

Hamberley Care 1 Limited

Hawthorn Green Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Hawthorn Green Residential and Nursing Home is a residential care home providing nursing and personal care for up to 90 people aged under and over 65, including people living with dementia. There were 45 people living in the home at the time of the inspection.

Hawthorn Green has three separate floors that each consist of two units, able to support 15 people within each unit. The units have separate adapted facilities. At the time of our inspection, the first floor was closed due to refurbishment works.

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

People were positive about the caring attitude of the staff team and how they supported them to stay safe. One person said, "The staff are the best thing. They help me with my medicine, they come and check on me and respond quickly. They look after me and I feel safe in the home."

Health and social care professionals felt improvements had been made since the last inspection and had observed many examples of positive interactions when staff were supporting people in the home. There was particular praise for the wellbeing team and their level of engagement.

People told us they had been well supported during COVID-19 and staff had helped them to stay in touch with their relatives due to visiting restrictions. One person said, "They do wear their PPE when they are helping me. They wear it all the time."

People were supported by a dedicated staff team that were very positive about the support and reassurance they received, especially at challenging times during the peak of the pandemic. Staff told us they would get daily updates and reminders about following infection control procedures. Health and social care professionals who had been able to visit the home did not highlight any concerns about infection prevention and control practices.

People and staff told us the registered manager was available, always listened and responded to any concerns. One person praised the whole staff team and said, "They have managed with great courage to come to work and carry out their work as almost as normal as possible. They have been my lifeline."

Although we saw improvements had been made since the previous inspection, there were still some areas of improvement needed in the management of people's medicines. The management team acknowledged this and had started to address the issues we found.

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 January 2020) and there were two breaches of regulations. We issued a Warning Notice after the last inspection and the provider completed an

action plan to show what they would do and by when to improve.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. It was also carried out to check if the provider had met Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which they were also in breach of at the last inspection. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

You can read the report from our last inspection, by selecting the 'all reports' link for Hawthorn Green Residential and Nursing Home on our website at www.cqc.org.uk.

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 coronavirus and other infection outbreaks effectively.

The inspection was also prompted in part due to anonymous concerns received about infection and prevention control, medicines, a data breach and general concerns about the management of the service. These concerns had also been shared with the local authority and had resulted in a safeguarding enquiry that was concluded in November 2020. The majority of allegations were not substantiated and a decision was made for us to follow up the recommendations from the local authority safeguarding enquiry.

Although improvements were found and the provider was working towards making further improvements across the service, not enough improvement had been made regarding the management of people's medicines and further improvements were still in the process of being implemented. Please see the safe section of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

Whilst the warning notice for Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met, we identified a continuing breach in relation to the management of medicines. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and commissioning authorities to monitor progress. 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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Hawthorn Green Residential and Nursing Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the warning notice in relation to Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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

This consisted of one inspector and one pharmacy inspector.

Service and service type

Hawthorn Green Residential and Nursing Home 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.

The service had a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. Although the registered manager was not present during the site visit, they were present for both follow up calls following the inspection.

Notice of inspection

This inspection was announced with short notice of less than 24 hours. We notified the provider the day before to ascertain if it was safe for us to proceed with an inspection site visit, in accordance with COVID-19 safety protocols.

Inspection activity started on 18 January 2021 and finished on 11 February 2021. We requested a range of documents related to people's care, the management of the service and policies and procedures that were sent to us by the provider between 18 January 2021 and 11 February 2021. We visited the home on 19 January 2021 to carry out observations, talk with the management team and to review further records related to the service. We made calls to people and their relatives between 4 and 11 February 2021 and calls to care staff between 1 and 5 February 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. 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 reviewed the previous inspection report and actions plans submitted after the last inspection. We contacted the local authority commissioning team and reviewed their recent safeguarding enquiry investigation report and infection prevention and control (IPC) follow up meeting report, both from November 2020. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 12 people's care and medicines records and records related to the management of the service, which included quality assurance checks and updates and memos sent out to the whole staff team.

We spoke with 13 staff members. This included the registered manager, the clinical consultant, the head of operations, the head of quality, an administrator, two nurses and six care assistants.

We carried out observations throughout the day in relation to infection prevention and control procedures, staff awareness of best practice and care and support provided to people who were in communal areas. We also checked the procedures in place for the management of people's medicines.

We spoke with four people via a video call and made contact with three relatives, but only managed to speak with one of them.

After the inspection

We continued to seek clarification from the provider to validate evidence found related to the management of people's medicines, quality assurance checks and actions taken in response to recent local authority recommendations. We had a follow up call with the registered manager and clinical consultant on 2 February 2021 and provided formal feedback to the registered manager, the clinical consultant, the head of operations and head of quality on 9 February 2021. We also spoke with six health and social care professionals who had experience of working with the service for their feedback.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and to look at the infection control and prevention measures in place. We will assess all of the key question at the next inspection of the service.

