Helen McArdle Care 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?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 7 September 2015 and was unannounced. A second day of inspection took place on 9 September 2015 and was announced. We previously inspected Hawthorn Court on 31 October 2013 and found the provider to meeting all legal requirements inspected against.

Hawthorn Court is a purpose built care home providing care for up to 62 people over two floors. All rooms are light and spacious and have en-suite facilities. At the time of the inspection there were 59 people resident at the service. 19 of whom were living in the Grace unit which is specifically designed for people who are living with dementia. The manager explained Grace means Graciousness, Respect, Acceptance, Compassion, and Empowerment.

There were two registered managers at the time of the inspection, one of whom told us they were beginning the process of cancelling their registered manager status. 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.

Summary of findings

Some care plans were personalised and contained people's preferences on how they wanted to be supported and cared for. Other people's care plans did not detail how they should be supported. This related to the circumstances in which one person needed to use a hoist and how they should be supported to transfer. Another related to how to support and reassure a person when they became distressed and presented with behaviour that staff may find challenging. It had been identified that a person was at high risk of self-harm but there was no care plan in place to support staff with managing and caring for this person.

Care plans were evaluated and reviewed regularly and people and their relatives told us they were included in developing plans if they chose to do so.

Risk assessments were in place for any risks associated with people's health and well being and also for environmental risks such as fire.

Systems were in place for the recording, investigating and monitoring of safeguarding concerns, complaints and accidents and incidents. Monthly analysis of incidents were completed so any trends or triggers could be identified and appropriate action taken to manage any situations.

Staffing levels were such that staff were able to spend quality time with people engaging and chatting in a warm and compassionate manner. The registered manager explained that they had recently increased staffing due to a complaint that if two staff were needed to support one person with moving and handling it meant there was no one available to support the other people if needed.

Staff told us they were well trained and enjoyed the training that was offered to them at the new training academy. One staff member told us they had a qualification in the safe administration of medicines and had been observed and supervised for four weeks before they had been assessed to administer medicines on their own.

Care plans and risk assessments were in place for the administration of medicines and medicine audits were completed on a regular basis. It had been identified that there were some gaps on medicine administration records and this had been addressed via internal audits.

A robust system was in place for the application and authorisation of Deprivation of Liberty Safeguards (DoLS) in line with the Mental Capacity Act 2005 (MCA). Best interest decisions were recorded in people's care records and staff were aware of what this meant in relation to people's care.

People's nutritional and dietary requirements were met, with referrals being made to dietitians and health care professionals if needed. If people needed to have their meals pureed a product was used which meant the puree could be moulded to resemble the shape of, for example a chicken leg or specific vegetables. This meant food looked more appetising and attractive.

People told us they were treated with dignity, respect and compassion. Staff had a warm and caring approach with people and we observed relationships which were respectfully affectionate and mutual.

People and their relatives said they had no concerns or complaints but knew who to speak to should they have any worries. Complaints records were kept and complaints were responded to in a timely manner and we saw that some changes had been implemented in response to specific complaints and concerns.

There were a variety of ways that people and their relatives could provide feedback to Hawthorn Court. This included independent surveys and reviews but there was also a committee of people and their relatives called Hawthorn voice. This committee focused on events, fundraising and activities for people.

An activities co-ordinator was in post and they were actively engaged with people either with formal, organised activities or spending time with people going out or generally chatting with people and reminiscing.

There was regular communication with staff, which included team meetings which were a two way process of the registered manager sharing information about the service and the company but it was also an opportunity for staff to raise any concerns. Quality was high on the agenda and audits were in place and completed regularly. Where actions for improvement were needed these had been identified but there was not always a record that the work had been completed.

You can see what action we told the provider to take at the back of the full version of the report.

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?

Good

The service was safe. The people we spoke with told us they felt safe living at Hawthorn Court. Relatives and visitors confirmed this.

Staff had a good understanding of safeguarding and any concerns were investigated and changes to practice made if appropriate to do so.

Staff recruitment was robust and people told us they didn't have to wait to have their needs met. Staff said they were busy but staffing levels met people's needs.

Medicines were managed safely and staff understood the reasons for why people needed their prescribed medicine.

Is the service effective?

Good

The service was effective. Staff had regular training and supervision to ensure they had the skills and knowledge to care for people.

