

Stirrupview Limited

Hawthorne Lodge Residential Care Home

Inspection report

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Date of inspection visit: 8 & 9 January 2015

Date of publication: 07/04/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

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

This was an unannounced inspection which took place over two days on 7 and 8 January 2015. The inspection

team consisted of an adult social care inspector and an '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 service did not have 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

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the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The service has been without a registered manager since April 2014.

When we spoke with people living at Hawthorne Lodge and their relatives they told us they felt safe. People spoken with said, “I feel very settled here”, “I’m generally happy and settled here at the moment”, “I’m very settled here now, I have no regrets about coming to live here.” People were observed to be relaxed in the environment. The staff we spoke with could describe how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. All of the staff we spoke with were clear about the need to report through any concerns they had.

At our last inspection in July 2014 we had found the home in breach of regulations relating to staffing. At that time, levels of care and support staff, including domestic and kitchen staff, were not sufficient to ensure people received a consistent level of care. On this inspection we asked about staffing at the home. We found that people living at the home and their relatives felt staff were more settled and delivered safe care. There was now settled staff working in the kitchen. Domestic staff hours were still under review. People spoken with felt more could be done in terms of the amount time staff spent actively engaged with people socially. We fed this back to the acting manager in terms of service development.

We looked at how cleanliness and hygiene was managed in the home. Overall we observed the home to be generally clean. We did, however, observe an example of a lack of consistency. One bedroom we saw was not clean although the person in it told us it had been cleaned earlier by care staff. We also had a concern before our inspection from a relative that ‘standards had deteriorated since the last manager left’, citing a lack of cleanliness on occasions in their relative’s bedroom. A recent audit by Liverpool Community Health [LCH] [infection control] also highlighted some issues that needed addressing.

You can see what action we told the provider to take at the back of the full version of the report.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at four staff files and asked the

manager for copies of appropriate applications, references and necessary checks that had been carried out. We found the information required was missing or inadequate on some staff files. These did not provide adequate checks to ensure staff suitability to work with vulnerable people.

You can see what action we told the provider to take at the back of the full version of the report.

We looked at how medicines were managed in the home. We found that people were receiving their medicines but there was risk that that errors could occur. This was because some medication records were confusing and lacked clarity. The audits carried out by the staff had not identified these. There was also a lack of available policies and procedures relating to medication administration for staff to reference. We discussed these anomalies with the acting manager and staff. Staff felt that the current risk was low in terms of any medication errors as they were familiar with the people living at the home and their different medicines. We did not find any evidence that people had not received their medicines. The medication administration records did not support a safe practice however.

You can see what action we told the provider to take at the back of the full version of the report.

Some arrangements were in place for checking the environment to ensure it was safe. For example we saw some documented evidence that regular checks were made including nursing equipment and fire safety. A ‘fire risk assessment’ had been carried out and this included personal evacuation plans [PEEP’s] for all of the people living in the home.

We observed staff provide support for people and the interactions we saw showed how staff communicated and supported people in a positive manner. Staff were able to explain each person’s care needs and how they communicated these needs.

People we spoke with and their relatives told us they were happy with the access to medical support when it was needed. One person told us they had been into hospital recently for treatment and had just returned. When we looked at the person’s care file we saw the care plan had not been updated to reflect the person’s changing care needs. We discussed the need to update care plans to reflect changing care needs, so that any

Summary of findings

short term care needs could be adequately monitored. This also included details of care for people with specific medical conditions so that staff would have a more detailed reference to carry out care.

We looked at the training and support in place for staff. Following our last inspection in July 2014 we found the provider was in breach of regulations because staff morale was low and there was a lack of organised training in place. The provider had sent us an action plan which said they disagreed with the findings of the inspection and that 'training is organised and provided to all staff'. The breach remained in place however.

On this inspection we asked for training records for staff but these were not available at this time. The manager told us they had completed an audit of staff training needs and was aware of what training was needed for staff. They said, for example, "Quite a few staff needed to do infection control training." We were told 'most' staff have completed training in moving and handling. The manager was not able to tell us whether staff had completed key training in abuse awareness and safeguarding processes. There was no overall training matrix available for the manager or staff to access. The manager said they monitored staff training through supervision. We were told all staff had attended one supervision session to date. There had been no formal appraisals carried out since the new owners had taken over the company in April last year.

