The Hawthorns Lodge Limited

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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

We inspected Hawthorns Lodge on 19 January 2016. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Hawthorns Lodge provides accommodation and care for up to 20 older people who may be living with dementia. The home is a purpose built bungalow style accommodation. It is situated on the same site as Hawthorns Residential Home.

The home is recorded as not having had a registered manager in post since June 2014. 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. The lack of registered manager was found to be an administrative error. The registered manager for Hawthorns Residential Home covers both locations and had expected that they would be registered for both locations. The manager had noted this discrepancy and submitted the relevant forms to ensure this location is added to their registration.

People told us that staff worked with them and supported them to continue to lead fulfilling lifestyles. Staff outlined how they supported people to continue to lead independent lives. We found that a range of stimulating and engaging activities were provided at the home. We found that people were encouraged and supported to take responsible risks and positive risk-taking practices were followed. Those people who were able to were encouraged and supported to go out independently, and others routinely went out with staff.

People we spoke with told us they felt safe in the home and that staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm.

People who used the service and the staff we spoke with told us that there were enough staff on duty to meet people's needs. The registered provider and manager had closely considered people's needs and by using rolling cover ensured that for the 20 people using the service from 6am until 10 pm there was a senior carer and three to four care staff were on duty during the day and a senior carer and a care staff member on duty overnight.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia care.

Where people had difficulty making decisions we saw that staff gently worked with them to work out what they felt was best. Staff understood the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations. Staff had been working hard to ensure capacity assessments were completed in line with the Mental Capacity Act 2005 code of practice. They and the manager recognised that they were still developing the skills needed to always complete these accurately and they needed more space on the sections relating to people's ability to take on board information to write their analysis.

We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. Staff also sensitively supported people to deal with their personal care needs.

People told us they were offered plenty to eat and we observed staff to assist individuals to have sufficient healthy food and drinks to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained detailed information about how each person should be supported. We found that risk assessments were very detailed. They contained person specific actions to reduce or prevent the highlighted risk.

We saw that the registered provider had a system in place for dealing with people's concerns and complaints. The manager had ensured people were supported to access independent advocate.

s when needed. People and relatives we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home and saw that audits of infection control practices were completed.

The registered provider had a range of systems to monitor and improve the quality of the service provided. We saw that the registered provider was enhancing these systems with the introduction of a computerised quality assurance system. The manager had systems in place to oversee the performance of the home and to identify any areas that needed to be developed.

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.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management and administration of medicines. Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty.

People were provided with a choice of nutritious food. People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their independence, privacy and dignity were promoted. The staff were knowledgeable about people's support needs.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

We saw people were encouraged and supported to take part in activities a wide range of activities. People routinely went on outings to the local community.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be looked into and reviewed in a timely way.

Is the service well-led?

Good

The service was well led.

We found that the registered provider and manager were very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found that the manager was very supportive and felt able to have open and transparent discussions with them.

Systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

Hawthorns Lodge Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 19 January 2016 and was unannounced.

The inspection team consisted of an inspector, three specialist advisors one who was an occupational therapist, one who was a nurse and third was a CQC team manager.

We received and reviewed a registered provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits.

During the visit we spoke with five people who used the service and four relatives. We also spoke with the registered provider, the manager, deputy manager, four care assistants, the cook, a domestic staff member, the maintenance person and the activities coordinator.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at six people's care records, six recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms, all of the bathrooms and the communal areas.

Good

Is the service safe?

Our findings

We asked relatives and people who used the service what they thought about the home and staff. Many of the people who used the service found it difficult to express their views but indicated that they were content at the home. Relatives told us that they found staff were effectively cared for their relative and were very kind. They told us that they thought the staff provided care that met people's needs and kept individuals safe.

Relatives said, "We find that the staff are very attentive and really go the extra mile to make sure my relative is looked after and well." And, "They are great and nothing is too much for them to do."

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care and safely assist people to eat. Charts were used to document change of position and food and hydration were clearly and accurately maintained and reflected the care that we observed being given. This meant people were protected against the risk of harm because the registered provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

Staff were able to clearly outline the steps they would take if they felt they witnessed abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. Staff said, "I would report anything that I felt was unkind or poor behaviour towards any one of our people. This is their home and no one should expect to put up with that sort of behaviour."

We found information about people's needs had been used to determine that this number of staff could meet people's needs. Through our observations and discussions with people and staff members, we found that there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was case. The registered provider and manager had looked closely at people's needs and in light of this introduced a shift pattern that allowed for a senior carer staff and at least three to four care staff to be on duty from 6am to 10pm. A senior care and care staff member were on duty overnight. In addition to this the manager and deputy manager provided cover during the week. Also additional support staff were on duty during the day such as activity coordinators, an administrator, catering, domestic and laundry staff.

