

1st Care Limited

# Hawthorne Nursing Home

## Inspection report

School Walk  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 5 November 2015 and was unannounced.

Accommodation for up to 36 people is provided in the home over two floors. The service is designed to meet the needs of older people. There were 15 people using the service at the time of our inspection.

There is a registered manager and she was available during the inspection. 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.

Safeguarding training attendance and medicines management required improvement. Safe infection control practices were not always followed. However,

# Summary of findings

systems were in place for staff to identify and manage risks and respond to accidents and incidents. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

Staff did not receive sufficient supervision, training and appraisal. However, consent to care and treatment was sought in line with legislation and guidance. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Staff were caring and treated people with dignity and respect. Staff involved people in decisions about their care.

People received personalised care that was responsive to their needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were not fully involved in the development of the service. Systems to monitor and improve the quality of the service provided required further improvement to address the issues identified in this report. However, staff told us they would be confident raising any concerns with the management and that the registered manager would take action.

# 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 not consistently safe.

Safeguarding training attendance and medicines management required improvement. Safe infection control practices were not always followed.

Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

Staff did not receive sufficient supervision, training and appraisal.

Consent to care and treatment was sought in line with legislation and guidance. People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff were caring and treated people with dignity and respect. Staff involved people in decisions about their care.

**Good**



### Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs. A complaints process was in place and staff knew how to respond to complaints.

**Good**



### Is the service well-led?

The service was not consistently well-led.

People and their relatives were not fully involved in the development of the service. Systems to monitor and improve the quality of the service provided required further improvement to address the issues identified in this report.

Staff told us they would be confident raising any concerns with the management and that the registered manager would take action.

**Requires improvement**



# Hawthorne Nursing Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 5 November 2015 and was unannounced. The inspection team consisted of an inspector, an Expert by Experience and a specialist nursing advisor with experience of dementia care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with 10 people who used the service, one visitor, a domestic staff member, five care staff, a nurse, the registered manager and one of the providers. We looked at the relevant parts of the care records of three people, four staff files and other records relating to the management of the home.

# Is the service safe?

## Our findings

Most people told us that they felt safe except one person who said, “I don't like it here at all. I want to go somewhere else. The staff are alright, it's the other residents. One person comes into my room during the night and I have to buzz for them to get him out. I'd like to be able to lock my door but [the staff] won't let me lock it.” We discussed this with the registered manager who told us that they would discuss this with the person.

Staff we talked with said they felt people were safe at the home. Staff were able to describe the signs and symptoms of abuse and told us they would report their concerns to the nurse or the manager. In the absence of the manager they said they would ring head office. The nurse we spoke with said they would make a safeguarding referral. One member of staff told us they had reported an incident to the manager and the manager had dealt with it.

A safeguarding policy was in place; however, only 19 of 37 staff were identified as having completed safeguarding adults training on the training matrix which meant that there was a greater risk that not all staff would be able to identify the signs of abuse and take appropriate action if required.

Risks were managed so that people were protected. People did not raise any concerns about how staff supported them when they were being transferred. We saw a person being assisted from their wheelchair into an easy chair by two members of staff. The procedure was carried out safely and the staff members constantly reassured the person. Once the person was seated in the chair they checked that they were comfortable and thanked them for cooperating with them. We observed other staff also using moving and handling equipment safely. We saw that staff had signed to confirm they had read a recent safety alert regarding the safe use of moving and handling equipment.

Care records contained some standard risk assessments such as the risks associated with moving and handling, pressure ulcer development, nutrition, and falls. There were also individual risk assessments when necessary for example the risk of the person attempting to leave the home unsupervised and the risks associated with behaviour that challenged. Risk assessments had been updated monthly for most of the care plans we reviewed but they had not been updated for three months for one

person. We saw a person had bedrails in place and although a mental capacity assessment and best interest decision had been undertaken in relation to the use of the bed rails, a risk assessment had not been completed. However, we saw documentation relating to accidents and incidents and actions taken to minimise the risk of re-occurrence.

There were plans in place for emergency situations such as an outbreak of fire. However, up to date personal emergency evacuation plans (PEEP) were not in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency.

Staff said they had sufficient equipment to meet people's needs and we were told when equipment required repair it was reported and arrangements were made for maintenance. We saw that the premises were well maintained and safe. Checks of the equipment and premises were taking place and action was taken promptly when issues were identified.

People we talked with said there were normally enough staff on duty to care for them. They said staff responded to their requests and call bells promptly. Most staff told us they felt there were normally enough staff on duty to provide the care people required.