Following the inspection the manager sent us a training plan for the forthcoming six months. This identified and plotted training for staff in 'statutory' subjects such as moving and handling, medication, safeguarding, infection control and fire awareness. In addition three staff are to undertake training with respect to the care needs of some of the people living at the home who may be living with dementia.

We asked about basic qualifications of staff which could evidence knowledge to carry out effective care. The manager told us that some staff had a qualification in care such as NVQ [National Vocational Qualification] or Diploma. All of the senior staff [four in total] had such a qualification. In total, however, out of 22 staff on the duty rota only eight had such a qualification [although three staff had recently started a course].

Staff spoken with said they felt supported by the manager and the training provided. They told us that they had had a supervision session with the manager and there were support systems in place such as staff meetings and provider representatives attended.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. People living at the home varied in their capacity to make decisions regarding their care. We saw examples where people had been supported and included to make key decisions regarding their care; for example when being admitted to the home, and also when reviewing care in the home. The home had a copy of the MCA Code of Practice available for reference.

We were told, at the time of our inspection, of a person who was on a Deprivation of Liberty Authorisation [DoLS]. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the manager and senior staff we spoke with aware regarding the process involved if a referral was needed.

People reported that the food in the home was varied, nutritious and plentiful. They said, "The food here is good. It's made fresh in the kitchen every day and there is enough choice of what I like for me," "The food here is alright. They always offer me something I like for my main meal."

During the inspection we observed the lunchtime meal in the dining room. People were observed to be supported to eat and lunchtime was a pleasant and social occasion.

People living at the home and their relatives spoke well of the staff and commented that they were kind and caring. Comments included: "Yes, the staff are very good; they look after me very well". "The staff are very kind and helpful, they are always telling me to be careful", "The staff here are very kind and helpful", "The staff always treat me with respect", "The care is fine, but it could be better with more staff", "The staff here are really good with mum, she needs a lot of physical care and they treat her with respect and kindness."

Summary of findings

Throughout the inspection we observed staff supporting people who lived at the home in a dignified and respectful way. When staff interacted with people there was warmth and staff had patience and understanding.

People told us they felt they were listened to and generally staff acted on their views and opinions. This inclusion was not always reflected in the care planning records which only gave sporadic evidence that people had been consulted regarding their care.

The majority of activities in the home centred on the daily routine and were undertaken on a communal basis. There was little evidence of a 'person-centred approach' [by this we mean looking at people's preferences for activity on a more individualised basis] to the care of the people staff supported. We spoke with staff who told us that they spent time with people when they could and certain members of staff had set activities that they provided when on duty. For example karaoke, quiz and arm chair exercises. We were told these were not planned as such. We were told that previously [before the running of the home changed] there was more emphasis on planned activities with [for example] an art group up and running. We fed this back to the acting manager in terms of further development of the service.

People said they had no concerns or complaints about the home, and would either speak to the manager, or ask their relative to intercede with the manager on their behalf. People said "I have no complaints, but I'd tell my daughter if I had any worries" and "If I had any concerns I would talk to the manager, but there has been nothing major so far."

At our last inspection in July 2014 we found the provider in breach of regulations regarding the management and running of the home in that there was lack of formal processes to audit and monitor standards in the home and a lack of clear management direction. On the visit we checked to see if improvements had been made.

We met with the acting manager. We were told they had been in this position for approximately three months and had worked in the home as a carer for longer. We asked the acting manager about plans for further developments in the home. They said that the provider had plans to develop some of the fabric of the building but could not give any further information as to any further development of the service.

On the first day of the inspection we met with a representative of the provider and we were concerned that some information relating to health and safety had not been passed on effectively to the acting manager. The acting manager had not seen a recent infection control audit report. There was, therefore, a concern the acting manager and staff could not respond to appropriate professional and expert advice in a timely manner.

We asked the acting manager about their role and how this related to the provider in terms of areas of work and accountability. We were unable to get clear picture of this. The acting manager advised us they currently had no specific job description and was not able to identify clear parameters to their role. The role of the provider in providing ongoing support to the acting manager was also not clear. This lack of clarity impinged on the acting manager's awareness and knowledge of the running of the home. For example, much of what we asked for in terms of regulatory requirements, policies, procedures and records could not be produced for the inspection at the time.

From the interviews and feedback we received, the acting manager was seen as open and receptive. Staff told us they received going support.

A process was in place to seek the views of people living at the home and their families so this could inform service development. A survey had been sent out in May 2014 and the results showed positive feedback.

