people were safe and staff took action to reduce the chances of them occurring. One relative told us, "At home [Name] was always falling and no one was there. Now I know if they fall, there are staff to help."
- Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge. A relative said, "Staff are very well-trained. [Name] can get upset and they have found out what triggers it and I now feel comfortable and confident that staff can safely deal with it."
- The building was well-maintained. Regular checks took place to ensure people were kept safe. An up-to-date fire risk assessment was not available, the registered manager said this would be addressed by head office immediately. People's personal evacuation plan [PEEPs] were in place, but they needed more regular evaluation to ensure they accurately reflect people's needs if the building needed to be evacuated.

Staffing and recruitment

- There were enough staff to provide safe support. The registered manager monitored staffing levels to ensure this.
- People said there were enough staff. One person commented, "I think there are plenty of staff, although they are always on the go" and "There are enough staff, they come straight away if you need assistance."
- The provider had adequate checks in place to make sure staff were safely recruited.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about what to do to report any concerns about abuse.
- People and relatives said people were kept safe at the home. One person said, "I do feel safe here. There are plenty of people and staff in the lounge" and "Staff come and check me at night when I'm in bed."

Using medicines safely

- Medicines were managed safely. One person commented, "I get my tablets on time, usually at meal time."
- Where people were prescribed medicines 'when required' this was supported by a separate protocol for staff to follow.
- Systems were in place for the ordering, storage, administration and disposal of medicines.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

Preventing and controlling infection

- The premises were clean and there was a good standard of hygiene.
- Staff received training in infection control to make them aware of best practice, as they supported people.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care and treatment was provided in line with law and guidance.
- People, or those appointed, were involved in decisions about people's care. DoLS had been appropriately applied for, and care plans contained evidence of MCA assessments and best interests' decisions where needed.

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

- People's needs were assessed prior to using the service and reviewed on an ongoing basis. These assessments followed good practice.
- Assessments included information about people's medical conditions, oral health, dietary requirements and other aspects of their daily lives.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional health was assessed and supported to ensure they were eating and drinking enough. There was a range of food available. One person told us, "The food is alright, I didn't want cereal this morning, so I had scrambled eggs on toast instead."
- Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake. A relative told us, "[Name] is on a soft food diet now but their weight is stable."
- Some improvements were required to people's dining experience and to keep people, including people who lived with dementia, involved in decision making about their food. Menus were not available in an accessible format to remind people what they had ordered. People were verbally informed what was

available, but they were not shown two plates of food to help them make a choice, by sight or smell, if they no longer understood the spoken word. One person commented, "You don't always know what you are having to eat until you sit down at the table." In the top floor dining room staff were busy so they did not have time to encourage people to eat their meal whilst it was hot or have an accurate overview of people's food consumption. The registered manager told us this would be addressed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans were in place to promote and support people's health and well-being.
- Access to regular health services, such as GPs, mental health, chiropody and dentists was well-documented. A relative told us, "Staff arrange any appointments and organise the chiropodist."
- Where people required support from other healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services. A visiting professional commented, "People are well-cared for. Staff keep us informed and follow our advice."

Staff support: induction, training, skills and experience

- Staff received training including any specialist training to ensure people were supported safely and their needs were met. A visiting professional commented, "The management are very good at getting training for staff." A person said, "I think staff are well-trained. I fell and broke my hip and staff knew how to pick me up comfortably, get the nurse and organise an ambulance straight away."
- Staff completed an induction programme at the start of their employment, that included the Care Certificate. New staff shadowed experienced staff until they, and management were satisfied they were competent.
- Staff received supervision and appraisal and had opportunities for personal development and career progression. A staff member said, "There are opportunities for personal development."

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

- The building was light and airy. The premises were well-adapted for the needs, comfort and convenience of people living there. They were well-designed and contained information to assist people who lived with dementia. This included appropriate signage to help people move around the building.
- People were supported to personalise their own rooms to ensure they reflected their personal tastes.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were offered choices and were listened to. Staff looked at people when they spoke with them and made sure people had the time they needed to communicate. One person told us, "I can please myself. I like to go to my room after tea" and "I could go out on the bus trips, but I don't want to."
- Some improvements were needed to people's care records to ensure information was available so staff could involve them in all aspects of decision making in their daily lives. Guidance was available in people's care plans which documented how they communicated and about their level of understanding to help them be involved. However, more detail was required where people did not communicate verbally, including when they were in pain and any use of facial and body language, where people communicated this way.
- People and their families were informed and involved in their family member's care. One relative told us, "Staff ring me if there is anything wrong and [Name] comes on the telephone to assure us. I deal with [Name]'s care plans and we've just had a meeting."