We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were visible in communal areas and spent time chatting with people who used the service.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The registered manager told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased. We looked at records which confirmed that the provider's identified staffing levels were being met.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

People we talked with raised no concerns about their medicines. We observed medicines being administered. We

## Is the service safe?

saw these were safely administered with the appropriate checks made prior to administration. We saw a record was kept of the site of administration of insulin and transdermal patches and the site was rotated in line with good practice. Blood glucose levels were checked at least daily for people receiving insulin to ensure their safety.

Medicines Administration records (MAR) contained a photograph of the person to aid identification and information about their allergies but did not record the person's preferences for taking their medicines. MARs were generally well completed but we found there was a gap in the administration record for one person on one day. When we checked, the medicine was not in the blister pack suggesting that it had been given but had not been signed for. This was confirmed by the staff who had administered medicines that day. A separate copy of the MAR was kept in people's rooms when they were receiving topical creams. These had not always been completed daily as required.

Clear PRN protocols were in place for medicines which had been prescribed to be given only as required. These provided staff with information about the reason for the prescription, any cautions related to the medicine and the maximum doses. We saw two people had sedatives prescribed for agitation related to their dementia. We found these were not routinely administered and we were told other steps were taken prior to administration to try to calm the person without using medication.

Medicines were stored in line with requirements in a locked trolley, refrigerator and cupboards in a locked room. Temperature checks were recorded daily and were within

recommended limits. However, most liquid medicines and ointments were not labelled with their date of opening. Processes were in place for the timely ordering and supply of people's medicines.

Staff training and competency assessments for medicines administration and management had not been completed on an annual basis and the deputy manager told us they had recognised the need to ensure this was put into place but other issues had been given a higher priority initially as informal checks of competency had not identified any issues. There had been an independent audit within the previous month by the pharmacy supplier and the results of this had been displayed in the office for staff to read. We found some of the issues identified had been addressed, but the labelling of medicines with date of opening had not.

People raised no issues about the cleanliness of the home. Staff were able to clearly explain their responsibilities to keep the home clean and minimise the risk of infection.

During our inspection we looked at some bedrooms, the laundry, all toilets and shower rooms and communal areas. While bathrooms, the laundry and toilets were clean, there were a number of chairs in the lounge where the vinyl covering was ripped and stuffing was hanging out. Other chairs were stained and carpets in people's rooms needing vacuuming.

We observed staff followed safe infection control practices. However, we found that moving and handling slings were used for more than one person increasing the risk of infection.

# Is the service effective?

## Our findings

Staff were not fully supported to have the knowledge and skills they needed to carry out their roles and responsibilities. People we talked with said they had confidence in the knowledge and skills of staff caring for them. We observed that staff competently supported people.

We talked with a member of staff who had recently started work at the home. They told us they had received an induction, had completed some of their mandatory training and were awaiting the remaining courses to complete this. We talked with a member of staff who was being supported to complete a national recognised qualification in care.

Staff we spoke with had not all completed their mandatory training within the previous year but they told us that additional training sessions had been booked to allow them to do this. Registered nurses told us they were able to attend training to keep themselves up to date and told us they had completed training in PEG nutrition and other clinical topics such as catheterisation.

We saw induction documentation had been completed but training records showed that training attendance in almost all areas required improvement. This meant that staff were not being fully supported to have the knowledge and skills to ensure people received effective care.

Some staff told us they had received recent supervision, but some had not received supervision over the last six months. Annual appraisals had not been completed. Records showed that annual appraisals had not taken place for a number of staff; however, supervisions had regularly taken place of most staff.

Consent to care and treatment was sought in line with legislation and guidance. We saw that staff clearly explained what support they were going to give to people before they provided it. Where people expressed a preference staff respected those preferences.

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. The application 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.

The requirements of the MCA were being followed as when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment had been completed and the best interest decision making process was documented.

We saw a DoLS application had been made for one person whose care record we reviewed, as they were subject to some restrictions in order to keep them safe. Staff were following the guidance in that document. Staff we spoke with had knowledge of MCA and DoLS and the implications for their work, however, we saw that only 19 of 37 staff were identified as having completed MCA and DoLS training which meant that there was a greater risk that not all staff would be able to act in line with the requirements of the MCA.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. There were DNACPR forms in place and they had been correctly completed. The registered manager had completed an audit of the DNACPR forms recently and we saw where actions had been taken to contact GPs in order to review DNACPR decisions where appropriate.