We enquired about other quality assurance systems in place to monitor performance and to drive continuous improvement. The acting manager told us about weekly health and safety audits they had conducted but these could not be located at the time of our visit and were sent to us later by the provider. We were shown how accidents and incidents were recorded. The manager advised us these were not audited. This meant there was no assessment and analysis of these to inform any overall patterns or lessons that may need to learn for the home.

On this inspection we found there were breaches of regulations covering infection control, requirements relating to staff employed at the home and medication

Summary of findings

management. We were concerned that the home's current auditing and monitoring of these had not effectively identified any shortfalls or improvements needed.

We found on inspection that issues requiring the home to notify the Care Quality Commission had not been made. These included an injury to a person living in the home, a

person being on a DoLS authorisation and two safeguarding investigations. The acting manager said they would notify us retrospectively and would seek to review the regulations and guidance available regarding notifications.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

There was a risk medicines were not administered safely. Medication administration records were not clear. Medication audits had not identified these issues. There was a lack of available medication policy at the time of the inspection for staff to access.

There was understanding regarding how safe care was managed. Personal care was organised so risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were enough staff on duty to help ensure people were cared for in a safe manner.

Records did not evidence that staff had been checked adequately when they were recruited to ensure they were suitable to work with vulnerable adults.

The provider needed to make improvements to ensure effective management of infection control in the home.

Inadequate



Is the service effective?

The service was not wholly effective.

Care records were not updated following changes to care in sufficient detail to support staff in their care interventions.

We saw that the manager and staff understood and were following the principals of the Mental Capacity Act (2005) and knew how to apply these if needed.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Staff said they were supported through induction, appraisal and the home's training programme.

Requires Improvement



Is the service caring?

The service was not consistently caring.

We made observations of the people living at the home and saw they were relaxed and settled. Relatives told us they were generally happy with the care and the support in the home. Staff treated people with privacy and dignity.

We found that the acting manager and staff team needed to develop greater consistency when including people in care planning and reviews.

Requires Improvement



Summary of findings

Is the service responsive?

The service was responsive.

People's care was planned so it reflected their on-going care needs.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Good



Is the service well-led?

The service was not well led.

There is currently no registered manager for the service. The acting manager was not clear about their role and responsibilities.

We found the acting manager and staff to be open and caring and they spoke about people as individuals. There were systems in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

On this inspection we found there were breaches of regulations covering standards in the home. We were concerned that the home's current auditing and monitoring of these had not effectively identified any shortfalls or improvements needed.

Requires Improvement



Hawthorne Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was an unannounced inspection which took place over two days on 7 and 8 January 2015. The inspection team consisted of an adult social care inspector and an 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.

We were not able to review a Provider Information Return (PIR) before the inspection. The PIR 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. We had not requested this prior to the inspection. We reviewed other information we held about the home.

During the visit we were able to speak with eight of the people who lived at the home. We spoke with four visiting family members. Some of the people living at Hawthorne Lodge had difficulty expressing themselves verbally. 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. As part of the inspection we also spoke with one health care professional who was able to give some feedback about the service.

We spoke with five care/support staff, a representative of the provider and the acting manager. We looked at the care records for two of the people living at the home, four staff recruitment files and other records relevant to the quality monitoring of the service. These included some safety audits and quality audits, including feedback from people living at the home, visitors and relatives. We undertook general observations and looked round the home, including some people's bedrooms, bathrooms, laundry and the dining/lounge area.

Is the service safe?

Our findings

When we spoke with people living at Hawthorne Lodge and their relatives they told us they considered the home to be safe and provided them with a protected environment. People spoken with said, “I feel very settled here”, “I’m generally happy and settled here at the moment” and “I’m very settled here now, I have no regrets about coming to live here.” People were observed to be relaxed in the environment.

The staff we spoke with could describe how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. All of the staff we spoke with were clear about the need to report through any concerns they had.

There had been two safeguarding incidents that had occurred since the last inspection. This involved the alleged inappropriate care of three people in the home. The home had assisted the local authority safeguarding team and agreed protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action had been taken. This approach helped ensure people were kept safe and their rights upheld. We saw that the local contact numbers for the Local Authority safeguarding team were available along with the home’s safeguarding policy.

We asked about staffing at the home. At our last inspection in July 2014 we had found the home in breach of regulations relating to staffing. At that time, levels of care and support staff, including domestic and kitchen staff, were not sufficient to ensure people received a consistent level of care. We told the provider to take action. The provider sent us an action plan dated 21 July 2014, which maintained staffing was satisfactory.