Using medicines safely

At our last inspection although we found no evidence that people had been harmed, the provider had failed to ensure the safe management of people's medicines and best practice was not always followed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider had made a number of improvements in this area, there were still some areas where further improvement was needed. The provider addressed some issues shortly after the inspection but was still in breach of regulation 12.

- We saw one person needed a hyoscine patch applied every three days. This patch can help to reduce motion sickness and help with the symptoms when on end of life care. When staff administered the new patch, the existing patch could not always be located and we were told it had fallen off. There were no records to show any action had been taken to resolve this which meant the person may not have been getting the full dose of the medicine.
- Nurses did not calibrate the blood glucose meter, which needs to be done when checking people's blood sugar levels to ensure the results are accurate. The liquid that would have been used to calibrate the meters had also expired in May 2020. This meant that results obtained could not be relied upon as accurate. The provider addressed this after the inspection.
- Time sensitive medicines for one person were not always given on time and medicines for three people were not always given at the time of day that the prescriber intended. For example, medicines that were prescribed for the evening/bedtime due to causing drowsiness were being given at 5pm.
- After we raised this with the provider, we saw they contacted the GP for advice who confirmed it would be appropriate to change to this time. However, this change in time of administration had not been originally documented and had not been discussed with the GP until we highlighted this at the inspection.
- Although medicines audits had improved since the last inspection, they did not always identify issues where there were gaps in medicines records. One person missed a medicine for three days before it was identified. We were told this was due to an agency nurse being involved in a meeting which led to the medicine being stopped inappropriately. When the permanent staff member found out they asked the GP to restart it.

We found no evidence that people had been harmed however, the provider had failed to ensure the safe management of people's medicines and best practice was not always followed. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were trained and assessed as competent before they were able to use the electronic recording system. This system was implemented since the last inspection and allowed people's care plans to be updated to provide further detail to better reflect how their medicines were being managed. The provider was proactive in following up the issues we highlighted at the inspection. For example, they had arranged training for staff in time sensitive medicines which was scheduled for March 2021.
- Where we saw some discrepancies between the quantity of stock available and the quantity on the electronic stock system, the provider explained this was due to syncing issues with the software. We were told during a follow up call on the 9 February 2021 that the software had been updated with automatic syncing now in place which had resolved the issue.

Assessing risk, safety monitoring and management

At our last inspection although we found no evidence that people had been harmed, the lack of consistent risk assessments and consequent action taken to mitigate risks created a risk to people's health and safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- Actions had been taken since the last inspection and improvements were seen in the level of detail included within people's risk assessments. The provider had moved onto a digital care planning system since the last inspection where it was easier for care staff to record their interactions with people and how they managed any associated risks.
- Where people were at risk of developing pressure sores, risk assessments had been updated and there were further instructions for repositioning guidelines, with skin integrity care plans reviewed monthly. Electronic daily records showed staff repositioned people when needed.
- Staff understood what to do if they noticed any changes in people's skin condition and could upload photos via the digital system and report to the nurse. One care worker added, "We show the nurse and they follow this up. They are responsive and then let us know if the turning regime has changed."
- Improvements were also seen since the last inspection in how risks were managed in relation to the safe use of emollient creams and people needing a catheter to manage their continence needs. Care records included instructions for staff and staff confirmed they completed training to ensure they were confident in supporting people safely.
- Staff we spoke with had a good understanding of people's needs and were able to explain in detail associated risks and the measures in place to reduce risks and keep people safe. One care worker said, "The information is very helpful and along with checking it on the [digital care plan], we can check with the nurse." Staff felt any concerns raised about people's health and wellbeing were followed up appropriately by the nurses or management team.
- The head of operations said a lot of work had gone into the development and update of care plans and risk assessments and staff also completed training in care planning. We also saw the local authority safeguarding report noted improvements within the detail captured in people's care records.
- However, some health and social care professionals felt some information in people's care records lacked

adequate detail and not all behaviour charts were fully completed. They also felt improvements were needed with how staff shared good practice between themselves.

