

Stirrupview Limited

Hawthorne Lodge Residential Care Home

Inspection report

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Liverpool, L20 3AR
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 8 & 9 January 2015 when four breaches of legal requirements were found. The breaches of regulations were because we had some concerns about the way medicines were managed and administered within the home; standards concerning the way infection control was managed and the effective recruitment of staff. We asked the provider to take action to address these concerns.

We also were concerned about the effectiveness of systems in place to identify, assess and manage the quality of service provision including risks relating the health, safety and welfare of people. We issued a warning notice to the provider and told the provider to address these issues by 24 April 2015.

After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal

requirements in relation to the breaches. We undertook a focused inspection on 4 June 2015 to check that they had they now met legal requirements. This report only covers our findings in relation to these specific areas / breaches of regulations. They cover two of the domains we normally inspect; 'Safe' and 'Well led'. The domains effective, caring and responsive were not assessed at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Hawthorne Lodge Residential Care Home' on our website at www.cqc.org.uk.

Hawthorne Lodge is a care home providing accommodation and personal care. It can accommodate 25 older people. The home is owned by Stirrupview Ltd. The accommodation is a mock Tudor style building located in the Bootle area of Liverpool. Due to its location there is good access to public transport and many local facilities are a short journey away.

Summary of findings

At the time of the inspection the home did not have a registered manager. 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 and associated Regulations about how the service is run. The home has not had a registered manager since April 2014 following a change to the provider's board of directors. At the time of our inspection the acting manager had applied for registration.

We found improvements had been made in all areas and the previous breaches had been met. The improvements also meant that the requirements of the warning notice had also been met.

We found the home to be clean and the have developed a good range of policies and procedures to manage the control of infection.

We checked staff recruitment files and found these to be organised and easy to navigate. The provider had carried

out audits of all files to ensure that staff had been effectively recruited and any required employment checks had been made. This process ensured staff were fit to work with vulnerable people.

There were systems in place to monitor medication safety and that staff were trained and assessed to help ensure their competency so that people received their medicines safely. We identified some further improvements needed and we therefore recommend that the provider seeks further guidance to ensure that medicines are safely recorded and accounted for.

We met with a representative of the provider who was supporting the acting manager for the home. We were showed improvements in the way the home was managed in terms of overall governance. We saw there were well-developed processes in place to seek the views of people living at the home and their families and visitors, including professionals. The provider was able to evidence a series of quality assurance processes and audits carried out. These helped ensure standards of care were maintained consistently as well as providing feedback for on-going development of the service.

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?

We found that action had been taken to improve the safety of the home.

Medicines were administered safely. Medication administration records [MARs] were maintained in line with the home's policies and good practice guidance. There was a lack of clear policy and monitoring of medicines to be given when needed [PRN].

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

The home was clean. The provider had developed policies and procedures and a series of audits to ensure infection control was adequately monitored. This meant that the provider was now meeting legal requirements.

Improvements had been made and we have revised the rating for this key question from 'inadequate' to 'requires improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

Requires improvement



Is the service well-led?

We found action had been taken to improve the management and governance of the home.

The acting manager was applying for registration to the care quality Commission.

We found the provider was supporting the acting manager and had developed clearer and more effective systems to get feedback from people so that the service could be developed with respect to their needs and wishes.

We found that there were more comprehensive systems in place to identify, assess and manage risks to the health, safety and welfare of people living in the home. This meant that the provider had met the requirements of the warning notice.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'well-led' at the next comprehensive inspection.

Requires improvement



Hawthorne Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook this focused inspection on 4 June 2015. The inspection was completed to check that improvements to meet legal requirements identified after our comprehensive inspection on 8 & 9 January 2015 had been made. We inspected the service against two of the five questions we ask about services; is the service safe? Is the service well led? This is because the service was not meeting legal requirements in relation to these questions.

The inspection was undertaken by two adult social care inspectors. Before our inspection we reviewed the information we held about the home and reviewed the provider's action plan, which aims to set out the action they would take to meet legal requirements.

At the visit to the home we spoke with a representative of the provider, the acting manager, a professional visitor and members of the care team. We looked at 12 medicine administration charts (MARs), medicine care plans, a medicine policy and medications audits. We inspected staff records and reviewed the records relating to the management of infection control.

Is the service safe?

Our findings

We carried out an unannounced comprehensive inspection of this service on 8 & 9 January 2015 when four breaches of legal requirements were found. The breaches of regulations were because we had some concerns about the way medicines were managed and administered within the home; standards concerning the way infection control was managed and the effective recruitment of staff. We asked the provider to take action to address these concerns.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and asked the manager for copies of appropriate applications, references and necessary checks that had been carried out. We found that staff files had been audited by the provider and were now easy to access and contained a clear record of how staff had been recruited, inducted, and any training carried out and on-going supervision. We saw that required checks had been made so that staff employed were 'fit' to work with vulnerable people.

At our previous visit in January 2015 we had some concerns about the way medicines were managed and administered within the home. We asked the provider to take action to address these concerns. We spoke with the acting manager and a senior care worker responsible for the safe management and administration of medicines in the home. We looked at Medication Administration Records (MARs) and care documents for 12 people who received staff support with their medicines. We found that improvements had been made and that medicines were being administered safely.

Medicines were stored safely and were locked away securely to ensure that they were not misused. We checked a number of medicines and the stock balances were found to be correct. Staff had signed the MARs to evidence medicines had been administered to people. The MARs were easy to follow and it was clear what medicines had been received and were being carried over from the previous month. This was an improvement from the previous inspection.