On our inspection we spoke with people living at Hawthorne Lodge and their relatives. Both thought there should be more staff on duty to meet care needs of people and to provide more social stimulation and activities. People said, “Staff do spend some time talking to you but there are not many of them. Another said, “There are no activities, exercises or games, the staff are all very good but there are not many of them.”

Relatives said “One of the cleaners has left and one is off sick so the care staff have to do the cleaning. That means they have less time for the residents.”; Another relative told

us, “I’m concerned about the cleaning, if there are no cleaners the home should get some rather than expect the care staff to do it” and “There used to be four on duty, but since the new owners took over there are only three and if they are doing the cleaning who has time to do the caring job properly?” People spoken with said there used to be a lot more social activity and social engagement from staff but this had fallen off.

We had two set periods where we made observations of how staff supported people and the amount of interactions staff had with people. We carried out a period of observation from 10.15am until 11.00am in the main lounge. Over the 45 minute period only two staff entered the lounge. This was a person in wheelchair who was transferred to a lounge chair safely. This intervention lasted three to four minutes. We spoke with one person who was sat in the lounge who told us this ‘was the usual’ [routine]. Three people sat in the lounge were withdrawn or asleep over this period. We were told by staff this was a busy time of the morning with staff getting people up and about.

Another short period of observation was therefore undertaken in the ground floor lounge at 14.20 pm. Nine people were in the room and six were dozing or somnolent. Two people were watching a film on the TV. Two staff entered the room after twelve minutes, transferred a person into a wheelchair and escorted them to the toilet. After a few minutes they returned and transferred the person to a chair and left the room. There were no interactions with any of the other people in the room. Then for a period of thirty minutes people were unattended with no staff entering the room.

Over both these periods people were not observed to be distressed or at risk but the level of staff interaction was related specifically to physical care interventions.

We asked about staffing levels when we spoke with the manager and staff. We were told that staffing had improved from our previous inspection and the staff team were now ‘settled’. There was now, for example, kitchen staff employed daily. Staff told us that domestic staff were employed ‘every other day’ at this time. This was confirmed by looking at the staffing rota for the week which showed three days [out of seven] where a domestic staff was employed from 9am – 2pm. This was a total of 15 hours for the week. Staff explained that they ‘tidied up on a daily

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basis' to help out. Staff we spoke with did not see this as a problem and said they spent probably 45 minutes [individually] each shift on cleaning duties. Care staff were also employed in laundry duties.

The action plan from the provider following the last inspection, dated July 2014, told us, 'We have in the home domestic, kitchen and care staff doing their respective duties in their respective positions/roles at all times'. The action plan stated that domestic staff are employed 'from 9am to 2pm'. We asked the manager about the four days per week without domestic cover and were told that the domestic had not long been back at work and was getting used to being back at work and would build up their hours.

The duty rota confirmed that for 19 people living at the home there was usually three care staff designated on a daily basis. There was 'extra' support over the two days of our inspection as a senior member of the care team had returned to work after being off for a period.

We would strongly recommend that the provider and manager consider the feedback from people we spoke with when developing staffing in the home.

We looked at how cleanliness and hygiene was managed in the home. Overall we observed the home to be generally clean. We noted that an environmental health audit of the kitchen in September 2014 had given a high [5 star] rating.

We did, however, observe an example of a lack of consistency. One bedroom we saw was not clean although the person in it told us it had been cleaned earlier by care staff. We also had a concern before our inspection from a relative that 'standards had deteriorated since the last manager left', citing a lack of cleanliness on occasions in their relative's bedroom. We asked staff what areas they cleaned and how this was monitored. We were told there were no cleaning rotas to help them. This was backed up by a recent [December 2014] audit by Liverpool Community Health [LCH] [infection control].

This visit by LHC had been made following concerns around management of a possible infectious outbreak. The audit showed the home to be 'partially compliant' and listed a series of improvements needed to meet standards of infection control. 'The action plan by LCH had been sent to the service on 24 December 2014. The report listed incomplete / lack of policies in place for aspects of infection control including a lack of cleaning schedules for staff to follow and a lack of auditing to check and maintain

standards, a lack of hand wash facilities in the laundry and lack of adequate equipment [wipes] for cleaning. At our inspection the provider and manager needed to follow most of these issues up. A representative of the provider informed us that new furnishings would be provided to meet recommendations for easier cleaning. Other issues had yet to be addressed. The manager had not been given a copy of the audit before our inspection so was unable to comment on any progress to date.

