The Hawthorns Lodge Limited

Hawthorns Lodge Limited

Inspection report

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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

The inspection took place on 12 March 2018. The inspection was unannounced.

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.

Hawthorn Lodge 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. Hawthorn Lodge provides personal care for up to 20 older people and people living with dementia type illnesses. At the time of our inspection there were 19 people living at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the 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.

The atmosphere of the service was homely, warm and welcoming. People who used the service were relaxed in their own home environment.

People were supported to have choice and control from being supported by person centred approaches. Person centred care is when the person is central to their support and their preferences are respected.

People were always respected by staff and treated with kindness. We saw staff being discrete and considerate.

People's support plans were person centred. They included details of peoples care needs and a 'one page profile' that described their individual support needs. These were regularly reviewed.

Support plans contained risk assessments that were individualised. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. This supported people do the things they wanted to live their lives fully.

The support plans we viewed also showed us that people's health was monitored and referrals were made to other health support professionals where necessary, for example; the falls team or community nurse.

Staff understood safeguarding issues and procedures were in place to minimise the risk of abuse occurring. Where concerns had been raised we saw they had been referred to the relevant safeguarding department for

investigation. Robust recruitment processes were in place.

Staff understood the importance of equality, diversity and protecting peoples' rights.

Information was provided in accessible formats and access to advocacy services was available.

People were supported to have maximum choice and control of their lives and we saw staff supporting them in the least restrictive way possible; the policies and systems in place supported this practice.

Where people lacked the mental capacity to make decisions about aspects of their care, staff were guided by the principles of the Mental Capacity Act 2005 (MCA) to make decisions in the person's best interest. For those people that did not always have capacity, mental capacity assessments and best interest decisions had been completed for them. Records of best interest decisions showed involvement from people's family and staff.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs.

People were supported to maintain their independence on a daily basis.

Support staff told us they felt supported to carry out their role and to develop further and that the registered manager led by example. They were supportive and always approachable.

When we looked at the staff training records, they showed us staff were supported and able to maintain and develop their skills through training. Development opportunities were available. People were supported by enough staff to meet their needs.

Medicines were stored, managed and administered safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicines and how this was monitored.

We found an effective quality assurance survey took place regularly when we looked at the results. The service delivered had been regularly reviewed through a varied range of internal audits.

We found people who used the service and their representatives were regularly asked for their views about the support and service they received.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains Good.	**Good**
Is the service effective? This service remains Good.	**Good**
Is the service caring? This service remains Good.	**Good**
Is the service responsive? This service remains Good.	**Good**
Is the service well-led? This service remains Good.	**Good**

Hawthorns Lodge Limited

Detailed findings

Background to this inspection

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

This inspection took place on 12 March 2018 and was unannounced. This meant the provider was not expecting us. The inspection team consisted of one adult social care inspector.

At the inspection we spoke with four people who used the service, four relatives, the registered manager, four care staff, quality manager and the activity co-ordinator, and a visiting healthcare professional (GP).

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send CQC within required timescales.

Prior to the inspection we contacted the local authority, who commission the service and the local Healthwatch who is the local consumer champion for health and social support services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how staff interacted with people who used the service and with each other. We spent time observing the care delivered at the service to see whether people had positive experiences. This included looking at the support that was given by the staff, and observing practices and interactions between staff and people who used the service.

We also reviewed records including, three staff recruitment files, four medicine records, safety certificates, four support plans and records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at Hawthorn Lodge. One person told us, "Yes I am safe here, I also feel safe in my room, it's my place."

We also spoke with peoples' relatives and asked them if they thought the service was safe and everyone we spoke with felt that the service was. One relative told us, "Yes [name] was at risk of falling at home, there were too many hazards. Now they have no falls, they have all the safety equipment they need and people on hand to help them with their mobility. The risks are gone now."

People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. These included; taking medicines, personal care and protecting people from risks such as, falls or choking.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One member of staff told us, "We are trained to look for changes and I would look for signs of bruising or a change in mood and then report it."

We saw there were enough staff on duty to support people. Rotas confirmed that there was a consistent staff team and a low turnover of staff. When we spoke with people and their relatives they told us they were satisfied there was enough staff available to support them. One relative told us, "There are always around, plenty of them, no concerns there."