Staff said they would not use restraint and told us when a person behaved in a way that may challenge others; they would talk quietly to the person and try to calm them. They said that sometimes people just needed space and became more anxious if there were a lot of people around. Therefore if they were not posing a risk to themselves or others they would sometimes leave them for a while until they became calmer. We saw care plans contained information for staff on the actions to take when a person presented with behaviours that may challenge and things which would divert their attention and which they enjoyed.



## Is the service effective?

People had mixed views on food and drink at the home. One person told us, “The food here is alright. There is always plenty to eat and it’s nice.” However, another person said, “The food is always very dry. I’m not impressed with the food here.”

People were asked throughout the day whether they wanted another drink. One person said, “Builders’ tea. Just how I like it.”

We observed breakfast and lunchtime in the lounge and dining room.

We noted staff asked people their preferences for breakfast and people were offered breakfast as they came down to the lounge or dining room. There was a picture menu showing breakfast choices for people.

There was one main meal at lunchtime. There was an alternative menu in the dining room with a note asking people who wanted to have one of the alternatives to inform staff prior to the meal. However, this would have not been accessible to people with reading/sight difficulties or people with advanced dementia. We did not see people being asked their preferences for lunch. Two people in the dining room asked for a drink and were given a tumbler of fruit juice. People were not given the option of a hot drink with their meal.

We saw people being supported to eat and on each occasion the staff member was attentive and focused on the person they were assisting.

Nutritional risk assessments had been completed and care plans were in place for each person identifying their requirements but there was little personalised information about their food preferences. Food and fluid charts were well completed and there were running totals of people’s fluid intake. Where food supplements were prescribed there was a record of their administration. Staff were aware of people who needed special diets. Systems were in place to ensure people’s weights were monitored and action taken if any concerns were identified.

A visiting professional told us the home called the person’s GP in when necessary and took a multi-disciplinary approach to care. They said staff made timely referrals and sought their advice appropriately. We saw evidence of referral to other professionals such as the community psychiatric nurse and the dementia outreach team.

Where people required pressure-relieving equipment and assistance to change their position, the equipment was in place, at the correct setting and there were records to indicate their position had been changed in line with their care plans and good practice. There was documentation related to wound management which recorded that regular assessments of wound healing had been undertaken.

A high proportion of people at the home had pressure ulcers and we discussed this with a specialist nurse visiting the home on the day of the inspection. We were told that some people already had the pressure ulcers on admission to the home and staff had taken appropriate steps to prevent pressure ulcers in others. They told us staff had been successful in treating the pressure ulcers and they were all healing well. They told us timely referrals were made by staff when specialist input was needed since the new management had been in place. When they advised that additional equipment would be helpful, the home ensured this was obtained promptly, they said, “There are no arguments over equipment.” The nurse said, “This is one of the best homes I visit.” They went on to say they were happy to provide telephone advice to the home as they trusted the competency of the staff. They went on to say, “It’s a breath of fresh air. I have no anxieties when I walk through the door.”

Adaptations had been made to the design of the home to support people living with dementia. Bathrooms and toilets were clearly identified, people’s individual bedrooms were easily identifiable and there was directional signage to support people to move independently around the home.



# Is the service caring?

## Our findings

People told us that staff were caring. One person said, “The staff are lovely.” Another person said, “They are all very kind.” Another person said, “It's all right here. [Staff] always take time to talk to me.”

We saw staff talking to people in a kind and considerate way. They tried to engage people in conversation and were attentive to their needs. We observed numerous warm interactions between staff and people who used the service. People were spoken to respectfully and kindly. Any physical contact was appropriate and gentle.

One person was uncomfortable because of either itching or irritation in their right ear. After the nurse had dealt with it by contacting the doctor and administering some pain relief, another staff member brought them a warm gel bag and spent time encouraging them to roll the gel bag to soothe them. She also held their other hand and chatted quietly to them to calm them.

We asked people whether they had been involved in making decisions about their care. One person said, “I don't know anything about any care plan. I suppose my daughter deals with that. It doesn't bother me because I only have to ask for anything. Nothing is too much trouble.” A relative said, “[My family member] was here for six years and they couldn't have been better with [them]. [They] couldn't speak but they always knew what [they] wanted

and made sure that [they were] all right. I came sometimes to see [them] and [they] would be in bed but it was always because [they'd] made them know that [they] wanted to go for a lie down.” A visiting professional told us that the home had arranged for them to have meetings with people's families to support the person and their family and involve them in decision making.

Staff told us they talked with people about their care needs and we observed people being offered choices by staff. Where people could not communicate their views verbally their care plan identified how staff should identify their preferences. Advocacy information was also available for people if they required support or advice from an independent person.