We looked at a further example of how the home managed infection control risk. We looked at the assessment and control of legionella. The home's policy was dated April 2014 and stated that an assessment of risk would be made by a competent person. The 'assessment of risk' form was blank. There had been a test of the water safety by an external provider in June 2013, but nothing since. The lack of any recorded assessment of risk meant that we were not able to ascertain on-going management. The manager could not indicate when future tests would be made.

These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at four staff files and asked the manager for copies of appropriate applications, references and necessary checks that had been carried out. Two of these staff files had incomplete checks carried out. One file contained no proof of identification, photograph or health declaration/check. There were two 'character' references but neither had an address on or any other contact reference. They were addressed 'to whom it may concern'. There was no evidence that these references had been requested by the provider. These did not provide adequate checks to ensure staff suitability to work with vulnerable people.

The second file was also incomplete. There was an application form with the person's name on but this had not been completed. A health questionnaire had not been completed. A blank interview form, an induction record signed by a senior carer but not signed by the person employed; it was not dated. We could not find any record of

Is the service safe?

a DBS check [Disclosure and Barring Service – the standard check for any criminal record] or any written references on file. The missing documents listed above could not be produced over the two days of the inspection.

These findings were a breach of Regulation 21(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we looked at people's care records we saw that there were risk assessments in place for aspects of personal care. These included general risk assessments such as risk of pressure sores, nutritional risk and risk of people's safety regarding their mobility. There were more specific risk assessments for people using nursing equipment and for using the bath or shower.

One staff member went through the process of medication administration in the home. Medication was stored in a separate locked 'clinic' room. Following each individual administration the records were completed by the staff. This helped reduce the risk of errors occurring. Medicine administration records [MAR] we saw were completed to indicate that people had received their medication. We found external medicines such as creams were recorded by the staff administering the cream.

We saw that people's medicines were reviewed on a regular basis. Care records we saw confirmed that some people had been reviewed recently; for example one person had been prescribed antibiotics for an infection.

The competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with staff who told us that competency checks had been carried out by the [previous] manager and we saw a record of this.

We found, however, some anomalies with the medication administration records [MARs] which meant that they were not always clear. This meant there was risk that some medicines may be missed or given in error. We found some people's records very difficult to follow. For example:

- Handwritten entries on the MAR charts that had not been signed by staff. We discussed the 'best practice' of ensuring hand written medicine chart entries were signed by two staff as this helped ensure entries had been copied correctly.
- There were numerous entries for medicines which stated 'none supplied' yet the record indicated medicines had been 'received' and a date and amount recorded. The staff explained this was because the supply of medicines had been 'carried over' from the previous MAR chart. The 'carried over' record box had been ticked but no amount entered. It was not clear therefore, from the record, what medicines had been carried over and what medicines had been received from the pharmacy. We discussed ways this could be clarified.
- Some medicines which had been designated as 'none supplied' had in fact been discontinued. This was not clear from the MAR. MAR charts were generally difficult to follow. There were numerous medicines which had been discontinued 'for some time' but were still on the printed MAR from the pharmacist. Staff had made no entry on the MAR to show they were discontinued which was confusing.
- We asked about one person who we were told was on PRN [give when needed] medication [for pain relief]. Staff could find no entry in any of the care plans regarding this medicine and in what circumstances it was to be administered. The importance of a PRN care plan is that it supports consistent administration and on-going review.
- Two people were self-administering some of their own medicines. We asked how this was monitored and checked to ensure they were self-administered safely. Staff could show us no care planning or assessments to support people to administer their own medicines. We were therefore unsure how people were supported to take their own medicines safely.

We discussed these anomalies with the manager and staff. Staff felt that the current risk was low in terms of any medication errors as they were familiar with the people living at the home and their different medicines. We did not find any evidence that people had not received their medicines. The medication administration records did not support a safe practice however.

Is the service safe?

We asked about policies and procedures to support staff in carrying out medicine administration. We were told by the staff administering medicines that there was no available policy at this time. This was confirmed later by the acting manager as no policies appertaining to medicine administration could be produced.