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

- Staff demonstrated a good knowledge of people's preferences and interests. Records contained some information about people's likes/dislikes and previous interests. More detailed information would ensure people received person-centred care, especially when they were no longer able to tell staff themselves.
- People and their relatives were all positive about the care provided. Throughout the inspection we saw staff spending time with people. We heard laughter between staff and people and saw respectful interactions. One person told us, "Staff are so kind." A relative said, "I'm very happy with the care, the staff are very caring and attentive."
- Staff interactions with people were kindly, encouraging and appropriate. We observed if people became distressed, staff responded immediately and knew how to support them to reduce their anxiety. A relative told us, "If [Name] is unsettled staff take [Name] to their room to console them."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of people maintaining their independence and the benefits it had for their well-being. A person said, "The care is good, I do what I can. I brush my teeth and get some help to have a shower."
- Staff respected people's privacy and dignity. They respected people's personal space and were observed knocking on people's bedroom door before entering. One person told us, "Staff care for me as an individual. When I have a bath, they always respect my dignity."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had assessments, which covered all aspects of their physical, emotional, psychological and social needs. Records showed where some people may refuse personal care, however, risk assessments and care plans, were not in place to provide guidance to staff where people may refuse this care.
- Staff, who knew people well, delivered care. A person told us, "The care is good, staff help me get dressed. I get my hair done on Thursday and look my nails have been done." Care plans contained information to help ensure people's needs were met. We discussed that information could be more detailed in people's social care plans, including previous interests and hobbies, to ensure they were supported to engage in activities which were of interest to them.
- People's needs were reviewed on a regular basis and any changes were recorded. Staff handover meetings provided staff with information about people's changing needs and how to meet them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities along with entertainment and external trips. An enthusiastic activities person provided activities in the home. They told us, "I plan to take some people swimming. We do armchair exercises every day, we do sing-a-longs, arts and crafts and bingo. We went out yesterday on the bus and I've booked an Elvis act today, as it's [Name]'s birthday and they love Elvis." A person told us, "I like the bingo and the music and stroking the dog that visits."
- There was a lively atmosphere in the home and staff spent time with people throughout the day. One person told us, "The atmosphere is just fine. You mix with people, lots of people around you and you can have a conversation."
- Links with the community were developed and people had the opportunity to go out on bus trips and to the shops and pub. One relative said, "They go out on the bus each week, last time they went to the coast." Children also visited and spent time with people as part of an intergenerational project.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible information standard. Information could be made available in a different format dependent upon people's needs.
- Staff understood how people communicated. Some information was available in people's care records

about how they communicated.

End-of-life care and support

- The home worked closely with other healthcare professionals to ensure that people were provided with the best end-of-life care possible whilst respecting the choices made by or on behalf of people to ensure a comfortable, dignified and pain free death.
- Advanced care planning took place with people and or their representative to find out their wishes of how they wished to be supported at this time.
- The home planned to follow the Gold Standards Framework for end-of-life care and a staff member had signed up to the framework training.

Improving care quality in response to complaints or concerns

- A complaints procedure was available and people were asked at meetings if they had any concerns or complaints.
- A record of complaints was maintained. People told us they could talk to staff if they were worried and raise any concerns. One person told us, "I have no complaints."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was effectively managing the home ensuring its day-to-day running. A person told us, "The manager has an open-door policy, we can leave a message if they're not in. They roll up their sleeves and help when needed."
- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. Information collected from comments, compliments and complaints also contributed to quality assurance. A relative told us, "I completed a questionnaire and was thanked for my feedback."

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 registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities, including CQC, if required
- The registered manager understood the duty of candour responsibility. This is about being open and transparent when things go wrong.

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

- Systems were in place to promote a person-centred culture where people were at the heart of the service. We discussed improvements to the level of detail in people's care records to ensure new staff had the information to provide the same level of person-centred care as longer standing staff members.
- Arrangements were in place to ensure people were involved in care planning, assessment and decision making in their lives. People received care in a caring and nurturing environment.

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

- People, relatives and staff told us communication was effective to ensure people received care that met their needs and to involve them in the running of the home. One person said, "I've been to a couple of resident meetings and we discussed food and any problems." A relative told us, "There are meetings, coffee mornings and newsletters."
- Staff and people said they were supported. They were positive about the management team and all said

the management team were approachable and they were listened to. One relative said, "The registered manager is definitely approachable.

- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions. Staff told us they were listened to and they were supported. Staff said the manager was "approachable."

Continuous learning and improving care; Working in partnership with others

- There was an ethos of continual improvement and keeping up to date with best-practice in the service. Staff were appointed as champions to research and promote best practice in areas of care.

- Records and visiting professional's feedback confirmed staff communicated effectively with a range of health and social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.