

Burlington Care (Yorkshire) Limited

The Hawthornes

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Hawthornes is a residential care home providing accommodation and personal care for up to 40 older people, including people who are living with dementia. At the time of our inspection there were 35 people living at the service.

The Hawthornes has two floors; the ground floor accommodation and the first floor accessed by passenger lift. All bedrooms have en-suite facilities and there are communal areas such as lounges, dining rooms and bathrooms on both floors. The first floor provides care to people living with dementia.

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

We found one breach of the regulations in relation to staff training. Staff had not been given the opportunity to receive appropriate training.

People and their relatives told us there were not enough staff and people had to wait to be supported. Activities were available for people to participate both in the home and community however these were not very well advertised.

People told us they felt safe. They were supported to take their medicines in a safe way and were safely managed.

People were supported by staff who were kind and caring. Staff promoted independence and ensured people spent time with and enjoyed time with people who were important to them. People felt comfortable with staff and formed positive relationships. Staff were aware of people's privacy and made sure this was respected. People were listened to and had their choices responded to. People enjoyed the meals and their dietary needs had been catered for.

A complaints procedure was in place. People and relatives told us they would have no hesitation in raising concerns.

Records showed people had regular access to healthcare professionals to make sure their health care needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 May 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will continue to monitor the service to ensure that people receive safe, high quality care.

Further inspections will be planned for future dates. We will follow up on the breach of regulations and recommendations we have made at our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Hawthornes

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and an assistant inspector conducted the inspection on both days.

Service and service type:

The Hawthornes is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home was being managed by a manager who had applied to be registered with the Care Quality Commission. It is a legal requirement that the home has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Notice of inspection:

Both days were 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 professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service, two relatives and two friends of people who used the service about their experience of the care provided. We spoke with fourteen members of staff including the manager, regional manager, regional support manager, deputy managers, senior care workers, care workers, activity co-ordinator, domestic and relief chef. We spoke with one healthcare professional who regularly visits the service.

We reviewed a range of records. This included three people's care records and five 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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- A dependency tool to help determine the numbers of staff required and rotas showed the numbers of staff identified as being required were deployed. The manager told us staff rotas and staff responsibilities had recently changed and this was being monitored by the management team as they were aware of negative feedback from members of staff. We observed there were periods during the day when staff appeared to be exceptionally busy and people had to wait before being supported. For example, on the first day of inspection a staff member told us that they had not had time to offer people who lived on the ground floor hot drinks and snacks from the morning drinks trolley as they had been too busy supporting other people. This meant no people who lived on the ground floor were offered hot drinks between breakfast and lunch time. We raised our concerns with the manager and regional manager who had not been made aware of the missing drinks round. They told us the concerns would be investigated and gave assurance this would not happen again.
- We asked people, their relatives and friends whether there were enough staff and we received a mainly negative response. People told us, "Staff seem busy all the time", "They are all so busy" and "There are enough staff". Relatives and friends said, "I have noticed in the last month or two, there has not seemed to be senior staff working especially at weekends", "When I'm here they [referring to staff] are always running around. There never seems to be enough" and "Staff are run ragged. They can't attend to some of the needs of residents. Times like when all the people need the toilet at the same time."
- Staff we spoke with all expressed concerns around the staffing arrangements; they told us there were not enough staff to meet people's needs. We asked one staff member if they read people's care plans. They told us, "I don't read care plans. I don't get time. If needs changed the information is passed on by the deputies or seniors."
- Recruitment practices were of good quality and suitable people were employed.
- New staff undertook a comprehensive programme of induction which was recorded on the provider's induction plan. We found no evidence of completed induction plans in the staff files we looked at however, we spoke with a new member of staff who confirmed they were currently working through the induction plan. We brought this to the attention of the manager.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were assessed. However, we identified where people were supported using hoists the person's risk assessment lacked detail and people's individual slings were not clearly identified. Staff told us they regularly used the same sling for different people. Slings should not be used for more than one person to avoid cross infection. We found a sling monthly audit dated April 2019 did not identify serial numbers and it was unclear from the records which hoist belonged to which person.

We discussed our concern with the manager who immediately undertook an audit of people's slings. We also saw new slings were immediately ordered for one person.

- Maintenance records evidenced appropriate checks were carried out.
- Regular planned and preventative maintenance checks were up to date, such as water temperatures and electrical and gas safety.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt safe living at the home. They said, "Yes, absolutely feel safe" and "Yes, I feel safe."
- Visitors we spoke told us that that they were happy with the care provided to people who used the service.
- People were protected from the risk of harm, abuse and discrimination.
- Staff had received training in safeguarding people from abuse and were confident if they raised any concerns they would be dealt with appropriately.

Using medicines safely

- People's medicines were managed safely. Records we reviewed were fully completed and people received their medicines as prescribed. Stocks of medicines we checked were accurate. Medicines were stored safely and securely.
- We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.

Preventing and controlling infection

- The home was visibly clean and there were no unpleasant odours on either day of inspection. One relative told us there was sometimes a smell in their relative's bedroom but they were waiting for the carpet to be replaced by laminate flooring. They did not know when this would be.
- Staff had received training in infection prevention and control. People told us staff wore gloves and aprons when providing personal care and assisting with meals. Staff we asked told us they had access to adequate supplies.

