

Hawkinge House Limited

# Hawkinge House

## Inspection report

Hurricane Way  
Hawkinge  
Folkestone  
Kent  
CT18 7SS

Date of inspection visit:  
20 May 2021

Date of publication:  
28 June 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hawkinge House is a service providing personal and nursing care for up to 146 people. The service is provided in one purpose built building set over three floors with a communal lounge, seating areas and dining area on each floor.

Some people living at the service had tenancy agreements with the registered provider and as such fell under the regulated activity of personal care. At the time of our inspection 112 people were living at the service. Of these, 74 people received accommodation and personal care as one contractual arrangement; 38 people had a tenancy agreement and in receipt of personal care within their home. The registered manager confirmed that everyone living at the service was entitled to the same level of 24-hour care, therefore we have included everyone living at the service in our inspection.

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

People and their relatives told us they were safe and well cared for at the service. One person told us, "There's no problem at all, I haven't got any problems. All the people, all the staff are all very friendly and I am very happy. I'd speak to the manager if ever there was a problem". Individual risks were assessed, and guidance was in place for staff to minimise risks. Staff understood they had responsibilities in relation to safeguarding people. People could be assured their medicines were safely managed and given as prescribed. Infection control procedures were effective and adhered to by staff. Accidents and incidents had been reviewed to learn lessons and to prevent a re-occurrence. There were enough staff to provide safe care and robust recruitment procedures made sure new staff were recruited to ensure they were suitable for their role.

People, staff and relatives told us the management team was approachable and they felt listened to. There was a focus on a person-centred culture. Staff liaised closely with other professionals to make sure people's needs were assessed and met. Relatives were kept informed of any concerns with their loved ones care. Regular audits were completed to monitor the quality and safety of the care provided. These were used to inform senior management and the board to support continuous improvement.

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 (report published 31 December 2019).

### Why we inspected

We had concerns in relation to safeguarding incidents and complaints the service had received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hawkinge House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Hawkinge 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and three Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The two inspectors visited the service. The three Expert by Experiences spoke to people and relatives on the telephone.

#### Service and service type

Hawkinge House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service also provides support to people who have a tenancy agreement for their accommodation at the service. In this case we only regulate the personal care people received.

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 the local authority and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with 14 people who used the service and six relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, compliance manager, registered nurses, care workers and maintenance staff.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person said, "I always feel safe. They push me to the lounge every day. We can do what we like, they don't make us do things we don't want to". A relative commented, "I think the home is geared up to keep people safe. (My relative) is free to move around the floor she is on, she can't leave but they encourage her to be as independent as possible".
- Staff had received training to make sure they knew how to protect people from abuse. Staff knew what to do and said they were confident to raise concerns and were sure they would be listened to. They knew how to report outside of the organisation if they felt their concerns were not acted upon.
- The registered manager was responsive in responding to safeguarding concerns raised and reporting to appropriate agencies. They investigated the issues and reported on their findings to the local authority, who are the lead safeguarding agency.

Assessing risk, safety monitoring and management

- Individual risks had been identified and guidance was in place for staff to support people to minimise risks.
- People told us they felt safe when staff were providing their care and support.
- One person said, "Yes they do(keep me safe). They get me up in a morning and put me to bed. As I am in a wheelchair, they hoist me into bed and out of bed and move me anytime during the night. There are always two carers". A relative commented, "The staff use a hoist to move (my relative), they reassure him all of the time when he is in it, they chat and talk to him".
- All appropriate maintenance and servicing of equipment had been carried out at approved intervals. Such as fire alarm testing, gas and electrical appliance and wiring testing.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff on the electronic system. The registered manager reviewed all incidents and checked appropriate action had been taken. The compliance manager monitored accidents and incidents by accessing the electronic recording system at regular intervals.
- The registered manager and compliance manager reviewed the number of incidents and checked if a theme was apparent across the service. They used this information to learn lessons and make changes in the service to prevent future occurrences.
- The compliance manager reported accidents and incidents to the provider's governing board once a month. This meant there was oversight by the provider's governing board and action could be taken to address any patterns or trends.