The Mental Capacity Act (2005) was followed appropriately and Deprivation of Liberty Safeguard (DoLS) were authorised.

People enjoyed the food and any specific dietary requirements were met. The provider had introduced new products to ensure people who needed a pureed diet had meals that both looked and tasted appetising.

People told us they had access to healthcare professionals as they needed them.

Is the service caring?

Good

The service was caring. Staff engaged with people in a caring and compassionate way. Care was provided in a dignified and respectful manner and people often referred to staff as being 'like family.'

Staff approach encouraged people's independence but they responded quickly if someone asked for support or if they noticed someone was in need of care and support.

Is the service responsive?

Requires improvement

The service was not always responsive. Some care plans did not record the detail needed in relation to how to support people which people may not have received consistency in their care.

People told us they had no reason to complain but if they did they felt able to approach care staff or management and felt confident that issues would be dealt with.

A range of activities were on offer for people.

Summary of findings

Is the service well-led?

Good

The service was well led. Staff and people said they thought the service was led-led and could not think of any improvements that were needed to the management of the service.

The registered manager and the head of care had a visible presence in and around the home, ensuring good quality, person centred care was delivered and was important to everyone.

A range of communication methods and quality assurance systems were in place to drive service improvement.

Hawthorn Court

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 7 and 9 September 2015. Day one of the inspection was unannounced.

The inspection team was made up of two adult social care inspectors, a specialist advisor 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.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We contacted the local authority commissioners of the service; the local authority safeguarding team and healthwatch. The local authority commissioners had completed a quality assurance visit and found, "The home is maintained to a good standard and meets the current needs of its residents, with some areas for improvement."

During the inspection we spoke with 13 people who lived at Hawthorn Court and five visitors. We spoke with 13 members of staff, including care staff, the activities coordinator, senior care staff, the deputy manager, the registered manager and the head of elderly care. We also spoke with the catering development manager, the head of strategic development and the managing director.

We used a Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at six people's care records and ten people's medicines records. We reviewed six staff files including recruitment processes. We reviewed the supervision and training reports as well as records relating to the management of the service.

We looked around the building and spent time in the communal areas chatting with people and visitors.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe living at Hawthorn Court. People's relatives confirmed they felt their relative was safe and well cared for. One person said, "It's lovely, there's lots of friendly people, we went for a walk this morning. I feel really safe with people. The staff are good." A relative said, "I have complete peace of mind. When [person] started to fall they put in a crash mat straight away. If there are any concerns or issues about [person] they are straight on the phone – day or night." Another relative said, "Mam is very happy here." They added, "I've got peace of mind because she was often going out wandering and it was a constant worry."

Staff were knowledgeable about safeguarding and keeping people free from harm. One staff member said, "I would seek advice, ring the social worker, or out of hours. I'd ring the safeguarding team. I've done referrals before so I know what to do." Another staff member said, "I would pass on any concerns to management and wouldn't hesitate to whistle-blow if I thought it was necessary." A confidential whistle-blowing line was available for staff who had concerns but did not want to raise them directly with their line manager.

A safeguarding file was in place which included policies and procedures for reporting concerns as well as a log of any concerns and alerts that had been raised, including a summary of the issue, action taken in response to it and any changes made to practice as a result of the concern.

Accidents and incidents were recorded and there was a record of action taken following any event. A monthly analysis was in place so any triggers or trends could be identified and acted upon.

There were a range of risk assessments which included those specific to people which were kept in care records and those relating to the environment. Environmental risk assessments included all aspects of the building including legionella; fire; clinical waste and the nurse call system as well as general risk assessments in relation to staff using moving and handling equipment such as hoists and stand aids.

Individual risk assessments were in place for fire evacuation. One staff member said, "There's a folder in the front entrance that has all the details we need. There's places of safety for people, all the staff contact details and the contact details for all the residents." One staff member we spoke with said they had been trained as a fire warden. They said, "I do fire tests and things like that." We asked about the evacuation procedure and they said, "We would take people into the next safe zone. By looking at the fire panel we know where the fire is. We'd tell the fire brigade which zone it was in and if anyone was still in that zone."

We asked about procedures that were in place when waiting for an ambulance. One staff member said, "We would stay with the person and observe them. If there were any changes we'd ring 999 again and update them."

