

Croftwood Care UK Limited

The Hawthorns

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Hawthorns is a residential care home providing personal care to 17 people aged 65 and over at the time of the inspection. The service can support up to 39 people. Most of the people living at the service had age related conditions, some of whom were also living with dementia.

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

People and their relatives were very positive about the care and support they received. They told us improvements had been made at the home since the current manager had been in post. The management team had engaged and were focused on developing the culture of person-centred care. Communication throughout the home had improved.

Systems were now in place to monitor the quality and safety of care people received. Quality audits had been implemented and were carried out to identify and act on any shortfalls in the service. These required ongoing development to demonstrate actions had always been completed and addressed. The management were responsive to any feedback given during the inspection and took action straight away.

We looked at infection prevention and control measures under the Safe key question. Overall, we were assured that people were being kept safe. We have also signposted the provider to resources to develop their approach. This relates to aspects of the cleanliness of the environment and equipment, along with the use of personal protective equipment (PPE).

Improvements had been made in relation to the safe administration of medicines. Care records had greatly improved and any potential risks to people were now being assessed. Feedback from health colleagues confirmed positive changes in responding to people's changing health needs.

People were supported by enough staff to meet their needs, staffing levels were kept under review. New staff had been recruited and were now recruited safely. There had been a focus on staff training and new staff were undertaking an induction. There was ongoing recruitment and further plans to roll out staff appraisals.

Systems were in place to safeguard people from the risk of abuse. People told us they felt comfortable and safe living at the home. However, one person raised a concern about the approach of one staff member which was dealt with appropriately when raised with the registered manager.

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. Mental capacity assessments and best interest decisions could be developed further to ensure assessments considered each specific decision being made.

The management team acknowledged that improvements were ongoing. They had worked hard on making

improvements, also working within a Covid-19 pandemic, which had created new challenges. The positive changes now need to be sustained and fully embedded.

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

Rating at last inspection and update: The last rating for this service was inadequate (published 4 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 3 April 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned focused inspection based on the previous rating and to examine any risks.

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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Hawthorns on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Hawthorns

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short notice period of the inspection because of the risks associated with Covid-19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We gathered feedback from the local authority who commission some people's care at the service. We used this information to plan our inspection. 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.

Due to the impact of the Covid-19 pandemic we were mindful about the amount of time inspectors were on site. This was to reduce the risk of transmitting any infection. We therefore asked the registered manager to send some records for us to review. This included a variety of policies and documentation relating to the management of the service, infection control and Covid-19. We carried out telephone interviews with three staff members and two relatives on 9 November 2020.

We took this into account when we inspected the service and made the judgments in this report.

During the inspection

We spoke with three people who used the service and contacted a further three relatives about their experience of the care provided. We spoke with members of staff including the registered manager, regional manager, care workers, domestic staff and the chef. We made observations of the care provided.

We reviewed a range of records. This included sampling five people's care records, risk assessments and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the quality assurance and management of the service, including policies and procedures, audits and accident and incident records.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We also spoke with a professional who regularly visited the service

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. 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 regulation 12.

- At our previous inspection we were concerned that cupboards and rooms containing items which posed risk of harm were not locked. Overall this had improved, although one area which posed potential risks remained accessible. Following the inspection, the registered manager provided evidence to demonstrate this had been addressed.
- Work had been undertaken to drive improvement and risks to people were now being assessed. Risk assessments and life plans had been reviewed and were more comprehensive.
- Staff had up to date information on how to support people and reduce risks occurring. For example, action had been taken reduce the risk of falls and to help prevent pressure sores.
- Appropriate checks had been carried out to ensure the building and equipment were safe to use.
- Fire drills had been undertaken and people's personal emergency evacuation plans (PEEPS) were in place. Further drills were planned to capture different times of the day and all of the staff.

