

Regal Care Trading Ltd

Hawthorn Lodge Care Home

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 October 2017 and was unannounced. Hawthorne Lodge Residential Care Home provides accommodation and personal care for up to 60 people. At the time of our inspection there were 42 people living in the home. The service specialises in supporting older people and people living with dementia. However, recently the service had worked with the local authority to support younger adults in self-contained flats located on the first floor of the home. This was a recent change to the services offered at Hawthorne Lodge and the provider was working closely with the local authority to develop the care and support provided to these people.

During our last inspection in July 2016 we rated the location as 'Requires Improvement' and identified one breach of the Health and Social Care Act 2008.

There was a registered manager in post. 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.

People could not be assured that their medicines would be managed appropriately. The records of the medicines that had been administered to people were not always completed accurately by staff. The provider did not have a system in place to audit the management of people's medicines.

Staff did not always receive regular supervision in line with the providers' supervision policy. We have made a recommendation in the main body of the report related to the supervision of staff.

The providers' quality assurance systems had not been effective at identifying or addressing shortfalls in the care and support that people received. The providers quality assurance systems had not identified that people's medicines were not managed safely or that staff had not received regular supervision. This is the third inspection in a row that the provider has been rated as requires improvement. The provider has not implemented appropriate systems in order to achieve and maintain compliance with the Health and Social Care Act 2008.

Risks to people had been assessed and action had been taken by staff to minimise the known risks to people. People were supported by sufficient numbers of staff that had been subject to robust pre-employment checks.

Staff received the training that they needed to provide effective care to people. People were supported to access healthcare services when they needed to and to maintain a healthy and balanced diet.

Senior staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately. Staff understood the importance of obtaining people's consent when supporting them with their daily living needs.

Staff knew people well and treated people with respect and dignity. People living at the service were encouraged to personalise their rooms and to feel at home.

People had detailed plans of care to guide staff in meeting their care and support needs. People had been involved in the development of their plans of care and received personalised care and support in line with their preferences.

The registered manager knew people well and was accessible to staff and people living in the home. The registered manager set high standards for staff to aspire to.

At this inspection we found the service to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The actions we have taken are detailed at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People could not be assured that their prescribed medicines would be managed safely.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Staff had not received regular supervision to support them in their role.

Staff had completed training relevant to their role that had equipped them with the skills and knowledge to care for people effectively.

People were supported to maintain good nutrition and their health needs were monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Is the service caring?

Good 

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate action was taken to address people's complaints or dissatisfaction with the service provided.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Quality assurance processes had not been implemented effectively in the service. This resulted in on-going shortfalls in people's care.

Staff felt that the registered manager was approachable and supported them in their role.

Hawthorn Lodge 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 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 4 October 2017 and was unannounced. The inspection was undertaken by one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in sourcing care homes and community services for their relative.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with seven people who used the service, five members of staff including the Regional Manager. We also spoke with three people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records relating to three people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing

complaints.

Is the service safe?

Our findings

During our last inspection in July 2016 we found that the provider was in breach of regulation 12 of the Health and Social Care Act 2008. People's safety was not always maintained. Hazardous chemicals were not always stored securely and improvements were required to the home to ensure that the environment was consistently safe.

During this inspection we found that improvements had been made to the home and that cleaning products were stored securely. A number of areas of the home had been redecorated and fire doors replaced. The home was maintained to a good standard and provided a clean and pleasant environment for people. Chemicals that may pose a risk to people were stored securely and were only accessible by authorised persons within the home. The provider had also implemented a system of environmental audits to ensure that the home was maintained to a consistently high standard.

During our last inspection we found that the management of people's prescribed medicines required strengthening. Guidance had not been developed to guide staff as to when they should administer medicines that had been prescribed to be administered 'when required'. During this inspection we found that appropriate guidance had been developed to guide staff in administering 'when required' medication however, the records of when medicines had been administered were not completed accurately.

People told us that they received their prescribed medicines. One person told us "They care about my medication. I get tablets in the morning and at night time every day." Another person's relative told us "They always give him his medication. There's never been a problem."