If someone had been assessed as at risk of falls a risk assessment was in place. This detailed the level of risk, the triggers such as the persons speed of walking and how to manage the risk, such as walking alongside the person and talking to them as this slowed down their pace and reduced the risk. There were instructions recorded to ensure the risk assessment and care plan was updated following a fall and to ensure the accident/incident was recorded and family informed.

Other risk assessments were in place for weight loss and skin integrity.

The registered manager explained they completed a dependency tool for staffing levels but they also looked at how many staff each person needed to support them. They explained they had been able to increase the staffing level to three care staff on one floor as there had been a complaint that when two care staff were on shift if they were supporting someone who needed moving and handling support there were no staff available to support anyone else.

One person said, "There's always plenty of them (staff) about and if you need help you just need to ask." One staff member said, "It's busy but well-staffed, there's always three carers downstairs and a senior." The deputy manager said, "There's definitely enough staff to meet people's needs. Staff always get their breaks as well." Everyone we spoke with confirmed that, in their view, there were enough staff within Hawthorn Court including overnight and at weekends.

The deputy manager said, "Recruitment isn't an issue." The recruitment procedure included an application form and interview as well as reference checks and a disclosure and

Good

Is the service safe?

barring service check (DBS) before someone was appointed in post. DBS checks replaced the Criminal Records Bureau check and are used as a means to assess someone's suitability to work with vulnerable people.

Staff followed safe practice in the storage, administration and recording of medicines. Controlled medicines were stored and recorded in a safe way, with stock checks in evidence. Controlled medicines have tighter legal controls around them to prevent them being obtained illegally, being misused or causing harm to people. The medicine file contained photographs of staff authorised to administer medicines.

People were given time to take their medicines and if they refused this was respected and then offered at a later time when people were encouraged in a friendly way and given an explanation as to the importance of their medicines. One person said, "I take some tablets but I look after them myself, I have them in my drawer, you see I don't need any help that way." Other people said they got their medicine regularly and at the right time and that staff stayed with them whilst they took it.

Each person also had a medicine profile which included their photograph, date of birth, allergies and contact details for their doctor. Medicine administration records (MARs) were completed following administration. We saw there were a couple of medicine administrations not signed for but it had previously been identified via a quality audit.

People had care plans in relation to medicine administration which detailed where and how people liked to take their medicines. We saw that staff understood people's preferences and met them when we observed medicine administration rounds.

Protocols were in place for 'as and when required' medicines which included information on the medicine, how often it could be administered, and the reason for administration. After lunch when staff were administering routine medicines they also asked people if they needed their 'as and when required' medicines. One of the staff members observed said, "I've done my level two in the safe handling of medicines and have been supervised for the first four weeks that I administered medicines, now I can do it myself."

Good

Is the service effective?

Our findings

All the people we spoke with said that as far as they were concerned staff had the skills to do the job. They also told us staff were caring, supportive and helpful. Staff told us they felt well supported and said they had regular team meetings for which they could add things to the agenda or share concerns and the registered manager then addressed them. One staff member said, "It's a lovely run home, I really enjoy it."

The provider had a training academy which staff attended to complete a three day induction and all mandatory training. This included the chefs as there was a training kitchen at the academy. The head of strategic development told us, "We provide training in dementia and end of life care as well as fire, moving and handling, first aid, life support, customer service, documentation and so on." They added, "Training needs to be a nice experience for people, we provide coffee, pastries and lunch. There's a computer room for staff to do eLearning and we have high/low beds and equipment for the moving and handling training."

One staff member said, "I've done medicines, dementia, end of life, all of it and more. I like to do courses; it keeps you up to date. They will find specific courses if you need it; it's normally through a 12 week booklet." We asked about the training academy. They said, "It's lovely. You get lunch and tea and coffee. I've done safeguarding, mental capacity and DoLS there."

There was an induction workbook linked to the care certificate and staff were encouraged to complete reflective practice and scenario based work within it. This workbook was internally verified by the head of strategic development to ensure new staff were meeting the required standard. New staff also had a mentor who worked alongside them initially and was then a continuous point of contact for support. A new staff member confirmed they had an induction workbook and a mentor and said, "[The deputy] also keeps an eye on me."