Using medicines safely

- Since the last inspection improvements had been made to systems to ensure the safe management of medicines.
- People received their medicines as prescribed and staff kept accurate medicines records.
- Medicines were stored and disposed of safely.
- Staff had received training and their competency to administer medicines had been assessed.
- Medicines audits were in place and provided assurance for processes within the home.
- Records around the administration of topical creams and "as required" medicines could be further improved and developed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection people had not always been protected from the risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper 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 regulation 13.

- The provider had systems in place to safeguard people from the risk of abuse.
- Systems had been implemented to record and account for financial transactions for people whose money they managed.
- Overall, people told us they felt comfortable and safe living at The Hawthorns. One person told us, "The staff are great, I couldn't recommend anywhere better," and a relative said, "(Name) is happy with the way she is treated."
- However, one person raised a concern about the approach of a member of staff. We asked the registered manager to report this under local safeguarding procedures to ensure appropriate enquiries were made.
- Systems had improved, and any safeguarding concerns were reported appropriately using local procedures.
- Staff had received safeguarding training and understood how to report any concerns. Safeguarding was now discussed as a standard item within each supervision session.

Staffing and recruitment

At our last inspection safe recruitment practices were not always followed. This was a breach of Regulation 19 (Fit and proper persons employed) 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 regulation 19.

- Work had been carried out to review recruitment records for existing staff and new staff.
- Since the last inspection audits had been implemented which had effectively identified and addressed any gaps in recruitment processes.
- Staff were now recruited safely. Pre-employment checks were carried out to protect people from the risk of unsuitable staff working at the home.

At our last inspection sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet people's needs had not always been deployed. This was a breach of Regulation 18 (1) (Staffing) 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 regulation 18.

- People were supported by enough staff to meet their needs. We observed staff supporting people during the day and did not see anyone waiting for assistance
- Feedback from staff about staffing levels varied. Some said they had time to respond and chat with people, others felt rushed and occasionally unable to respond to calls bells in a timely way. Overall, people told us staff were available to responded to them as needed.
- Staffing levels were now determined using a dependency calculation tool. The registered manager confirmed staffing levels were kept under review and would take into account any new admissions to the home.
- New staff had been recruited and the use of agency staff had reduced, however, further recruitment was

ongoing. One staff commented, "There's more permanent staff now, it's much better, we get to know the residents."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach. This relates to aspects of the cleanliness of the environment and equipment, along with the use of personal protective equipment (PPE).

Learning lessons when things go wrong

- Records in relation to incidents and accidents had improved. Since our last inspection accidents were recorded and monitored.
- The registered manager had implemented a more robust system around falls, to identify any themes or trends and help reduce re-occurrences.
- Following the last inspection many changes had been implemented and learning had taken place.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support, induction, training, skills and experience

At our last inspection people were not always supported by suitably qualified and trained staff. This was a breach of Regulation 18(2) (Staffing) 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 regulation 18.

- Staff were now receiving appropriate training. Records demonstrated that staff had worked hard to undertake required training, including supporting people living with dementia.
- New staff were supported to undertake a suitable induction. The provider had introduced a new eLearning system.
- Staff told us they felt well supported, and that communication had significantly improved. They commented, "Communication is better, and we know what's going on more" and "I couldn't ask for more support."
- The registered manager had rolled out one to one supervision meetings with staff. Further work was planned to ensure staff received annual appraisals and developed personal development plans.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

At our last inspection, the provider had not ensured people's needs were assessed and care was delivered in line with best practice and standards. This was a breach of Regulation 9 (Person-centred care) 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 regulation 9.

- Since our previous inspection work had been carried out to fully reassess people's health and care needs. The service had worked in partnership with health and social care colleagues to ensure people received the appropriate type of care.
- Staff were knowledgeable about people's needs. They told us communication had improved and they were kept up to date about any changes to health and support needs.

- People and relatives were positive about the care provided and were kept informed. One relative said, "They have been marvellous, I can't praise them highly enough."
- Staff worked closely with the local surgery to ensure peoples' health needs were regularly reviewed. One professional told us, "They're much more proactive at taking action" and found staff very well engaged.
- Referrals had been made to other agencies as necessary such as dietitians and physiotherapists.