We looked at the recruitment records for four staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended interview, obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and

vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

Accidents and incidents were managed appropriately. The registered provider and manager discussed how they were analysed incidents to determine trends. They outlined how they had used this to assist them to look at staff deployment, which had led to the extended cover across the daylight hours. We saw that where accidents had occurred they had been fully recorded and appropriate remedial action taken.

All areas we observed were very clean and had a pleasant odour. Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We spoke with the housekeeper who told us they were able to get all the equipment they needed. We saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six month for day staff and every three months for night staff and refresher training was undertaken annually. This frequency was in line with that required in the fire regulations.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and the portable appliance testing (PAT) were scheduled to be tested. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We noted that the size of the bathrooms was limited and discussed that in future developments the registered provider may wish to consider how to provide more space in these rooms. Also we noted some minor repairs were needed, which the maintenance person completed following our visit.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the home and storing them. We looked through the medication administration records (MAR's) and it was clear all medicines had been administered and recorded correctly. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. All staff who administered medicines had been trained and completed regular competency checks to ensure they were able to safely handle medicines.

We did find that the storage was limited in the medicine cupboard and discussed this with the registered provider who confirmed this was an area they were already looking to address.

Good

Is the service effective?

Our findings

At this inspection the people and relatives we spoke with told us they thought the staff were good and had ability to provide a service, which met their needs. Relatives told us they had confidence in the staff's abilities to provide good care and believed that the home delivered an excellent service.

Relatives said, "The staff picked up on the smallest changes in my relatives needs and always take prompt action so get the doctor in straight away. They always let me know what is happening." And "The staff and manager are great. It is also good to see that the owner takes such an interest and we often see him here and can chat to him."

The manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The Mental Capacity Act 2005 (MCA) balances an individual's right to make decisions for themselves with their right to be protected from harm if they lack mental capacity to make decisions to protect themselves. It provides a statutory framework for people who lack mental capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. The Act generally applies to people who are aged 16 or older, and 18+ for Advance decisions, lasting powers of attorney and the deprivation of liberty safeguards.

The care records we reviewed contained assessments of the person's capacity to make decisions. We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. Care records also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people, for instance via people going out with the staff or pointing to what they wanted.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done after consideration of what would be in their best interests. Best interest decisions were recorded in relation to care and support, finance and administering medicines amongst others.
The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. The manager told us they had been working with relevant local authorities to apply for DoLS authorisations for people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this outcome. We highlighted that the manager had not sent in all the required notifications about these authorisations and following our visit they supplied all of the missing notifications.

We found that some staff struggled to understand that when people had capacity they could make unwise

decisions and how to complete decisions specific capacity assessments. The training officers we spoke with had recognised this gap and outlined that they were in the process of providing additional training. The plan was for staff to complete other relevant training such as how to apply the Mental Capacity Act 2005 principles, how to complete capacity assessments and record 'best interest decisions' in the next few months.

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. All the staff we spoke with were able to list a variety of training that they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the management team if they felt they had additional training needs and were confident that the manager would facilitate this additional training. The training officers discussed the accredited programmes they ran and how this year the registered provider was enabling to extend the function of their accredited learning department. We heard that one of their goals was to become an accredited centre, which other care home providers could use as well as staff from the registered provider's homes.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed that all of the staff had also completed refresher training.

We saw that staff who had recently commenced work at the home had completed an in-depth induction programme when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff. We found these staff only started to work on a one-to-one basis with people when both were confident the staff member knew how to effectively support the individual.

We found that new staff, where appropriate, were completing the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. One of the senior support workers we met had recently started work at the home and told us about their induction, which had included refresher mandatory training and shadowing the other senior support workers.

Staff we spoke with during the inspection told us they had regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place. We saw that the manager was completing competency checks for care staff.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care and nursing needs. We saw that 'Snapshot assessment forms' were completed for people and these provided a range of information about their needs.

We saw that MUST tools, which are used to monitor whether people's weight were within healthy ranges were being accurately completed. People were seen when concerns arose and attended regular appointments. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We observed that people received appropriate assistance to eat in both the dining room and in their own rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to

sit. We found that during the meals the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times. All the people we observed enjoyed eating the food and very little was left on plates.

Good

Is the service caring?

Our findings

The people we spoke with said they were happy with the care provided at the home. Relatives discussed at length their views on the service and how they thought the care being received was very good.

Relatives said, "Staff in here are excellent and we always get a warm welcome. We come here often and always find the staff are kind and caring to everyone." And, "You can't find better anywhere, people are always treated with respect."

Every member of staff that we observed used a caring and compassionate approach when working with the people who used the service. Staff we spoke with described with great passion, their desire to deliver high quality support for people and were extremely empathetic. We found the staff were warm and friendly.