Staff supervisions were held every two months. One staff member said, "We have six a year and an annual appraisal. [Manager] does the appraisals usually. We talk about safeguarding, whistle-blowing, concerns, food and fluids and things like that." Supervisions are used to discuss performance and competency; acknowledging good practice and addressing areas where additional support or training is needed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

DoLS files were in place which contained an index of each person, when a DoLS application had been submitted, the outcome and if it had been authorised the expiration date was recorded. Where the DoLS authorisation had expired there was a record of the actions taken. The individual information in the file included a MCA assessment, a best interest assessment; the application for authorisation and the outcome of the application. There was also a copy of the notification to CQC informing us of the outcome and whether this was an approved authorisation or not.

The registered manager explained that if someone had been assessed as lacking capacity, best interest decision forms were put in place to ensure the person was clean and comfortable, well-nourished and if appropriate to ensure finances were managed safely. People's care records contained best interest decisions which corresponded to the information contained in the DoLS authorisations. One senior staff member said, "Care staff have access to the consent care plan and staff follow that rather than the actual DoLS authorisation."

People confirmed that staff sought their permission before carrying out any treatment or support. One person said, "I'm very independent but they will give me the support that I ask for and let me get on with what I can do myself."

Where people had do not attempt cardiopulmonary resuscitation orders (DNACPR) in place there were corresponding care plans which detailed the date a formal medical review was needed; instructions that the DNACPR should be taken to hospital with people and on any days away from the home. We also saw that people were asked at their six monthly review whether they were still happy with having the DNACPR in place. One staff member said, "The doors have coloured dots on them so we know instantly if people have a DoLS in place or a DNACPR."

People could have their lunch anytime between 12.30 and 1.30pm and there was a choice of hot and cold meals

available. Written menus were on display in all the dining rooms. We asked about a pictorial menu in the Grace unit and was told it was kept in a file in the dining room and was available for viewing.

People we spoke with often couldn't remember what they had ordered for meals so we asked one staff member about the process for this. They said, "Meals are ordered the day before but people can change their mind, we just tell the kitchen staff." It may be of benefit for people to have visible access to a pictorial menu and to have the option of choosing on the day.

Meals were brought to people at the table and everyone was offered juice of their choice and later they were offered tea or coffee. On the ground floor we observed that people ate their meals independently and staff were present ensuring people had enough to drink, asking if they needed any help or if they wanted seconds or had had enough. If staff observed that people hadn't eaten very much or if people said they didn't want anything staff were proactive in offering alternatives and asking people what they fancied, encouraging people to have something to eat even if it wasn't a full meal. One person said, "I choose what I want for lunch – it's all great, we can get anything we want to." Another person said, "The foods great, you can choose within reason what you want to have and if you don't fancy it you can have beans on toast or something like that. I've told them I don't like big portions so I get what's right for me'.

White boards were used to record any food allergies or dislikes or specific dietary requirements. People's names were not referred to but their suite or room number was to ensure people's privacy was maintained. Kitchen staff and care staff were knowledgeable about people's dietary requirements and had received training in diabetes management and nutrition and hydration. People said the food was good. One person said, "The chef left a week or so ago so we have different chefs. I asked the chef from Redcar to stay because his meals were fantastic."

The catering development manager spoke with us about pureed food which was moulded so it could be eaten with a fork but still meet people's specific dietary requirements. This meant food was visually attractive and more appetising for people. Dignity was maintained as people were offered a meal which looked the same as everyone else's. We were told, "We can still fortify the food and it's led to increased appetite and weight gain for some people as they are enjoying their meals more." We were also told about a product called 'Aerofoam' which creates foam from liquid which can then be used to freshen and moisten people's mouths who are receiving end of life care. All chefs, including relief chefs had been trained in using these products.

People had access to dietitians and healthcare services if needed and records were kept of any appointments or contact with district nurses and doctors.

The district nurse team were involved in supporting people with continence needs and care plans and records were kept in people's rooms in relation to the care they needed. Staff were aware of the signs of catheter blockage and infections and knew the pathway they needed to follow to access district nurse involvement.

One person said, "If you're feeling bad they're straight here. If you want to stay in bed you can and if you want to see the doctor you can – it's up to you, everyone is marvellous." Another person said, "The nurse comes in to do my legs a couple of times a week, it's taken some time but they're getting better now." Another person told us, "I get my finger and toe nails cut when I need them and I get my hair done and anything I need the staff just say don't worry we will get it for you."

People and their relatives confirmed that doctors, dentist, nurses, chiropodists, opticians, hairdresser could all be accessed as and when required by making a request to the staff or the manager.