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

- Improvements had been made and people were now supported to eat and drink enough. Drinks were readily available to people, who told us they were given a choice of menu.
- Overall people were complimentary about the food on offer. A new winter menu was being planned with the input of people living at the home.
- Staff supported people in an individualised way, for example, one person was supported to eat cereal at lunchtime as was their choice.
- Staff took action in response to risks in relation to nutrition, such as weight loss. Records were more comprehensive and demonstrated the support provided.

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

At our last inspection people's consent had not always been obtained in accordance with the MCA. This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities)

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However further improvements were required to develop this area of practice.

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.

- Improvements had been made to ensure staff worked in accordance with the MCA. Capacity assessments and best interest assessments had been undertaken in relation to people's care and treatment at the home.
- These could be developed further to ensure assessments considered each specific decision as required by the MCA. The registered manager assured us they would review this.
- DoLS applications were submitted to the local authority as appropriate. Records were in place to keep oversight of this.
- Staff had undertaken training in the MCA and staff sought people's consent before providing support.

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

At our last inspection we recommended the provider obtains good practice guidance on adapting the service design and decoration to meet the needs of people living with dementia.

- Signage to help people find their way around the building was in place. However, instructions to staff were also on display, and gave less of a homely feel.
- Aspects of the building had been decorated and people had been consulted with regarding the choice of colours. Bedrooms were personalised.
- Further improvements and updating of the premises were identified through the manager's audits.

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 inadequate. At this inspection this key question has now improved 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.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection systems were either not in place or robust enough to demonstrate effective systems for checking on the quality and safety of the service. This placed people at risk of harm. This was a continuing breach of regulation 17 (Good governance) 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 regulation 17.

- Previously the provider's governance, assurance and auditing systems had not effectively assessed, monitored and driven improvement.
- Quality assurance systems now in place were more robust. Various audits had been implemented and were regularly carried out to identify and act on any shortfalls within the service.
- Aspects of auditing required ongoing development, as they had not identified all of the issues noted at this inspection. Some audits needed to demonstrate that identified actions had been acted upon and completed.
- The management team were very responsive and acted on any feedback given during the inspection.
- New recording systems had been put in place and were more organised. An improvement plan had been developed and was regularly reviewed by the registered manager.
- The business continuity plan for how the service would operate in case of an emergency had been reviewed, therefore staff had access to up to date guidance to follow.
- The management team acknowledged that improvements were ongoing. They had worked hard on making improvements, also working within a Covid-19 pandemic, which had created new challenges. The positive changes now need to be sustained and fully embedded.

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

- The management team had engaged and focused on developing the culture of person-centred care. The

registered manager was well supported by a management team and administration support was now available.

- People and staff were positive about the changes which had occurred. One person said, "Since new manager the home seems to be a lot happier in terms of the staff. I think they have done incredibly well."
- People and their relatives were complimentary about the management team and told us managers were approachable. One person commented, "Things are good, since the new manager took over it's much better."
- The registered manager had told us about any incidents such as deaths and serious injuries, as legally required. Ratings from the previous inspection were appropriately on display.

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

- At the last inspection, appropriate systems were not always in place to seek and act on feedback to improve the quality of service. Surveys have since been sent to staff and residents to gather their views about the care provided.
- In particular, relatives were positive about the communication with the staff team and how information was shared with them.
- The staff morale had improved and there was a supportive and effective team approach evident. Staff told us they felt listened to, supported and could contribute to how the home was run. Comments included, "Someone is listening - if you've got something to say."
- Both staff and residents' meetings had taken place to share and receive feedback. "You said, we did" information was available to demonstrate the actions taken in response.
- Two people living at the home had been appointed as ambassadors, to support other people living at the home to share feedback and to get involved.

Working in partnership with others

- Links had been developed with other health and social care professionals to meet the needs of the people.
- The management team continued to work with the local authority to raise the standards of care.