We looked at three staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE).

People's medicines records contained their photograph and allergy information. Medicines administration records were completed when medicines were administered to people and we found they had been completed correctly. Staff had received training and their ability to administer medicines was assessed regularly.

There were systems in place for continually monitoring the safety of the home. These included recorded

checks in relation to the fire alarm system, hot water system and appliances.

The service had contingency plans in place that were being updated at the time of our inspection. They were there to give staff guidance of what to do in emergency situations such as a power cut or extreme weather conditions.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. Accidents and incidents were reflected at team meetings to discuss how to avoid them happening again and we saw this in the minutes of the meeting. This team approach helped to ensure that any emerging patterns of accidents and incidents could be identified and action taken to reduce any identified risks and prevent reoccurrence wherever possible.

People told us they felt satisfied with the cleanliness of the home and their bedrooms. Staff were trained in infection control. They had access to personal protective equipment for carrying out personal care and we observed them using it when administering medicines and when supporting people at meal times.

Good

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. People we spoke with were positive about the staff, their skills and their training. They told us, "No concerns there, the staff all know what they are doing."

People were supported by trained staff and we saw a list of the range of training opportunities taken up by the staff team which related to people's needs. Each staff member had their own training list that the registered manager monitored. Courses included; Dementia awareness and Diabetes awareness, these were in addition to mandatory courses; equality and diversity, first aid, health and safety, dignity, infection control, moving and handling, and respect and safeguarding.

Supervisions and appraisal took place with staff regularly to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development.

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know the people who used the service before working with them.

The service worked in partnership with healthcare professionals and people were supported to access these services. We spoke with a visiting GP who regularly visited the service and they told us, "There is a good cohort of staff here that know the people really well. Staffing never seems to be an issue here, there is always someone on hand."

People were supported to make choices and this was observed during the inspection when watching staff interact with people. We saw people choose what they wanted to eat for their lunch. The staff showed people the food options so they could make a choice first from the picture menu and then from the food when it arrived, by showing both options on a plate. One person we spoke with told us, "The food is good, no complaints there."

Peoples nutrition and hydration needs were met, people who were at risk of becoming underweight or people who needed foods fortifying with extra calories were supported as were other special diets, including; diabetics or food allergies and people who needed food to be soft or pureed.

People who used the service who were living with dementia were able to navigate around the building making use of the adapted environment. We observed that the hall ways were specifically adapted and designed to meet people's needs. Handrails which stood out visually, toilet seats were coloured as was dining wear. People's bedroom doors had the person's name on and some photos to aid identification.

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 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 MCA. The procedures for this in care homes and hospitals are 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 were being met. Clear records of people who were subject to DoLS were kept, which contained evidence of the involvement of external professionals and people's families. This meant people's rights to make particular decisions had been upheld.

Consent to care and treatment records were signed by people where they were able.

Good

Is the service caring?

Our findings

People were supported by caring staff and during our inspection we observed kind and considerate interactions between staff and the people who used the service. People who used the service shared their positive experience of the care they received. One person told us, "The staff are all nice to me they make me comfortable." Another told us, "They all work really hard to make us happy."

People's privacy and dignity was respected by staff who were discreet and knocked on people's doors before entering. We observed this when medicines were being administered and at meal times. Personal interactions took place privately to respect people's dignity and maintain their confidentiality. The home had signed up to a dignity challenge and people had a picture of a heart on their bedroom doors called the 'dignity reminder'.

Peoples' relatives were complimentary about the staff and especially their caring attitudes and told us, "The staff are all great, they are so patient and that is really good for [name] and they can have a laugh." And another told us, "The main thing for us is that [Name] is happy here, more content, the staff have all been lovely."

Independence was promoted and we observed staff offering support to people while carrying out moving and handling techniques and encouraging people to be independent. One relative we spoke with told us how their relative had improved their independence since moving to the home and was now walking more independently using a walking frame and no longer using their wheelchair.

People were supported to follow their chosen religion and were supported to practice if they wished. One member of staff we spoke with told us, "We support people with a variety of religions. Church of England, Jehovah Witness and Roman Catholic's and we respect their differences. If they want to visit we can take people or make arrangements for people to come into the home, whatever people prefer."