People told us they were treated with dignity and respect. We saw staff take people to private areas to support them with their personal care. We observed staff knocking on people's doors before entering. The home had a number of areas where people could have privacy if they wanted it.

Staff told us they always knocked on people's doors before entering their room. They said they ensured people were covered appropriately when supporting them. We saw a hoist being used on several occasions to move people from a wheelchair. Each time staff ensured people were covered appropriately, explained how they were going to support the person and gave them support and reassurance during the process.

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs. We observed that staff responded quickly to people when they requested support.

We observed activities taking place during our inspection. We observed three people being assisted by carers to make collages with buttons, string, stickers and glitter. The theme was 'bonfire night'. One person showed us their picture and said, "It's lovely isn't it? I've put lots of glitter on to make it look like a fire. I love bonfire night. I love the firework colours."

We were told that one person had celebrated a birthday the day before and had requested a special dinner of fish and chips from the chip shop. All the residents had joined the 'fish and chip' party. They told us, "We really enjoyed it. The fish and chips were really nice and we ate them out of the boxes." The person whose birthday it had been told us, "I love Elvis Presley and I was listening to him singing all yesterday evening. Everybody sang happy birthday to me."

People were encouraged to maintain relationships with people that mattered to them. One relative told us, "It's a lovely homely atmosphere here. I don't like to create extra work for people but everyone reassures me all the time that I can come whenever I want. There's never been any problems at all here for us." Information on visiting times was clearly set out in the guide for people who used the service.

Care plans contained sufficient information to support staff to meet people's individual needs. An initial assessment of

the person's physical and social care and support needs had been completed. Information about the background to their admission to the home and life history was also recorded where this was available.

There was clear guidance within people's care plans for the management of their health needs. Care plans we reviewed contained detail of the actions to be taken to identify signs of ill health in relation to the person's health condition and clear guidance to staff on the actions to be taken to identify and respond to signs of ill health.

Staff had a good knowledge of the care needs of individual people using the service. We observed the handover between morning and afternoon shifts. Key developments relating to each person using the service were discussed and a detailed handover was provided to the oncoming shift to ensure continuity of care.

Care records contained information regarding people's diverse needs and provided support for how staff on how they could meet those needs.

Staff were clear about how they would manage concerns or complaints. Staff told us if someone raised a concern or complaint with them they would listen and advise them to speak to the manager. They said they received feedback about complaints at handover.

We saw that complaints had been responded to appropriately. Guidance on how to make a complaint was displayed in the main reception and was in the guide for people who used the service. There was a clear procedure for staff to follow should a concern be raised.

# Is the service well-led?

## Our findings

People were not fully involved in developing the service. People did not recall any meetings or being asked their opinions on life in the home. Staff confirmed that meetings for people who used the service were not taking place at present. We saw that surveys had been completed by relatives the previous year but had not been completed in the current year.

Some less structured routes were in place to obtain feedback but were limited. A comments and suggestions book was in the main reception and a notice displayed the times of a manager surgery each month where relatives could drop in and raise issues.

A whistleblowing policy was in place and contained appropriate details. We asked staff if they could tell us what they would do if they had any concerns about a colleague's behaviour or attitude and everyone clearly understood their responsibility to raise issues.

The provider's philosophy of care was displayed in the main reception and in the guide provided for people who used the service. Staff could not recall the vision or values of the home being discussed with them. However, we saw that they acted in line with those values.

We saw respectful attitudes between staff members as well as towards people who used the service. Staff told us that they liked working at the home. Staff members told us, "We are a good team. We work well together." A new staff member told us, "I'm finding it a lot more rewarding than I

expected. I know I've got a lot to learn but everyone is very good at explaining things to me and how to do things properly." We also observed one staff member checking the new staff member's record keeping and quietly explaining any gaps in what they had written and why they needed to document everything clearly.

Staff told us they saw the registered manager regularly. They said they felt able to raise issues and they would be listened to. One staff member said, "She is really good with the [people who used the service]." Staff told us there were monthly staff meetings and they were able to discuss issues. They said they received feedback at the beginning of a shift.

A registered manager was in post and was available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt well supported by the provider. We saw that all conditions of registration with the CQC were being met and notifications had been sent to the CQC when required. We saw that regular staff meetings took place and the registered manager had clearly set out her expectations of staff.

We saw that regular audits had been completed by the registered manager and also by the provider. Audits were carried out in the areas of medication, DNACPR forms, mattresses, laundry, monies, dining experience, infection control and health and safety. Action plans were in place where required to address any identified issues. However the quality assurance process had not addressed the issues that we identified during the inspection.