

# Connifers Care Limited

# Hawthorn House

## 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 House is a residential care home providing accommodation with personal care to five people with mental health needs aged 60 and over in one adapted building. At the time of the inspection there were five people using the service.

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

Safety checks were carried out to ensure the building was safe and suitable for people who used the service. We have made a recommendation related to legionella testing.

People were protected from the risk of abuse because staff knew how to identify and report any concerns. Risks to people were assessed and managed to reduce the risk of avoidable harm. People were supported to take their medicines safely. There were enough staff available to meet people's needs. Care staff were recruited safely. Records showed pre-employment checks had been carried out to make sure new care staff were of good character to care for people.

Processes were in place to report, monitor and learn from accidents and incidents. Guidelines were in place for care staff on reporting incidents and accidents and staff were clear about their role in reporting these.

People were protected from the risk of infections because staff followed good infection control practices; policies and procedures supported this.

Medicines were being managed safely at the home. Care staff had received medicines training, so they were competent to administer medicines.

People were supported by staff who received regular training and support to effectively carry out their role.

People's nutritional and hydration needs were met. They told us they were given food and drink of their choice.

People's health needs were met because the service worked closely with other health care professionals.

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.

People were looked after by staff who respected their privacy and dignity. We noted that confidential information about people were kept securely in a locked cupboard accessed by staff.

People were supported by staff who understood their needs and how they wanted to be supported.

People knew how to make a complaint. People and relatives were aware of the complaints procedure. Quality assurance process were in place to develop/improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 29 March 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Hawthorn House

## 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 team consisted of an inspector, CQC medicines 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 House 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 reviewed information we had received about the service since the last inspection. We sought feedback from professionals working 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 three people who used the service and two relatives about their experience of the care provided. We spoke with four staff, including the manager, team leader and two care staff. We observed interactions between people who used the service and staff. We looked at staff personnel files in relation to recruitment, staff supervision and appraisal. We also reviewed a variety of records relating to the management of the service, including policies and procedures and other records related to the running of the service.

We reviewed records related people who used the service. This included three people's care records, medicine administration records (MAR).

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and quality assurance records. We spoke with two professionals who regularly visited the service.

# 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

● Arrangements were in place to address any emergencies. Checks were regularly carried out of the building and its contents, this includes the necessary gas and electrical safety checks. Weekly water temperature checks were carried out on the water supply, including sampling to check for bacteria. The provider told us following advice sought from an external company specialising in legionella testing for their services, the risk of legionella was low as the water supply was not stored in a separate tank. Guidelines produced by the health and safety executive states, 'the purpose of carrying out a risk assessment is to identify and assess any risks in your water system. The responsible person should understand your water systems and any associated equipment, in order to conclude whether the system is likely to create a risk from exposure to legionella.'

We recommend the provider seeks guidance and advice from a reputable source in relation to developing and implementing a legionella risk assessment.

- Risks were mostly assessed and included areas such as, risk of choking, absconding, self-neglect and fire. For example, where people were at risk of choking, staff were provided with guidelines and were aware of what to do should the person start to choke. This included observing people during mealtimes to ensure the risk of choking was reduced.
- Risks related to one person who had epilepsy were identified, however, the risk assessment required updating to include signs to look for. Staff had completed training dealing with epilepsy and knew the action to take. The team leader immediately updated the risk assessment and implemented an additional epilepsy care plan. This provided clear guidelines for staff to follow, should a seizure occur. Policies and procedures in relation to seizures had been reviewed and updated following the inspection.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes I'm safe and happy, very good staff." A relative told us, "Since [relative] moved in to this care home I don't have any concerns about them. They are safe and well looked after."
- People were protected from the risk of abuse because staff had completed training and knew what action to take. Staff were aware of the whistleblowing procedure and the external authorities to report their concerns to, including the Care Quality Commission, local authority or Police.
- Since our last inspection in December 2016 there had been no safeguarding incidents reported. The team leader was aware of their responsibilities in reporting and raising safeguarding alerts where this was required.

### Staffing and recruitment

- People and their relatives told us there were enough staff on duty to meet people's needs. One person told us, "There are enough staff day and night." A relative told us, "Usually I visit on Saturday morning and every time they are two staff members, I think that's good enough."
- A staff member told us, "Yes, I think there is enough staff. If people have appointments, we use bank staff. Every home has their own bank staff."
- Staff were recruited safely. Pre-employment checks such as proof of identity/address and criminal records and immigration checks had been completed, no concerns were identified. Gaps in employment histories identified during our inspection were explained and verified by the team leader and related to times where the staff in question were bringing up children and were not employed. The team leader told us, the provider is in the process of updating their recruitment policy and procedure, this includes updating the application form to request a full employment history.