The Grace unit was specifically for people living with dementia. The décor was plain but homely and there was signage indicating toilets and bathrooms and people's individual rooms which help orient people to their surroundings. Objects were available for reminiscence such as old typewriters, telephones, cameras and sewing machines. There were sensory boxes around the unit so people could access tactile materials for comfort and stimulation.

There was information on the staff on duty available on the Grace unit but this could have been enhanced by using photographs of staff rather than written information.

Good

Is the service caring?

Our findings

The atmosphere within Hawthorn Court was warm, welcoming, friendly and calm. All the people and visitors we spoke with were positive about the care received. One relative said, "They empower them and treat them well and they listen to them and do what they want to do rather than telling them what they have to do. It's all about the individual which is great." People confirmed their privacy and dignity was respected and all but one resident said that their choices were also respected.

People said the staff were caring and the manager was very good. One person said, "Staff are very, very good, very, very caring and they don't mind having a chat with you which is nice. Before I came in here I was quite lonely but now I have company and people who care for me so I'm quite happy." Another person said, "The staff here are great, they're like a family and [registered manager] is marvellous, she even comes in some weekends." Other comments from people included, "The staff are beautiful. They'll do anything for you." This person smiled fondly at one of the care staff and said, "She's a very good one." Another person said, "I love it here, the staff are very nice." They added, "The staff at night are very good, at about two or three in a morning they give me a little wave and bring me a cup of tea. They are very nice." Another said, "People here are like a family to you. This is the best place, I don't want to leave."

One person explained to us, "I came on respite and stayed." They added, "I moved into the room I wanted as it's got patio doors into the garden, it gets all the sun and I get out into the garden." They went on to say, "If I need to go to an appointment there's always someone to take me, I'm really pleased with things." Another person said, "When my walking got worse and this room became free they suggested I move into it. I had a look and agreed straight away because I have a fantastic view and a door straight into what I like to call my garden." They added, "I also have some outdoor plants which staff help me to water."

Staff were seen to be treating people with dignity, compassion and respect. Staff knocked on people's doors and waited for a response before entering. People confirmed that this always happened.

Staff and people interacted well. The staff were helpful, supportive, sensitive and empowering when engaging with people, spending time talking and listening to people, offering support to peel fruit, or get drinks for people or just spending time together. Staff showed affection for people which was valued and returned. One staff member said, "The best thing about the home is the happy residents and the great staff team." We observed lots of laughter and optimism across the team which was shared with the people living at Hawthorn Court.

We observed that nurse call bells were responded to immediately which was confirmed by people. One person said, "If you press the bell they're here straight away." Another said, "My doctor was here and he opened the door from my room to the garden which set off an alarm. There were 3 staff here in seconds the doctor was quite embarrassed!"

Staff were polite and helpful, welcoming to visitors and the inspection team. Everyone confirmed that visits could be made at any time and that visitors were made to feel very welcome. Staff knew the names of visitors and they chatted together in an easy and relaxed manner.

People often spoke about spending time in the gardens which were beautifully maintained and a pleasure to look at. There was a grassed and decked outdoor area with a gazebo, and spacious seating areas. The borders had a range of coloured trees and shrubs and people said bulbs were planted to ensure there was colour throughout the year. This provided people with a calm and inviting outdoor space to spend time in.

We observed lunch times in all dining rooms. Tables were set nicely with cutlery and crockery, condiments, napkins and fresh flowers. Food was well presented and looked appetising. Staff had a gentle approach and were unobtrusive but provided support and prompts for people when it was asked for or at appropriate times.

If people had chosen to wear aprons during their meal these were removed after lunch whilst people had a cuppa and a chat together. Staff spent time with people engaging in a respectful and familiar way. Appropriate touch was used to reassure and comfort people and staff knew everyone by name. We heard people exchanging humorous stories and talking about past memories, other people spoke about Catherine Cookson and reminisced about the history and culture of South Shields.

Noticeboards in communal areas contained details of policies, staffing structure, complaints procedures and whistleblowing policy alongside information about

Good

Is the service caring?

activities and advocacy services. There were also photographs of the homes two dignity champions and information related to privacy and dignity on display. Each room had a directory which included information on personalising the room, keeping a key to the room and access to the lockable drawer for keeping valuables. There was information on health and wellbeing such as access to dentists and chiropodists as well as hairdressers and advocacy. the home had a dedicated hair salon and a visiting hairdresser which people used on a regular basis.