We reviewed people's Medication Administration Record (MAR) charts and found that there were a number of gaps where staff had not signed to show they had administered people's medicines. In total we reviewed the MAR charts for six people and found errors on each of these MAR charts where staff had not recorded they had administered people's medicines. People's medicines were provided by their pharmacy in dosette boxes. A dosette box is a disposable plastic tray that separates medicines into individual compartments for different times of the day and week and is pre-packed by individuals' pharmacies. We checked people's dosette boxes on the dates of the missing signatures on people's MAR charts and found that their medicines were not present within the dosette. This suggested that people's medicines had been administered however, staff had not signed to record they had administered the tablets to people.

A number of people living at Hawthorne Lodge Care Home were prescribed creams to be applied each day to prevent the occurrence of pressure sores and maintain their skin integrity. People's prescribed creams were recorded on their MAR charts however, the administration of these creams were not recorded by staff providing people's care. Staff told us that they recorded the administration of people's prescribed creams on charts which were stored in their bedroom. Staff also confirmed that they had administered people's prescribed creams. However, the deputy manager confirmed that topical cream charts had not been used by staff to record the administration of people's prescribed creams. No records of these creams having been administered had been maintained. This meant we could not be assured that people had received their

prescribed creams.

In response to our feedback about the management of people's medicines the provider told us that a senior member of staff would complete an audit of people's medicines to ensure that they were managed safely with immediate effect. The responsibility for the administration of medicines would be given to a senior member of staff to improve the practice of staff in the recording of people's medicines.

People were supported by sufficient numbers of staff. One person told us "There are enough staff working. I'm certainly not worried about that." Another person told us "They answer the buzzers quickly so there must be enough staff." A member of staff told us "We have enough staff working. We could always use more but we certainly have enough so that we are not rushing." The provider had a system to calculate staffing levels to ensure that sufficient numbers of staff were available to meet people's care and support needs in a timely manner. We observed that call bells were answered quickly and that staff had time to interact with people positively throughout the day.

Risks to people had been assessed and appropriate action taken to mitigate people's known risks. People had detailed plans of care in place that were regularly reviewed that provided guidance to staff in how to keep people safe. For example; where people were identified as being at risk of pressure ulcers, the risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas. One person told us "The staff are always coming in and getting me to change position to make sure I don't get sore." We observed staff supporting people to use appropriate pressure relieving equipment when they were in the communal living areas of the home.

People could be assured that they would be protected from the risk of harm. Staff were aware of what actions they should take if they were concerned that someone may be at risk. One member of staff told us "If I was worried about someone's safety I would report it straight to the manager. If they didn't do anything I know how to whistle blow or contact the Council." The provider had systems in place to manage safeguarding concerns. Where concerns had been raised safeguarding alerts had been submitted to the local authority in a timely manner.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Is the service effective?

Our findings

Staff were not always supported to work effectively through regular supervision. We identified that some staff had significant gaps between their formal supervision sessions. Nine staff had only received one formal supervision in 2017 and four staff had not received any formal supervision in 2017. The provider told us that their supervision policy stated that staff should receive supervision at a minimum, on a quarterly basis. However, records showed that this had not taken place consistently for staff within the home. Staff reported that they felt supported within the home; one member of staff told us, "I can't remember the last time I had a supervision but if you ever have a problem or need help you only have to approach the manager. I feel really supported working here." We recommend that the provider reviews their systems for the formal supervision of staff to ensure that all staff have access to regular formal supervision in line with their supervision policy.

Staff were supported through a comprehensive induction before they started working within the home. One member of staff told us "When I first started I was able to shadow and work alongside staff until I felt confident to go it alone."

Staff received the training that they needed to work effectively within the home. One person told us "Oh yes, they're [Staff] well trained. They wear different uniforms for more advanced staff so you can tell who they are." One member of staff told us "The training is good here. We do a lot of it online and have to keep up to date with it. I am doing my Diploma in Health and Social care too." Another member of staff told us "Since I started here I have done a Diploma level 3 in Health and Social Care and another one in end of life care. We also do lots of e-learning too to keep up to date with important things like safeguarding and health and safety." The provider ensured that staff regularly updated their knowledge in key areas such as moving and handling and health and safety. There was an ongoing programme of training and professional development for staff.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Staff had received training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests. Any conditions of DoLS authorisations were adhered to by the staff providing people's care.