### Staffing and recruitment

- People and their relatives told us there were enough staff to meet their needs. People said they were not kept waiting for long periods when they needed help and pressed their buzzer or called out. Comments from people included, "Enough staff, yes I think so. They come fairly quickly, occasionally they are busy and you have to wait. It's fine. I am surprised actually, never had to wait long, always had assistance" and "I've never had to wait for staff, so I think there is. Even sitting here, talking to you, I can see the staff talking to other people".
- Safe recruitment processes were used to make sure new staff were suitable for their role. This included application forms with a full employment history, references from previous employers and checks with the Disclosure and Barring Service (DBS). These checks help providers ensure staff are suitable to support vulnerable people.

### Using medicines safely

- People were supported to take their medicines at the correct time. Peoples' care plans detailed how they preferred to take their medicines and important information about the medicines they were taking.
- The provider had a computerised system to support staff to administer people's medicines safely. Barcodes were stamped on each medicine and staff scanned the barcode to record when they had given people their medicine. The electronic system was accessed through mobile phones and tablets. Staff were alerted if a medicine had not been given when it should or if they tried to give a medicine that was not due.
- Managers were able to check safe medicines administration by accessing the system remotely at any time. Staff told us this had minimised the risk of medicines errors.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A relative told us, "The home is spotless; the cleaning staff are very good and are lovely too".
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. One person told us, "It's spotlessly clean, yes. The staff wear their masks all the time".
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. A relative said, "When I visit, I wear full PPE; mask, apron and gloves. My dad also visits, and he is able to go in every day. We take lateral flow tests prior to going in".



# 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 registered manager had developed an open-door culture. People, relatives and staff were positive about the management of the service and said they were able to raise concerns and were listened to. Hawkinge House was a large service and the management team included duty managers, who were registered nurses, on each floor.
- The registered manager regularly visited all areas of the service, checking the environment and chatting to people and staff. Duty managers were readily available to people and knew people living in their area well.
- People said, "I would recommend it. I think it is well run; I presume so, as I have no complaints" and "The best thing is, they (staff) are friendly and talk to me". Staff told us they were happy working at Hawkinge House and would recommend the service to other staff. They were able to share ideas for improvement and were given opportunities to develop their career.
- The provider was trialling a new way for care staff to provide care and support on the ground floor of the service. The intention was to increase person centred care by introducing a 'care companion', one care worker who provided all support throughout the day to individual people. This meant people had more consistent and personal support. The provider intended to roll the new way of working out across the service as the feedback had been positive and better outcomes for people had been recorded.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 registered manager understood their role and the legal requirements expected of them. They had notified CQC of significant events such as deaths, allegations of abuse and serious injury. The rating of their last CQC inspection was displayed in a prominent place, as required.
- Relatives told us they were kept informed if their loved one had an accident or there was an incident involving them. One relative said, "(My relative) has had a few falls and the staff always let me know when this happens. They have now placed a mat that alarms by the side of his bed and he wears a strap around him when he sits out in his wheelchair".
- A clear process was in place to monitor the quality and safety of the service. An electronic recording system meant the registered manager and compliance manager were able to check people's care at any time.
- The registered manager monitored areas such as medicines management, care planning and health and

safety. Action was taken to make improvements. The compliance manager undertook another level of checks and reported to the governing board.

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

- People told us they were involved in their care and supported to make their own decisions, which were respected by staff. Relatives said communication was good and they were kept updated about their loved one's care. One relative commented, "I am really impressed with the communication we have had from the home. They are not slow in ringing if there is any query or if mum needs anything; they seem to pre-empt our queries and it is the same from the nursing floor through to the management team".
- Relatives could access their loved ones electronic daily care records through an online portal, where appropriate. This gave them some peace of mind and a connection with their relative's care.

Working in partnership with others

- The service made referrals to health professionals when required. People had had referrals to the falls team, mental health team, chiropodists and occupational therapists. During the COVID-19 pandemic, this had continued through telephone and video calls where appropriate.
- Nursing staff worked closely with local GP's and community nurses to ensure people had advice and treatment when needed.
- The provider had introduced management team meetings across their group of services where registered managers and clinical leads could share ideas and good practice. The registered manager accessed local virtual chats to keep up to date with local issues.