### Using medicines safely

- There was a medicine policy in place to support medicines management.
- Medicines were stored securely and at appropriate temperatures.
- Protocols were in place for people prescribed medicines to be given on when required basis, such as paracetamol.
- There was a process in place to receive and act on medicine alerts.
- Staff members were competency assessed and received training to handle medicines. We observed medicines being given and observed staff signed for each medicine on the medicine administration record (MAR).

### Preventing and controlling infection

- People were protected from the risk of infection. We observed the home environment was clean. This was confirmed by people who used the service, who commented, "It's always kept clean everywhere," and "Yes, very clean house." A relative told us, "I have noticed that the kitchen is always clean and sparkly."
- Staff had access to personal protective equipment such as gloves and aprons and used these when supporting people with personal care or serving meals. We observed good infection control practices by staff who wore gloves and aprons when preparing and serving meals.

### Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people living at the home.
- Systems were in place for acting and dealing with accidents and incidents and these were monitored by the team leader. Outcomes and any learning were discussed at team meetings.



# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and covered areas such as, health care needs, medication, personal care, continence, daily skills, nutrition and hydration and communication.
- Protected characteristics under the Equality Act were considered. For example, people were asked about their religious needs so these could be met. Staff understood what was important to people. This enabled staff to understand more about a person's history and how this may impact on their daily lives.

Staff support: induction, training, skills and experience

- People told us staff had the skills and knowledge to support them. All the people we spoke with commented, "Yes, staff are trained."
- Staff told us, and records showed staff received training relevant to their role. Mandatory training included health and safety, moving and handling, infection control, fire safety and first aid. Specialist training in areas such as, mental health awareness, break away techniques and behaviours that challenged was provided. Staff also completed specialist training in epilepsy and safe eating and drinking.
- New staff had completed an induction, including shadowing. Shadowing involved working alongside more experienced staff to learn on the job.
- Staff received regular supervision and an appraisal. Staff said the team leader was supportive and approachable.

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

- People were supported to meet their nutritional and hydration needs. People told us they were happy about food and drinks provided and were given choice. One person told us, "We have a choice and menu."
- We observed there was a positive atmosphere during lunchtime. People were offered a choice from the menu. The manager told us people's likes and dislikes were taken into account and this was discussed at 'residents' meetings.' Drinks and snacks were available and offered throughout the day.
- We observed people at risk of choking were monitored closely. For example, one person was encouraged by staff to eat slowly to avoid choking.

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

- People received support to manage their healthcare needs. Staff worked with other healthcare agencies to ensure people received specialist advice when needed.
- Care records contained information about people's health histories which offered guidance to staff about

how to identify changes in people's health.

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

- People's rooms were personalised with family pictures and personal items.
- Repairs required to the building had been identified and planned prior to our visit. We found the carpet on the communal hallway was worn and loose, however, during this inspection this had been addressed.

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.

- Records showed people subject to restrictions had the necessary authorised DoLS in place.
- People's care plans identified if people had capacity to consent to specific aspects of their care.
- Staff completed training to help them understand the principles of the MCA. They understood the importance of gaining people's consent and offering choice before providing care and support. One staff member told us, "I knock their door, and ask if it is okay for me to help you. People will make some choices. We ask their choice for holiday, we always ask them to make choices."
- We observed staff politely gained permission from people when administering medicines.

# 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.

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

- People and relatives told us staff were caring and kind. One person told us, "[staff] are very kind, and they listen to me." A relative said, "My [relative] likes [their] privacy, and staff respect that. They make sure that [they] are washed correctly and wearing clean clothes."
- We observed some good interactions between staff and people living at the home. Staff knew people's life history and which relationships were important to them.
- Staff were aware of people's diverse needs and therefore understood how to support them. For example, one person was supported by staff to attend church.
- Staff received training in equality and inclusion and explained that they did not discriminate against anyone at the service. A staff member told us how they would support people's diverse needs, such as supporting people who identified as lesbian, gay, bisexual or transgender (LGBT), "That is their choice, I need to make sure their needs are met. I never discriminate."