These findings were a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some arrangements were in place for checking the environment to ensure it was safe. For example the manager told us health and safety audits were completed on a regular basis but could not provide any records of these. We saw some documented evidence that regular checks were made including nursing equipment and fire safety. For example a 'fire risk assessment' had been carried out and this included personal evacuation plans [PEEP's] for all of the people living in the home. These plans had been stored in old care files and were not immediately accessible in case of an emergency. There was also an evacuation plan available in the manager's office. We discussed how this could include more detail.

Is the service effective?

Our findings

We observed staff provide support for people and the interactions we saw showed how staff communicated and supported people in a positive manner. Staff were able to explain each person's care needs and how they communicated these needs.

We looked in detail at the care received by some of the people living at the home. We spoke with the people concerned and their relatives as well as checking information in care files. People confirmed that they had access to medical and health support when they needed it. People said: "If I was ill or not well I know I can ask the staff to get the doctor for me", "Before Christmas I had a fractured bone in my foot. They took me to the hospital to make sure my foot was alright", "I've had my eyes tested and they found I had cataracts. I've agreed to have them removed and I'm waiting for an appointment", "The chiropodist visits here and sees to me and some of the other residents."

Relatives told us, "I'm happy with the access to medical input. They [the staff] were onto the doctor straight away for my mum when she was not well". "The home would know when to call the doctor to mum, they noticed she had started scratching her back recently and called the doctor straight away."

One person told us they had been into hospital recently for treatment and had just returned. When we saw them they were comfortable in their bedroom and had a drink nearby. The carer in attendance informed us that the person was taking adequate fluids and diet and they would know to report any problems with this. When we looked at the person's care file we saw the care plan had not been updated to reflect the person's changing care needs. The observations needed and the attention to ensuring newly prescribed medication was not evident on the written care plan. We discussed the need to update care plans to reflect changing care needs so that any short term care needs could be adequately monitored.

Another person told us the care staff supported them well. They were complaining of pain and had told the staff about this. Staff were aware and when we looked at the care records it was evident the person was being reviewed by the GP and this was on-going. The person had a specific medical condition that required on-going assessment and

monitoring. We saw that appropriate referrals had been made to health care professionals and that the district nursing team were having on-going input into the care. Again, when we looked at the care plan for the person's specific medical needs it did not include sufficient detail for staff to be aware of basic signs and symptoms and information of how to respond in case of an emergency. When we asked senior staff about their knowledge regarding this condition they were unsure what to be aware of. Their general awareness of the condition was lacking.

We recommend that care records are updated following changes of care and that sufficient detail is recorded to support staff in their care interventions in line with best practice guidance.

We looked at the training and support in place for staff. Following our last inspection in July 2014 we found the provider was in breach of regulations because staff morale was low and there was a lack of organised training in place. The provider had sent us an action plan which said they disagreed with the findings of the inspection and that 'trainings are organised and provided to all staff'. The breach remained however.

On this inspection we found standards had improved and staff were more settled. We asked for training records for staff but these were not available at the time. The manager told us they had completed an audit of staff training needs and was aware of what training was needed for staff. For example, "Quite a few staff needed to do infection control training." We were told 'most' staff have completed training in moving and handling. The manager was not able to tell us whether staff had completed key training in abuse awareness and safeguarding processes. There was no overall training matrix available for the manager and staff to access. The manager said they monitored staff training through supervision. We were told all staff had had one supervision session to date. There had been no formal appraisals carried out since the new owners had taken over the company in April last year.

Following the inspection the manager sent us a training plan for the forthcoming six months. This identified and plotted training for staff in 'statutory' subjects such as moving and handling, medication, safeguarding, infection control and fire awareness. In addition three staff were to undertake training with respect to the care needs of some of the people living at the home who may be living with dementia.

Is the service effective?

We asked about basic qualifications of staff which could evidence knowledge to carry out effective care. The manager told us that some staff had a qualification in care such as NVQ [National Vocational Qualification] or Diploma. All of the senior staff [four in total] had such a qualification. In total, however, out of 22 staff on the duty rota only eight had such a qualification [although three staff had recently started a course].