We looked at how medicines were audited. We saw monthly audits were carried out of medicines in the home. These continual checks helped ensure safe practice as they were identifying issues that were fed back to staff to help

improve safe administration. We discussed how the audit could be improved to include some areas that we found to be less consistent. For example we still found 'give when needed' [PRN] medicines were not supported by a care plan to help ensure consistency of administration. The home's medication policy had been reviewed and updated but did not adequately reference PRN medicines and their use and monitoring. We also found that good practice around the checking of handwritten entries on medication records by two staff had not been carried out consistently. We discussed how this could be monitored by highlighting on existing medication audits. Having two handwritten signatures of MARs reduces the risks of errors occurring.

People had a risk assessment which recorded the need for staff support with medicines. There was little information recorded as to the level of staff support with medicines though staff were aware of how to support people safely and in accordance with individual need. No one was administering their own medicines. There were no people having medicines given 'covertly' [with their knowledge in their best interest] although this had occurred in the past. We noted that the home medication policy did not contain information regarding this for staff to reference if necessary.

We checked how the home was managing the control of infection so that people were adequately protected. We saw that there had been a recent follow up audit by Liverpool Community Health on 18 March 2015 and the home was now 'compliant' with standards in this area. We saw that previously recommended action had been taken policies and procedures had been reviewed to help monitor standards. We also saw that the provider continued to carry out regular audits [checks] and there was evidence of improved communication with the acting manager so that any issues identified could be addressed. We saw that all of the staff had undergone recent [February 2015] training in infection control so they were updated and aware of requirements and good practice in infection control.

We toured the home and looked at bathrooms and shared toilets, the laundry, general day areas and four of the bedrooms in the home. We found all areas to be clean and hygienic. There was hand washing facilities in all areas. We saw staff making use of personal protective clothing when

Is the service safe?

needed and this was easily available. We spoke with the person designated for domestic duties and saw that daily cleaning rotas had been maintained. This included the weekend when care staff completed these duties.

We recommend that further developments are made with reference to current good practice guidance issued regarding medication administration and safety.

Is the service well-led?

Our findings

We carried out an unannounced comprehensive inspection of this service on 8 & 9 January 2015 when we were concerned about the effectiveness of systems in place to identify, assess and manage the quality of service provision including risks relating the health, safety and welfare of people. We issued a warning notice to the provider and told the provider to address these issues by 24 April 2015. On this inspection we checked to make sure requirements had been met.

We found improvements had been made to meet necessary requirements. This involved the way the home was run and the policies, procedures and overall governance [management] processes to help ensure consistent and improving standards. We found the requirements of the warning notice had been met.

At the time of the inspection the home did not have a registered manager. The home had not had a registered manager since April 2014 following a change to the providers board of directors. We have asked the provider to address this over the last 14 months. At the time of our inspection the acting manager had applied for registration.

At the last inspection we found there was a lack of clearly identified leadership and lack of communication between the acting manager and the provider. The provider's action plan identified how they would liaise and support the acting manager more directly. We saw evidence of this on the inspection. The acting manager told us they were supported well. They said they were still 'learning the ropes' and that a representative of the provider was available to provide daily support and mentoring. There were two representatives of the provider present on the inspection.

A process was in place to seek the views of people who stayed at the home and their families. We were shown recent surveys carried out to get the views of people living at Hawthorne Lodge. These were in depth and covered many quality issues including whether people felt involved and consulted about their care. We saw positive comments recorded about the service and the staff approach to care. There was also evidence that some issues identified by people living at the home had been addressed by the provider. For example, further activities had been developed for people and there had been improvements to

the grounds of the home following feedback. Feedback from people was also reinforced by regular monthly 'residents' meetings where people could raise any issues. These were also attended by representatives of the provider.

In addition the provider had sought feedback and opinions from visiting professionals and stakeholders to Hawthorne Lodge. For example we saw a survey completed by a visiting district nurse and a visiting optician. These both provided positive feedback about the home including the comment, "There is good communication from staff."

We also saw how the provider was promoting opportunities for staff to feedback about the way the home was run. We saw copies of the monthly 'coffee moments' where staff had the opportunity to discuss issues and give feedback to the provider. There was also more formal staff meetings held monthly. We saw the notes of last two meetings where the last CQC inspection report had been discussed along with other key issues. Both the acting manager and representatives of the provider were present at these meetings. This displayed a willingness by the provider to listen to staff and get them to contribute and feel involved in the running of the home.

We enquired about other quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes and audits carried out internally. On this inspection we saw aspects of health and safety in the home were being more clearly monitored. For example the monitoring of legionella risk in the water supply was clearly assessed and monitored along with checks of the risk from hot water temperatures. We also saw that accident forms were reviewed by the acting manager and provider. We discussed how this particular audit could be further improved by a more detailed and recorded analysis of the information.

A representative of the provider showed us various improvements that had been made to the homes environment. We were also given a copy of the homes 'Business Improvement Plan 2015 - 2016' which identified improvements since our last inspection and provided evidence of on-going improvement to the home.

We were shown the homes 'Statement of Purpose' and 'Service User Guide'. Both of these documents provided

Is the service well-led?

information about the home and had been reviewed recently and updated. The homes address was clear in the SOP and we asked the provider to clarify in the document whether this was the provider's business address.