Communal areas were well decorated, clean and tidy giving a homely feel and there were fresh fruit and flowers available throughout the service as well as a tuck shop which was available on the ground floor reception area.

People's rooms were very personalised with their own furniture and photographs and belongings, with some rooms having direct access to the garden. Two people had bird boxes as they enjoyed watching and feeding the birds whilst another person fed a seagull and told us how it now knocked on their patio door for bread and had brought its babies to visit.

Requires improvement

Is the service responsive?

Our findings

People had an range of care plans covering needs relating to cognition; wheelchair use; personal hygiene; diet and fluids; dehydration, social activities; sleep; continence; falls; mobility; hearing and sight; infections; and if they could use the nurse call system.

All care plans were evaluated on a monthly basis and some contained very individual information such as people's preferences in relation to clothing and how they liked their room when they go to sleep. Others did not specify the actual support people needed in relation to ensuring their needs were met. For example, one person's care plan for sleep stated that they will change their routine if they are unwell but there was no detail on how this would change the care they needed. Other examples included one person's infection care plan which stated, 'if staff believe [person] has an infection' but there was no information on the signs or symptoms of infection. Dehydration care plans were in place and identified if people were at risk and food and fluid charts were in place for most people. There was no specific guidance on the dehydration care plan as to the amount of fluids people should be having on a daily basis. this information could be found in the diet and fluid care plan.

One person had a care plan for mobilising which stated they sometimes needed to use a hoist but there was no detail on how to identify when the person needed the hoist. these times were identified on the care plan but there were no specific instruction's on how to transfer the person using the hoist. This potentially left the person and staff at risk.

One person's care plan identified that the person may present with behaviour that might challenge staff. The behaviour the person may engage in was described and it was recorded that they settled 'with reassurance.' There was no specific detail for staff to follow on how to reassure the person or what support strategies to implement with the person. This meant staff may be using different approaches to reassure and support the person which may have been confusing for the person. It was recorded that the person had been assessed by a community psychiatric nurse. We spoke with care staff and they explained the person had recently moved to a quieter room and their behaviour had settled. At the time of the inspection this was not reflected in the care plan.

One person had a risk assessment in place for self-harming behaviour which indicated they were at high risk. Potential triggers had been identified and there was information on how to manage the risk but we saw no evidence of a care plan. This left the person at risk. This was brought to the registered manager's attention and they noted it to be actioned straight away.

Care plan audits were completed and they identified actions that needed to be taken such as the reviewing and updating of documents but there was not always any indication about whether the action had been completed or not.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the registered manager and the head of elderly care about care plans needing to contain detail on how to support people. The registered manager said, "I'll address it straight away." On day two of the inspection they had reviewed and updated one person's care plan.

Pre- admission assessments were completed which included details on medicines, medical history, pain management, personal care, skin integrity and communication as well as some information on people's social history. We saw there were some gaps where information had not been recorded, and it was unclear if this was because of an omission or if the information was not known at the time the pre-admission assessment was completed.

People had consent forms in relation to notifying relatives of any health needs, accidents or changes in care but not one of these was not signed or dated.

The people and relatives we spoke with told us they were aware of their care plan and some said they had been involved in developing and reviewing it. People said they had been listened to. One relative said, "The care plan is being reviewed this week, the date was set a couple of weeks ago, I think it was reviewed three or four months ago." Care plans were evaluated on a monthly basis by care staff and more formal review meetings were held quarterly.

One person said, "I do most things for myself but the girls are very nice, they know what help I need. I'm used to them

Is the service responsive?

and they know what I need." Another person said, "It's good here, they are all very nice. They give me the support I need, when I need it. I'm quite independent and they respect that."

People had pen portraits and life histories in place which included their photograph and information on their personality and life achievements; their family background and history.

One staff member told us, "The staff make it a good home, I enjoy getting to peoples life histories, their rich and varied past lives helps me to understand them as they are now."

The registered manager told us people were encouraged to identify three wishes they would like to fulfil that year. One person had said hey wanted to go to space so the registered manager had contacted a lecturer from a nearby observatory to come and meet with the person.