Preventing and controlling infection

- Where there had been COVID-19 outbreaks in the service between October and December 2020, we saw the provider had systems in place and had also taken on board action plans and recommendations provided by the local authority and discussed this across the staff team to ensure best practice was followed. This included changes to the staff room and where possible, how staff worked across specific units to minimise their movement within the home.
- The provider had continually reviewed their infection and prevention control (IPC) policies during the COVID-19 pandemic and staff told us they were regularly updated with changes to government guidance and procedures to follow to keep people, staff and visitors safe and help reduce the risk of infection. One care worker added, "We get to discuss this regularly and have group training to discuss about PPE and how to use it."
- We were assured the provider was preventing the spread of infection as visits were currently restricted with detailed visiting protocols in place. This included temperature checks upon arrival and the provision of hand sanitiser and personal protective equipment (PPE) for visitors upon entry. Staff were also involved in regular testing, with both weekly polymerase chain reaction (PCR) tests and twice weekly lateral flow device (LFD) tests, in line with government guidance. The provider had also put in a designated visiting room where relatives could access via an external door so they did not need to enter the home
- Staff completed IPC training, including attending virtual training sessions presented by the local authority, which was part of the outbreak action plan. Staff were observed to be wearing the correct PPE and were aware of how to put on and take off their PPE and dispose of it safely in line with recommended guidance. Staff were positive about the support they received during the past 11 challenging months of the pandemic and told us they always had enough PPE and could talk to anybody if they had concerns.
- Although we observed four occasions throughout the day where a staff member was wearing a mask below their nose, it was not whilst in close contact with people in the home and masks were readjusted within a short period of time. It was not a constant factor throughout the inspection and there were posters displayed throughout the home reminding staff about the importance of wearing a mask at all times.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the regulation breach imposed on the service and to follow up the concerns and outcomes related to a recent safeguarding enquiry from the local authority. We will assess all of the key question at the next inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider did not have robust systems in place to assess, monitor and mitigate the risks relating to people's health and safety, with their audits not identifying the issues we found. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found some minor inconsistencies, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had completed action plans after the last inspection and had moved over to a digital care planning system to support them in monitoring the service. Care plan audits by the management team, including monthly reviews showed improvements had been made, along with improvements in weekly and monthly IPC audits across the home. Daily walkarounds of the home also ensured any IPC or health and safety issues could be addressed.
- The provider had taken action following the outcome of the safeguarding enquiry and were continuing to follow up the recommendations from the local authority to ensure robust recording systems were in place to accurately document the care people received. Some health and social care professionals felt it was an area where some staff members needed to improve.
- The local authority had indicated notable improvements in the level of detail being recorded and we saw the registered manager had daily unit 'huddle' meetings to discuss these issues and remind staff about their recording responsibilities. The registered manager also told us they continued to check daily care records to ensure they were clear and factual and discussed any discrepancies with staff.
- Staff told us the management team had used this as a learning experience and held meetings and training sessions, to discuss the importance of clear and detailed records and how it could lead to safeguarding concerns if not completed correctly. One care worker said, "We were shown examples of good practice and bad practice and why it has to be detailed. We also discuss it at the handover and get regular reminders about this." Another care worker told us any shortfalls in their recording would get picked up and the nurses

would address where improvements were needed.

- The registered manager continued to be aware of their responsibilities regarding notifiable incidents that occurred across the service. All relevant notifications for safeguarding and other notifiable incidents had been submitted and followed up with the relevant health and social care professionals. A health and social care professional was confident the registered manager would report any safeguarding issues or quality concerns as had done so on many occasions.
- The registered manager had also been transparent and notified us and the local authority about a possible data breach that occurred in August 2020 related to confidential records being disposed of in a skip during refurbishment works. The Information Commissioner's Office (ICO) closed down the report with no further action taken and the provider reviewed their policies to reduce the risk of it happening again.
- The local authority highlighted the commitment of the registered manager throughout the COVID-19 pandemic, complimenting her knowledge and understanding of people's individual needs.

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

- People were positive about living in the home and praised the staff for looking after them and their caring attitude. Comments included, "[Registered manager] has been a gem, she has always been so kind", "The staff are the best thing. I feel comfortable talking to all of them" and "They are kind, caring and decent people here."
- The management team told us they had worked to improve the team morale and felt the pandemic had pulled the whole staff team together. The registered manager added, "The culture has changed over the past year and is much more homely. We have a family vibe and we appreciate everything the staff have done in challenging circumstances."
- Staff were also positive about the support they received, especially with the added challenges of dealing with COVID-19. They spoke highly of the working environment and felt listened to. Comments included, "There is an open environment and I can talk to anybody if I have a question", "They make time for us and her door is always open" and "Everybody has been supportive and I think morale is good. They have helped us not to panic and continue to support our residents."
- Staff also had access to a confidential support and counselling helpline that was displayed throughout the home to remind staff it was available to them. Staff completed a COVID-19 risk assessment and were also able to discuss any issues or concerns during wellbeing supervisions.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider was not always managing people's medicines safely.</p> <p>Regulation 12 (2) (a), (b) (g).</p>