Learning lessons when things go wrong

- Records were kept of accidents and incidents that occurred to people who used the service and to staff. Managers of the service reviewed the action taken to identify any patterns or lessons that could be learned to prevent future occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were deprived of their liberty, the senior management team worked with the local authority to seek authorisation for this to ensure it was lawful.
- Where people were unable to make their own decisions about specific care and treatment, decisions had been made on their behalf. These had been made in accordance with MCA principles.
- We observed one staff member record a person singing in a public area on their personal mobile phone. Whilst the person did not appear concerned, no assessment had been carried out regarding their capacity to consent to the recording. This incident was also observed by the manager who took immediate action and told us the content had been deleted from the mobile phone and the staff member spoken to. They also told us the staff member thought the person had a lovely voice and had not fully thought through the consequence of their actions.

Staff support: induction, training, skills and experience

- Information was available to guide staff in consent and capacity. We asked a person whether staff routinely asked for consent before providing support. They said, "They take things for granted." Whilst staff knew how to offer people choice and gain consent when offering support, we found one staff member had little understanding of the MCA. They told us, "I haven't had training on it and I am not able to log in [referring to the online training system]." The training matrix was not available on the day of inspection and was provided afterwards by the provider's head office. A review of training matrix confirmed training in the

MCA was not up to date with 33% of staff showing their training date in this area had expired. Other mandatory training for some staff was also overdue.

We concluded staff were not given the opportunity to receive appropriate training. This is a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

- Staff were required to complete an induction plan as part of the induction process. We were shown a blank plan and saw this was detailed and comprehensive. However, completed induction plans could not be located in staff files. Staff new to the service confirmed they were working through an induction plan.
- Regular staff supervision dates were scheduled to be held throughout the year with the management team to support staff to develop in their roles in line with organisational policy. One staff member told us they had not received a supervision for a long time but added they appreciated the manager was new into the post.
- Staff received annual appraisals.

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

- One person told us they had waited a half hour for their breakfast to be brought to their room. We also heard one person on the first floor ask for a cup of tea to have with their lunch and observed they waited ten minutes before it arrived. They further told us they liked their hot drink made with semi skimmed milk but was always given full fat milk. We saw semi skimmed milk was available in the kitchen. We fed back our observations to the manager and regional manager for remedial action to be taken.
- There were jugs of juice in the ground floor lounge and a fruit bowl in the lounges on both floors for people to help themselves.
- We found people's nutritional needs were met. Food was stored and prepared safely.
- We observed a lunch time meal and people seemed to enjoy their meals and were given time to eat at their own pace. The lunch time food was home cooked and looked appetising.
- People told us the meals were good and there was always plenty to eat and drink. They said, "It's tasty for me" and "The food is good." A relative told us, "[Person] does enjoy the food here."

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

- The pre-admission process was carried out by the senior management team to ensure the service could meet each person's needs.
- Care plans contained an assessment of people's needs. Care plans were being transferred from a paper-based system to an electronic system and were also being reviewed as part of the process. Further work was required as part of this transition process. A care plan tracking document was used by the senior management team to give an overview of transition process.

Staff working with other agencies to provide consistent, effective, timely care

- Information was shared with other agencies if people needed to access other services such as hospitals. For example, the provider participated in the 'Red Bag' scheme initiative which gives reassurance to people that they have everything they need with them when they are admitted to hospital. The bags also provide hospital staff with up-to-date information about a person's health.

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

- The design and layout of the building was appropriate for the needs of the people who lived there.
- The first floor of the home was dedicated to support people who lived with dementia. There were 'dementia friendly' features. For example, interactive sensory displays in the corridor and contrasting handrails, memory boxes, individually coloured bedroom doors and signage to assist people to navigate

around.

- People were able to bring in items to personalise their bedrooms.

Supporting people to live healthier lives, access healthcare services and support

- The care plans we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services, such as GPs and district nurses.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. This key question remains rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were complimentary about the attitude and kindness of the staff. People who used the service said, "The staff are nice", "I am quite happy" and "The staff are lovely." A relative said, "The staff are caring." A visitor told us, "[Person] says that it's very nice here" and "There seems to be lovely rapport."
- Staff spoke with fondness and genuine concern for the wellbeing and happiness of people they supported.
- Staff spoke with us about the importance of supporting and responding to people's diverse needs. They were aware of people's personal relationships, beliefs, likes and wishes. People said staff knew their preferences and cared for them in the way they liked.
- A visiting healthcare professional told us, "It's lovely home. I have no concerns here. I would put my family here."