People were encouraged to make decisions about their care and their day to day routines and preferences. We observed staff seeking people's consent prior to providing care. We observed people being asked for their consent and given choices about their care throughout this inspection. People were able to choose what activities they would like to do and what meals they would like.

People were supported to have enough to eat and drink and had access to a healthy and balanced diet. One person, referring to the food in the home told us "You get a good variety. They give you two choices of meal too." Another person told us "I like the food, probably too much! It's good. There's a menu in the dining room and there's a choice of this or that. They might make you a sandwich. They always make sure you've got something to eat." People at risk of not eating or drinking enough received additional support from staff to ensure that they maintained a healthy diet. We observed the main meal time in the home and saw that there was a relaxed and social atmosphere. People's meals were presented nicely and people who required support to eat their meals received the support that they needed.

People were supported to access health services when they needed to and referrals were made to people's allocated health professionals in a timely manner. Where health professionals had implemented plans of care these were followed by staff in the home. Records showed that where other specialist assistance was required, people had been referred.

Is the service caring?

Our findings

People told us that they felt relaxed living at Hawthorne Lodge and that the service was very homely. One person's relative told us "As soon as I walked in it seemed so homely and all the staff were friendly. If I had to go into a care home I'd come here. I'd suggest this home to anyone." People were encouraged to bring in their personal possessions so that they felt comfortable living in the service. A number of people had also bought their pets to live with them. One person who lived in a self-contained flat within the service had bought their cat with them. Another person bought their dog to live with them in the home. Staff supported these people to look after their pets. A member of staff told us "We want people to feel really at home here. It is people's home so we encourage them to bring in their own possessions and their pets if they had a pet where they lived before they moved in to the service."

People had developed positive relationships with the staff providing their care. This increased people's sense of well-being and supported people to feel settled living in the service. Throughout this inspection we observed staff involving people in friendly banter to which they responded warmly. One person told us "I can joke with them and then we're laughing." Another person told us "They're very jovial and have a good joke with you." One person when describing the staff told us "I can't fault them they're really nice. They've always got time for you; they don't just do a job. They're great; they'll have banter with you." Staff made special efforts to build positive relationships with people and clearly valued people as individuals. One person told us "One of the staff brought me a present. He's going to another place now, a job in the army."

Staff knew people well and used their knowledge of people's lives to tailor the care and support that they provided. For example, staff had learned key phrases in French to enable them to communicate in one person's native language. This helped to support the development of a positive relationship with this person.

People were consistently treated with dignity and respect. One person told us "They always knock on my door, they treat me well." One person's relative told us "Someone had an accident in the lounge and the staff noticed straight away and helped them. They did it discretely; two of them helped him and took him away, really quietly." Throughout this inspection we observed staff knocking on people's doors prior to entering their room and interacting with people respectfully.

People's choices in relation to their daily routines were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed offering people choices in their daily lives, for example when they wished to have a bath and where they wanted to eat their meals. People were involved in the development of their plans of care. One person told us "They asked me questions about what help I needed and told me what they were going to do."

No one was currently receiving support from an advocate however; there was information within the communal areas of the home about how to request the support of an advocate. The management team were also aware of how to refer people to advocacy services should people require support from an independent advocate.

People were supported to practice their faith and their specific cultural needs were considered as part of their support and plans of care. One person told us "Someone from the church will come to see me. The pastor comes to pray with me because I can't walk. I was in the church choir, I sing every morning as a believer." One person of an African Caribbean heritage was also supported to maintain a culturally specific diet with individual meals being prepared for this person in the home.

Is the service responsive?

Our findings

People's needs were assessed prior to moving into the home to make sure that their care and support needs could be met effectively. People had detailed plans of care in place to provide direction for staff. This meant that people could be assured that they would receive consistent personalised care and support in line with their preferences.

People's care plans were individualised and contained information that was relevant to them including their life histories, interests and hobbies. This gave staff a personalised picture of what was important to people living in the home and encouraged staff to get to know people as individuals as well as understanding their care and support needs.