Staff spoken with said they felt supported by the manager and the training provided. They told us that they had attended a supervision session with the manager and there were support systems in place such as staff meetings which representatives of the provider also attended. We saw the agenda and notes for two staff meetings which had been held in April and August 2014. Amongst the issues discussed had been safeguarding practice and care planning.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. People living at the home varied in their capacity to make decisions regarding their care. We saw examples where people had been supported and included to make key decisions regarding their care; for example when being admitted to the home, and also when reviewing care in the home. For example one care plan we saw had been evaluated and discussed with the person concerned. Where people had lacked capacity to make decisions we saw that decisions had been made in their 'best interest'. We saw this followed good practice in line with the MCA Code of Practice. The home had a copy of the MCA Code of Practice available for reference. One of the senior staff had completed some training in MCA in 2012 and displayed knowledge around the subject. The manager said the home would plan to ensure all senior staff completed training.

We were told, at the time of our inspection, of a person who was on a Deprivation of Liberty Authorisation [DoLS]. DoLS

is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the manager and senior staff we spoke with aware regarding the process involved if a referral was needed. We looked at the records for the person on the DoLS authorisation and this had been completed appropriately. The person was to undergo a further review of the authorisation. We reminded the manager that We [the Care Quality Commission] must be notified of any DoLS authorisations. The manager had been unaware of this.

People reported that the food in the home was varied, nutritious and plentiful. They said, "The food here is good. It's made fresh in the kitchen every day and there is enough choice of what I like for me. I had Weetabix this morning and sometimes I have an omelette." "The food here is alright. They always offer me something I like for my main meal." "On the whole the food is good. They do vary the food and there are always vegetables and potatoes for the main meal. I just have cornflakes and toast in the morning, but I could have something cooked if I wanted it."

During the inspection we observed the lunchtime meal in the dining room. One resident who needed support with feeding was served early and assisted appropriately. Everybody was offered a choice of pork chop or sausage casserole, those not wishing either were offered a choice of soup and sandwich. Everybody, except one, were able to feed by themselves and were served plated meals at their table. People were offered a choice of tea or coffee or a cold drink, each could sweeten their own drink from bowls of sugar on the table. All were offered a choice of desert and a second hot or cold drink. Throughout the meal music was playing on a music centre and occasionally some of the people having lunch would sing along to the song. The meal was conducted in a relaxed and calm atmosphere with some discussion amongst some people about the food or the music playing in the background.

Is the service caring?

Our findings

We observed the interactions between staff and people living at the home. We saw there was a rapport and understanding.

People living at the home and their relatives spoke well of the staff and commented that they were kind and caring. Comments included: “Yes, the staff are very good; they look after me very well”, “The staff are very kind and helpful, they are always telling me to be careful”, “The staff here are very kind and helpful”, “The staff always treat me with respect”, “The care is fine, but it could be better with more staff”, “The staff here are really good with mum, she needs a lot of physical care and they treat her with respect and kindness.”

People told us they felt they were listened to and generally staff acted on their views and opinions. More specifically we asked whether people were involved in their care planning and were involved in reviews of their care. The awareness amongst people who lived at the home and relatives about care planning and how the care was organised for each individual was inconsistent. Some did not seem to know that they had a care plan, which had been discussed with them and reviewed periodically or any particular member of staff who might be their ‘key worker’. One person said “There is no particular member of staff who looks after me; it’s whoever is around at the time. There have been no meetings with the staff about how I’m getting on here.” Another person said, “There has been no review of my care since I came in here, but I’m only here temporary.” Two relatives said, “I’ve never heard of a care plan, I don’t know what that means”, “No, there’s no care

plan as far as I know.” However one relative said, “The staff discussed mum’s care plan with me and we have a look at it every six months or so. They ask me to sign for any changes.”

When we looked at care records we saw an entry for one person which said the care plan had been reviewed with the person concerned [although no signature of the person]. We also saw evidence that consent had been asked for and agreed regarding medicines [for example]. These entries were sporadic and inconsistent. None of the care plans we saw had any signatures, although many of the people living at Hawthorne Lodge had the capacity to involve themselves with this. We fed these findings back to the manager in terms of further development of the service.

We would recommend that the manager and staff team develop greater consistency when including people in care planning and reviews.

Throughout the inspection we observed staff supporting people who lived at the home in a dignified and respectful way. When staff interacted with people there was warmth and staff had patience and understanding. We saw people being mobilised with staff support and also being supported with their meals; staff interventions were positive and it was observed that people trusted the staff to support them.

We asked if there were any restrictions on visiting. People we spoke with and visitors confirmed that visitors could visit the home at any time. Comments made included, “My daughter comes nearly every day, but there’s not a lot of space for private conversation”, “My nephew can visit me at any time, sometimes they invite him for meals and parties, like at Xmas.” One relative said “I can visit at any time, there are no restrictions.”