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

- People's care was tailored to meet their individual needs and preferences. People looked well cared for, clean and tidy.
- Staff told us they always gave people choices around their care and support delivery. We observed people being offered choices throughout the inspection.
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- Information was available about advocacy services should people require their guidance and support. This ensured their interests would be represented and they could access appropriate services outside the home to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- We overheard an instance where staff were discussing people who lived at the home by names in the reception area. We observed no one else was within the vicinity of the area however, it is important to ensure people's privacy is maintained at all times. We discussed our observations with the regional manager who told us they had identified the same concern and taken immediate action.
- Staff respected people's choices around privacy. We saw they knocked on bedroom and bathroom doors before entering and had a caring approach when talking about the people they supported. One person said, "The staff knock on my door and ask if they can come in."
- Confidentiality was considered and people's care records were kept securely.

- People were supported to remain independent. A person said, "I need staff to help me wash, I dress myself." A staff member told us, "I prompt people but let them do things themselves."
- People were able to maintain contact with those important to them. We observed visitors were greeted in a warm and friendly manner and it was clear staff knew them well.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were not well advertised for people to see in the home. We were told there was a range of activities on offer, both in the home and in the community to help prevent people becoming socially isolated and to keep people active. The activities board on both floors displayed out of date activities relating to the previous provider and was not in use. We were told a printed list of the month's activities was displayed in the foyer behind the reception desk. However, we found this related to activities in June, was an A4 printed sheet and was difficult to read. Activities for May were not displayed. We fed back our concerns to the manager who was not aware the boards were not routinely used. They took immediate action and removed the incorrect information from the display board. They gave us assurance they would update as soon as possible.
- The home employed an activities co-ordinator who worked part time. We asked the activities co-ordinator how people would know what activities were available. They told us they spoke to people on a daily basis regarding the day's activities and whether people wanted to get involved. We observed people being asked on the first day of inspection and saw some people were supported to attend a coffee morning at a local church. Staff told us they felt there was not enough for people to do and people were bored. A person said, "I sit in the lounge. Someone comes and does activities."
- We found limited evidence to demonstrate meaningful activities took place for those people who choose to stay or were cared for in their bedroom.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was not aware of the Accessible Information Standard (AIS). We found the principles of the standard were followed in some areas of the home, for example, the new electronic care plans. The manager told us of their plans to introduce picture menus into the dining rooms. We discussed the requirements of the AIS and will check that this has been progressed at the next inspection.

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

- People's care plans contained information about people's needs. Preferences were recorded, for example, one person liked to spend a lot of time in their bedroom and staff needed to encourage the person to come into the lounge to join in the activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. We saw complaints or concerns had been recorded when they arose, investigated and responded to appropriately. The manager was clear about their responsibilities to respond to and investigate any concerns received.
- People and a relative knew how to make complaints should they need to. A person told us, "I've never had the need to complain but I know how to." A relative said, "There are times when I needed to raise concerns. I know who to talk to." They also told us their concerns had been addressed and they were happy with the action taken.

End of life care and support

- People were supported to make decisions about their practical preferences for end of life care. However, we found some care plans recorded limited person-centred information relating to end of life wishes. We discussed these findings with the manager and regional manager who were receptive to working towards respectfully gathering information to enable person centred care to be provided at the end of a person's life.

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At this inspection we identified a breach in the regulations related with training as detailed earlier in our report.
- We saw audit processes were in place to monitor the quality of the service. For example, medicine management. However, we found some areas as identified earlier in our report which needed to improve and had not been picked up on through the existing quality audit systems.
- The manager had joined the home six weeks prior to the inspection. The manager and regional manager had a clear vision of what the service should be and an action plan to drive forward improvements. They told us they were committed to ensuring people were provided with good individualised care and acknowledged work was required to get the home to where it needed to be.

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

- Feedback from people and their families was collected. This included annual surveys, we found feedback in the survey in February 2019 had not been positive regarding staffing levels. People had commented 'Short of staff at times' and 'Only a fair rating, due to staff being overworked, good quality staff but not enough of them'.
- Staff meetings were held which meant staff were provided with an opportunity to share their views about the care provided. Staff we spoke told us they were not able to voice their opinions about the service and had little confidence they were listened to or whether things would change. One staff member told us, "Don't feel that I can be open with them [referring to management]."
- Staff told us they did not feel well supported by the management team. Comments included, "We've got a new manager. They didn't introduce themselves", "I don't think there is any point. I'm always told 'can I get back to you'. I feel like they're not going to listen" and "It's all cultural issues".

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

- We observed that the manager welcomed people, relatives and staff into the office at any point in the day to speak to them about anything they wished. A person told us, "The manager called in this morning to see how I am." A relative said, "I've met the new manager, they were very supportive."
- People were positive about living at the home. One person said, "I am quite happy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the requirements of Duty of Candour. Duty of candour is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The manager was made aware of their regulatory obligations and had informed CQC of significant events, where necessary.

Continuous learning and improving care

- The manager and regional manager were proactive throughout the inspection in demonstrating how the service operated. They were open during the discussions about the areas of concern identified at this inspection. During the inspection, they kept us up to date of the actions they were taking to address the areas that required improvements.

Working in partnership with others

- The manager told us they worked in partnership with other agencies, including the local authority and health staff. They told us they kept up to date with good practice through local authority events and training.
- The provider had forged close links with a local nursery whereby some people visited the nursery. The activity co-ordinator told us the feedback from everyone involved had been very positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not given the opportunity to receive appropriate training.