People and their relatives told us they had no complaints and would have no concerns about raising any issues. People said they tell a member of staff if something is bothering them and it's quickly sorted out. One person said, "If I had a complaint I wouldn't be afraid to raise it." A relative said, "If I had a complaint I would make a complaint. Everyone is very approachable and keen to sort any problems quickly. [Manager] is very good." Another relative said, "If I notice anything out of the ordinary I ask someone about it." One person said, "The girls are kind and friendly and I'm quite satisfied with the way things are – I wouldn't want to be anywhere else."

Each room had a service directory which included a copy of the complaints policy and procedure which detailed timeframes for responses to any concerns and complaints. A complaints file was in place and complaints forms recorded the date, name of complainant and name of person it related to and the staff member receiving the complaint. There was a record of who had been informed of the complaint, including home manager, operations managers, CQC, social services and any other relevant person. There followed a summary of the complaint and the action taken.

One complaint was in relation to a relative feeling that they didn't have enough information about their family members care in relation to falls. We saw that risk assessments had been updated and an alarm mat ordered in order to monitor the person while they were in bed.

Another related to family not being updated of a situation and that the care records hadn't been updated. The action taken was that it had been raised with the staff member and the paperwork updated.

There was an activities notice board which showed what was planned on a daily basis from Monday to Thursday. There was also a display of the month's activities for September, information on a therapeutic music gathering, pamper sessions, tasting sessions and a coffee morning. The dates for the residents and relatives meetings and the Hawthorn voice committee meeting were displayed for the year. We asked the activities co-ordinator about activities on Fridays and over the weekend. They said, "Oh, I change the board so it shows Thursday to Sunday activities there just isn't enough space." They went on to say, "When I'm not here the care staff do activities with people. Over the weekend it's a bit quieter so staff can spend more one to one time with people."

There were several activities available to people during the inspection such as celebrating the Queen's time on the throne, card making, colouring in and using the computer. One person said, "I do crosswords and readings, I go to the residents meetings monthly and they've started doing taste sessions for things like coffee or pizzas or different fruits. We get to try new things." They added, "Sometimes people come in and have a bit of a sale so we can buy things." They added, "There's nothing I want to do that I can't do."

We observed people taking part in an afternoon activity with the activities co-ordinator and a helper. This involved music, bubbles, scarves and a memory game. Staff engaged with all the participants and people were clearly enjoying the activity and having fun. There were lots of smiles and laughter throughout the afternoon. The activities coordinator said, "I try and get everyone involved but it isn't for everyone. People can join in whichever activities they like on whichever floor but I am conscious that some people find it difficult to engage with others."

One staff member told us they had a, "Certificate in HEARTs, a relaxation set of techniques for people at end of life or frail and distressed." HEARTs is a therapy which uses a range of natural sensory experiences, including hands on contact, empathy, aromas, relaxation, textures and sound. We saw that a record of people taking part in these sessions was kept along with any outcomes achieved, such as joining in with singing; relaxing or going to sleep.

Good

Is the service well-led?

Our findings

The home had a well-established registered manager who had been in registered since March 2012. They were proactive in meeting their responsibilities in relation to submitting relevant notifications to CQC. Everyone we spoke with said they knew who the manager was. People commented that they thought the manager was very good and that Hawthorn Court was well run. The general consensus was that Hawthorn Court was well-led. One person said, "They (staff) and the manager listen to you and if there's something you want or need they will get it or it will be done – nothing is a bother."

People and their relatives were positive about the care, nutrition, hydration, activities and provision of services at Hawthorn Court. Relatives said that they were always made to feel welcome and that the atmosphere and environment was always friendly and welcoming.

There were various methods of involving people in the running of Hawthorn Court which everyone we spoke with were aware of. Dates of meetings were on display throughout the home and had been planned well in advance. People said they felt they could express their views and make suggestions which were listened to. Resident and relatives meetings were held were information was shared on any news about the organisation and the service such as new staff in post, health and safety, housekeeping and catering reports and activities to name but a few.

Hawthorn Voice meetings were also held regularly. This was a committee of people and relatives, led by a relative and was focussed on activities, events and fundraising. The registered manager told us the purpose of these meetings was to, "Empower those who had a lot to say and wanted to be involved with planning for the service, for example, decisions regarding spending money raised through fund raising events."