People's needs were met according to their individual plans of care. People's plans of care had been reviewed regularly and were reflective of their current care and support needs. One member of staff said "The care plans for people get updated regularly. It means that if we are unsure we can always refer to them because they are accurate." People's care and support needs corresponded to their detailed plans of care. For example people who required support with moving and handling to transfer also received this support in a safe and consistent manner.

People were supported to maintain their independence. One person told us "They leave me alone so I can wash myself, dress myself, and get on with my life but help if I need it. I appreciate that." People were also encouraged to continue with their hobbies and interests and to be active members of the community. One person told us "I go out once a week to my German class. The staff make sure I get back safely though." Another person living in the home had just returned from a short break in Skegness.

The activities within the home were also tailored towards people preferences and interests. One person told us "They have different people coming in. At Christmas they have lots of things going on; it's lovely." Another person told us "They put on things like BBQs and parties." One member of staff told us "We took people for a trip to the sea side last week they loved it. We have a mini bus so can get people out and about." During the inspection we observed staff spending time playing board games with people and engaging people in conversation. The provider had also created a bar in one of the communal lounges. The bar was named "The Hawthorne Arms" and encouraged people to spend time together, to reminisce and helped create a social and lively atmosphere.

People were kept up to date with current events. Staff facilitated a regular residents meeting to make sure that people knew what was going on in the home and people had the opportunity to suggest changes and improvements. As a result of a recent residents meeting and feedback from people the provider purchased alcoholic beverages for people to drink in the garden in the summer.

There were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern. People knew how to make a complaint and were confident that any complaints would be acted upon. People were provided with information to tell them what to do if they

wanted to complain.

Is the service well-led?

Our findings

People could not be assured that the quality of care and support that they received was appropriately monitored, that shortfalls in their support were identified or acted upon in a timely manner. During this inspection we identified shortfalls in the way in which people's prescribed medicines and creams were managed within the home. The provider was not aware of these shortfalls. Their own internal quality assurance audits had not highlighted or taken effective action to address the gaps in the records of the administration of people's prescribed medicines.

The provider had not deployed systems to monitor the supervision of staff. We found that staff had not been provided with formal supervision in line with the providers' policy. The provider was not aware of this shortfall and had therefore, not taken any action to ensure that staff received formal supervision in line with their own supervision policy. The provider also told us within their Provider Information return that staff were supported through regular supervision; however we found that this was not the case when we examined the supervision matrix within the service.

During our previous inspection on 8 and 9 October 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to registered manager's auditing processes, which were not always operating effectively to ensure that people received safe and effective care and support. When we inspected the service again in July 2016 we found that the quality assurance and auditing systems used by the registered manager and provider had improved. We did not find that there was an on-going breach of regulation 17 related to good governance. However, we continued to rate well-led as requires improvement because the quality assurance systems continued to require strengthening. This inspection has found that the quality assurance systems used by the provider were not effective at monitoring and improving the quality of care that people receive consistently or effectively.

The continued failure to deploy adequate systems to monitor, assess and improve the quality of care people receive constitutes a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, in other areas the provider's quality assurance audits had been successful in maintaining and improving the quality of care that people received. The management analysed incident and accident reports to try to identify trends that could be addressed to minimise incidents occurring again in the future. These audits highlighted that in April and May 2017 the number of falls within the home had increased. The registered manager took action to ensure that staff monitored people at risk of falls more closely and the number of falls decreased from eight falls in May 2017 to just two falls in June 2017.

The service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service. The previous rating from our inspection in July 2016 was clearly

displayed within the home.

There was a visible and accessible management team within the home. One person told us "If I had a problem I'd go to the manager. She'd listen, they're good here." Another person told us "the manager here is really good. She listens. I told her I didn't like some of the meals so they changed them. She listens to us." Staff told us they felt the home was well-led, that they felt supported and that the management team set high standards for them to work to. One member of staff told us "This is the best place I have worked. The manager really cares about the people here. She expects us to work hard and look after people well and treat them with respect." The provider had a clear vision for the development of the service and was committed to providing high quality care and support to people.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that demonstrated a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The continued failure to deploy adequate systems to monitor, assess and improve the quality of care people receive constitutes a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>