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

- We observed people made decisions about where and how they wanted to spend their time. We saw people had freedom to move around the home as they wished and were not restricted. One person told us, "I have seen my care plan." This showed people were involved in their care.
- Relatives told us they were informed of what was happening with their relative's care. One relative told us staff were very responsible and professional as they were kept informed of what was happening with their relative, they said, "The home has very responsible and professional staff."
- Monthly one to one sessions provided people with the platform to express their needs and how they were getting on. This allowed people to discuss their care with the same staff member. Where possible people or their relatives had signed care plans. This showed people were involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respected their privacy. One person said, "Yes they do care, and treat me with dignity and respect."
- Staff said they treated people with dignity and respect. Where people preferred to spend time in their rooms, this was respected. A staff member gave us an example of this, "Respecting preference of how [people] want to be addressed and respecting their privacy if in their room and don't want to be disturbed."
- However, one person who was addressed by staff by their country of origin did not have this documented in their care plan. The manager told us the person was proud of their origin and often smiled when addressed in this way. We observed this to be the case during our inspection. The person responded in a

positive way by smiling and holding their head high in a proud manner.

- People told us staff supported them to maintain their independence. One person told us staff treated them with dignity and respect, if they required a shower they could call staff for assistance. A staff member told us, "We promote them to be independent and support them as well."

# 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.

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

At our last inspection we made a recommendation that the service seeks advice and guidance from a reputable source, such as the National Activity Providers Association about engaging people in meaningful activities. We found the provider had made some improvements.

- People told us they participated in various activities outside the home. Comments from people included, "We go out to do baking every Monday and Friday. We also go out to coffee, lunch and cinema." and "I play board games with staff and do colouring and baking."
- People were excited about a pending holiday, which had been planned with them. We observed people discussed this with staff during our inspection.

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

- People received personalised care and care plans were in the main person-centred.
- People's preferences and likes and dislikes were documented in their care plan.
- Staff were aware of people's life histories and used people's care plans to understand their needs and preferences. We observed staff interacting positively with people, chatting and laughing and gave people encouragement during indoor activities. Comments from staff included, "Good job", "That's beautiful," and "You done so well."
- Care plans were reviewed, and any changes were shared with staff to ensure people received care that met their current needs. Relatives told us they were kept up to date with any changes in people's needs.

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.

- People's communication needs were documented in their care plan. For example, in one care plan it stated the person communicated verbally with others and needed the assistance of staff during professional meetings and appointments. This showed the provider made steps to ensure people's communication needs were recorded and staff were aware of these.
- Each person had a pictorial activity plan setting out the activities they were participating in.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint. One person told us, "I know how to complain, but I have not complained because I am happy."
- We reviewed complaints received by the service and noted that these had been dealt with in line with the provider's complaints policy.

#### End of life care and support

- People's end of life wishes were discussed and considered as part of the care plan. For example, in one person's care plan it stated the person would be working on their funeral plan involving other professionals, their appointee and an advocate
- There was an end of life policy in place., This outlined how people should be cared for should they require end of life care.

# 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.

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

- The manager had an open-door policy whereby people were able to enter the office with any concerns or for a general chat. We observed this during our inspections.
- People and relatives confirmed they were happy with the service and the way they were looked after by staff.
- Staff told us they felt supported by the registered manager who was approachable and supportive. They were able to give their views and make suggestions about the running of the service.

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 manager understood their duties under the Duty of Candour.
- Where things had gone wrong the manager had been open with people and their families and explained what action they had taken to reduce the risk of reoccurrence.

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

- There was a registered manager in post. However, they did not manage the home on a day to day basis, this was done by the team leader, who had been in post for approximately a year. The team leader told us, they were supported by the registered manager who visited the service three to four times a week. Minutes of staff meetings showed the registered manager was involved in the running of the service. The registered manager told us the team leader would be applying to become the registered manager in the near future. The team leader was keen to drive improvements at the home.
- People and relatives knew the manager and spoke positively about them. The manager was keen to drive improvements at the home.

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

- People felt able to offer feedback about the care they received. People told us the manager listened to them and described the atmosphere as friendly and supportive. One person told us, "We look after each other and support each other."
- Feedback was sought about the service from external stakeholders working with the service. This showed they were happy with the service.

- Staff were asked their views via a staff satisfaction survey.

#### Continuous learning and improving care

- Accidents and incidents were monitored for trends and learning points. Regular checks and audits had also been carried out in areas related to maintenance of the premises, health and safety, medicines management, infection control and management of accidents and incidents.
- Annual directors' meetings with staff and service users took place. This platform was used for staff to give their views about what it is like to work for the provider. This showed the provider involved staff and people who used the service in the running of the service.

#### Working in partnership with others

- The service worked together and with other health and social care professionals to meet people's needs and to assess and plan ongoing care and support. Meetings were held to review people's care.