One relative, who was also the chair of Hawthorn voice, said they had identified a large wooden gazebo which would encourage more people to use the garden area. The committee had written to Helen McArdle to see if she would match fund 50% of the cost if Hawthorn voice could fund raise for 50%. The outcome was that Helen McArdle funded the entire cost of purchase and fitting of the gazebo.

There was also a monthly newsletter which highlighted forthcoming events and gave information about local events as well as updates and articles from the organisation.

There were regular team meetings for staff, including a separate meeting for the senior care staff. Staff were able to add to the agenda which included things like the registered managers update on accident reporting, health and safety, safeguarding and lessons learnt as well as any issues raised by people or staff. The senior care staff meeting included a discussion around a need to improve care plans with the need to record more specific information. Medicines, training, mental capacity and deprivation of liberty safeguards were also discussed.

We asked staff if they thought any improvements could be made to the management of the service. All the answers were positive. One staff member said, "Nothing could be done better, it's the best home I've worked in. I've been here five years since day one." They added, "Everything is kept up to standard, concerns are addressed and dealt with. I've never had anyone say, 'no you can't have that.' We always get whatever we ask for, and if a resident asks for anything they always get it." Another staff member said, "There are no improvements, it's a good home, a good manager, we are always involved in everything." Another told us, "The ethos of the organisation would never tolerate anything but holistic, person centred care."

One staff member said, "The best thing is the manager and team, everyone works well together."

One staff member did comment that better communication between staff would improve things they added, "[The manager] is excellent and responsive in their support."

The head of strategic development explained they had an independent survey being completed which would provide a satisfaction report at the end of the year. They also explained that a six monthly internal survey was completed for residents. Findings were reviewed and discussed with the manager who then put any necessary action plans in place. They said, "The welfare of staff is important to us."

We saw the employee survey results from November 2014 which showed that the majority of staff felt valued. Transcripts of comments included that staff felt happy and

Good

Is the service well-led?

content but some felt too much pressure was put on them; 90% of staff felt the training offered supported them to do their jobs and staff felt the appraisal and supervision system helped them feel appreciated and valued.

There was a quality assurance system in place which included a variety of audits. Care plan audits were completed and actions needing to be taken were recorded such as reviewing and updating documents. There was not always a record of when the actions had been completed. The registered manager said they completed two or three audits a week and had changed the form so they could add the date and name of the person completing the audit.

Management night visits were completed to ensure the security of the building and of people were being appropriately met. Staff also had the opportunity to meet the manager on an individual basis during these visits.

Other audits included a monthly resident and staffing report which looked at dependency levels; safeguarding; engagement; clinical key performance indicators and staffing. Periodic health and safety checklists were completed as were audits of infection control and the kitchen.

The operational manager for the service also visited and completed a bi-monthly audit which assessed the environment; staff files; training; care records; management and leadership; medicines and health and safety. Each area was scored and defined as compliant, partially compliant or non-compliant. In the August 2015 audit all areas had been assessed as being compliant or partially compliant except for resident files. Action plans were in place which identified that more detail was needed in some records and they needed to be more person centred; daily reports needed to evidence choice and activities; consent forms needed to be in place as did some future care preferences. All actions had an agreed timescale and a signature to identify whether or not the action had been completed.

There were several systems in place for the handover of information including a verbal and written handover at every shift change, a task allocation sheet which identified which staff were responsible for the care of which people and a daily manager's report which included a summary of any accidents, hospital admission and discharge, medical appointments, incidents, audits and reviews completed.

Staff had access to a range of policies and procedures at all times of the day and night.

Staff recognition awards were held every two years and staff could be nominated by people, their relatives or colleagues. Nominated people were shortlisted and interviewed by a panel who made a judgement on who won an award. This resulted in a presentation evening. One staff member said, "It's a lovely, lovely night, you get to walk up the red carpet and it puts the spot light on staff." They added, "One of the staff here won carer of the year."

The managing director told us the organisation has bought a season ticket for the football and staff can apply to attend a match; it's seen as a thank you for their work. Residents can also use it if they want to. They said, "[The provider] does care and is passionate and wants to make a difference for residents and staff."

Staff could also access a confidential service where they could get support on any matter including access to legal advice or face to face counselling if needed. The head of elderly care explained that this service was completely confidential to the staff members using it.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was not always an accurate, complete and contemporaneous record of care and treatment provided to people. Regulation 17(2)(c)