People were supported to maintain important relationships within the home and outside. We saw a variety of visitors at the home during our inspection and one member of staff we spoke with told us, "Relationships are supported and people have visitors all the time, neighbours, partners, relatives and friends."

People were encouraged to make choices and we saw this throughout the inspection, during meal times and when choosing snacks and activities to take part in.

No one using the service at the time of our inspection had an advocate. However, people who wanted or required advocacy support were supported by staff where necessary to access these services and we saw these were promoted within the home on display boards.

Good

Is the service responsive?

Our findings

People's care plans were developed with the person and reflected their personalities, likes, dislikes and choices. These gave an insight into people's care needs and included a one page profile for quick reference. Care plans covered areas of daily care including; diet, communication, mobility, medicines, health and personal care. People and their relatives were involved in reviewing these plans and one relative told us, "We have seen the care plan, we know what is in it and if there are any changes the manager calls us and we meet up together with [name]."

People took part in activities that were valued. These included; soft ball games, sing songs, entertainment, reminiscence sessions, music, dementia friendly activities 'twiddle muffs' that offer a tactile activity for people. The home was also in the process of introducing some new activities including rummage boxes for people to look at filled with items to spark discussions and memories. Some people had baby dolls and some had crocheted bags on their walking frames for them to collect items while they walked around the home as this was an enjoyable activity for them, made safe by the bags.

We asked staff about how they respected people's different cultures and diversity and protect them from discrimination. One member of staff told us, "We aim not to treat people differently, but if something needed challenging I would speak up to protect people."

Handover records showed that people's daily care was communicated when staff changed over at the beginning and end of each shift. We saw these covered areas including how the person had slept, their activities that day and any visits received by external professionals. Information about people's health, moods, behaviour and appetites were shared. This showed us staff were aware of the current health and wellbeing needs of people.

People's preferences were adhered to and staff knew how to respond if a person didn't like something about the service. We saw how people's preferences were outlines within their care plans.

People and their relatives we spoke with assured us they knew how to complain if they needed to. One person told us, "I have no complaints; I would go to the manager if I did." One relative told us, "I speak with [name] all the time, they would tell us if they wanted to complain and we ask them if everything is okay. I am pretty sure they would speak up."

People were supported to gain access to appropriate information in a format of their choice. The daily menus were made up of photographs of food as was the activity agenda and notice board. However, the service also presented people with two plated meals to choose from. The registered manager told us, "We found that photos didn't always work to help people make choices at meal time. Now we do the two plates and this uses more of the senses and helps when making choices."

People were supported to make advanced end of life care plans in preparation if they wished and we saw that these where detailed, appropriate and contained personal preferences and wishes including religious

wishes. No one was in the receipt of end of life care at the time of our inspection, however we spoke with the visiting GP who told us of their experiences and they told us, "We have supported people with end of life care and the team here are very good, communication is good."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in post. 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 asked for views on the management of the service from people and their relatives and received positive feedback. One person told us, "The manager is very good at her job. She runs a tight ship." Staff we spoke with said they felt supported by the registered manager and they told us, "Yes I feel supported, if I have a problem the manager will know about it. We are a good team, we give excellent care and I am very proud to be part of it."

The registered manager held regular daily 'flash meetings' (short meetings to cover each person and what is coming up that day) and staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding the people who used the service. We saw the minutes of these meetings and could see how the people who used the service were discussed along with their progress and care plans. Staff told us they valued these meetings.

The registered manager explained to us how the staff supported people to maintain links with the local community by use of local amenities and the minibus for day trips.

The registered manager ran a programme of regular audits throughout the service. We saw there were clear lines of accountability within the service and external management arrangements with the provider. We saw evidence to show quality monitoring visits were also carried out by the provider and these visits included reviewing staffing, health and safety and the building/environment. The registered manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the provider.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

During the inspection we saw the most recent quality assurance survey results that were positive. This was an annual survey that was completed by, people who use the service, their relatives and stakeholders of the service.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and areas of good practice and advice. All records were kept secure, up to date and in good order and were

maintained and used in accordance with the Data Protection Act.

People were supported by staff who worked together on the same principles and values that included; privacy and dignity, promoting independence and access to health services.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.