Staff showed good skills in communicating both verbally and through body language. One person who was being assisted to eat their meal was unable to speak but staff constantly watched their face for signs that they were ready for more food and chatted to them throughout the meal. Staff were also skilled in communicating with people who had hearing impairment; they approached them slowly, spoke clearly and checked that they had heard before moving away.

The manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. One care staff member said,' The people are at the centre of what we do and why we are here. We want to make sure they get the best quality care possible." Another member of staff said, 'We always give personal care in the bedroom or in the bathroom and we lock the door." We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join and we saw that one person routinely went out and about as and when they pleased. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs, pictures (both wall mounted and displayed on surfaces), furniture, lamps. We did discuss with the registered provider and manager actions that could be taken to make the home more dementia-friendly and they undertook to explore how to make the home easier to navigate for people with

memory loss.

Good

Is the service responsive?

Our findings

We saw that people were engaged in a variety of activities. From our discussion with the activity coordinator we found that the activities were tailored to each person. People and relatives told us that the activities coordinator was fantastic at their job and really brought the home to life.

People said, "The activities coordinator is fantastic and always trying to make each day special." And. "She is always coming up with good ideas plus of course we must not forget the maintenance man in this praise as they take people on trip and do things like making videos of the activities and events people have joined in. This is always a good talking point."

We found people were engaged in meaningful occupation and the activity coordinator had tailored the programme of activity to stimulate each person and entertain individuals'. The activities coordinator was very enthusiastic and recorded information about which activities people enjoyed participating in. All the people we spoke with were very enthused by the activities that were on offer.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. The staff discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people's needs.

We found the care records were well-written. They clearly detailed each person's needs and were very informative. As people's needs changed their assessments were updated, as were the support plans and risk assessments. During the inspection we spoke with staff who were extremely knowledgeable about the support that people received. They could readily outline what support plans were in place and the goals of each plan. The people we spoke with told us they found that the staff made sure the home worked to meet their individual needs and to reach their goals.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. They were also able to show us the complaints policy which was in the office. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action.

We spoke with relatives and people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered provider and the manager. They told us although they had not needed to make a formal complaint that any little niggles they had were addressed straight away and this gave them confidence that any problems would be resolved. We saw that when complaints had been made the registered provider had thoroughly investigated and resolved then used the information as learning and a means to improve the service.

Good

Is the service well-led?

Our findings

The relatives we spoke with who used the service spoke highly of the service, the staff and the provider. They told us that they thought the home was well run and met people's needs. People who used the service told us that they were very happy at the home.

We found that the registered provider and senior management team clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the registered provider was very reflective and critically looked at how staff could tailor their practice to ensure the care delivered was completely person centred. We found that they actively monitored the service and used the information they gathered to make improvements. The manager undertook monthly reviews of care plans and medicines and kept a log of where actions were required and when they had been completed. The manager told us that senior care staff also undertook checks of the environment, beds, staffing levels and general tidiness.

We found that the staff had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care. We saw that the manager had supported staff to review their practices and looked for improvements that they could make to the service.

We saw that the manager and deputy manager held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Questionnaires were sent out to people and their relatives every six months, and resident and relative meetings were held. Records confirmed that a wide range of topics were discussed at these, for example food and activities, and that were people or their relatives made specific requests actions were taken to address this. The deputy manager told us that they would also seem feedback from people more informally.

The staff we spoke with had a pride in the home that they work in. Staff said, "I love working here. I feel we are valued and respected so supported to do a good job." All the staff members we spoke with described that they felt part of a big team and found the registered provider and manager were very supportive.. We saw that the registered provider was a very visible part of the team and happy to assist with all tasks such as assisting in the kitchen and sitting in the lounges so staff could undertake the personal care tasks.

The staff we spoke with described how the registered provider wanted to provide an excellent service and really cared about the people at the home. They told us that the registered provider constantly looked to improve the service. Staff said they felt supported by the provider and registered manager, and would be confident to raise any issues they had or to request more support. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes.Staff told us they attended staff meetings throughout the year and the meeting minutes and action plans were reviewed confirmed that staff consistently reflected on their practices and how these could be improved. These were usually joint meetings for all staff at the service and the adjacent Hawthorn Residential Home, but where issues were relevant to only one service meetings were held there. Additional meetings were arranged for the convenience of night staff.

Staff told us that the senior management team were supportive and very fair. Staff told us they felt comfortable raising concerns with the managers and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. We found the registered provider to be an extremely visible leader who demonstrably created a warm, supportive and non-judgemental environment in which people had clearly thrived.

They completed weekly and monthly audits of all aspects of the service and took these audits seriously thus routinely identified areas they could improve. They had recently developed a computerised quality assurance system and we saw this would provide comprehensive reports. This combined with the manager routine oversight of the home ensured good governance arrangements were in place.