Is the service responsive?

Our findings

We looked at the care record files for two people who lived at the home. We found that care plans and records reflected people's preferences and their identified needs. There was evidence that some plans had been discussed with people and also their relatives if needed. Although we discussed how this could be made more consistent; for example by getting people or their advocates if needed, to sign the actual care plans. We could see from the care records that staff reviewed each person's care on a regular basis.

The majority of activities in the home centred on the daily routine and were undertaken on a communal basis. There was little evidence of a 'person-centred approach' [by this we mean looking at people's preferences for activity on a more individualised basis] to the care of people living at the home. Some people chose to spend their time in their own room and were provided with meals and drinks in their room if they wished. Due to the limitations on space on the ground floor people were obliged to sit either in the lounge, with the TV, or in the dining room with the music centre. It was possible to sit in a quiet space only in the first floor lounge if the TV was turned off although we did not see this room in use. In the early afternoon one staff member started a karaoke session in the lounge, which lasted for approximately fifteen to twenty minutes. People in the lounge were not given any choice about the session and individuals who may not have wished to take part were offered no alternative.

We spoke with staff who told us that they spent time with people when they could and certain members of staff had set activities that they provided when on duty. For example the karaoke, quiz and arm chair exercises. We were told these were not planned as such. We were told that previously [before the running of the home changed] there was more emphasis on planned activities with [for example] an art group up and running.

We fed this back to the manager in terms of further development of the service.

People spoken with had no complaints about the activities that took place and seemed to enjoy them. There was a good rapport with staff. When we looked in care files we saw that some time had been taken to record people's interests and life history.

People said they had no concerns or complaints about the home, and would either speak to the manager, or ask their relative to intercede with the manager on their behalf. People said "I have no complaints, but I'd tell my daughter if I had any worries", "If I had any concerns I would talk to the manager, but there has been nothing major so far", "I have no cause for complaint, but if I was worried about anything I would ask my nephew to take it up with them."

We observed a complaints procedure was in place. The procedure was not displayed anywhere in the home although we saw this in the brochure for the home. We saw this brochure being given to some people who were viewing the home as we carried out our inspection. We saw that one complaint had been recorded and this had been addressed and a response made.

Is the service well-led?

Our findings

At our last inspection in July 2014 we found the provider in breach of regulations regarding the management and running of the home in that there was lack of formal processes to audit and monitor standards in the home and a lack of clear management direction. The provider sent us an action plan which said new audit systems had been put in place and individuals given responsibilities to carry these out and ensure any shortcomings are reported and dealt with effectively. On the visit we checked to see if the improvements had been made.

The service does not have a registered manager in post. CQC had no application to register a manager at the time of the inspection. The home has not had an active registered manager for nine months. We talked to a representative of the provider who told us that the acting manager would be applying to be registered and they are awaiting some necessary checks before completing the application form.

We met with the acting manager. We were told they had been in this position for approximately three months and had worked in the home as a carer for longer. We spent time talking to the acting manager and asked them to define the culture of the home and the main aims and objectives. The manager said they aim to provide good, safe care and to build a solid staff team. They felt the main improvement in the home since our last inspection had been a more settled staff team.

We asked the acting manager about plans for further developments in the home. They said that the provider had plans to develop some of the fabric of the building but could not give any further information as to any further development. The acting manager was not aware of a written development plan for the service. Following the inspection the provider sent us a 'business improvement plan'. This listed the completed and planned upgrading of the home's environment.

We met with a representative of the provider on the first day of the inspection who gave us some information we had requested. This information [an infection control audit by Liverpool Community Health] was important to the running of the home as it identified areas for improvement. It had been in the possession of the provider of over two weeks. The acting manager had not been in receipt of the information so was unable to give details of the issues

identified or progress made. This delay in communication meant there was a risk the manager and staff could not responded to appropriate professional and expert advice in a timely manner.

We asked the acting manager about their role and how this related to the provider in terms of areas of work and accountability. We were unable to get clear picture of this. The acting manager advised us they currently have no specific job description and was not able to identify clear parameters to their role. We were told that currently the acting manager was counted in the numbers as a member the care team. We were able to identify some management support from a 'principal' carer who carried out much of the administration and worked three days a week. The role of the provider in providing on-going support to the acting manager was also not clear.

This lack of clarity impinged on the acting manager's awareness and knowledge of the running of the home. For example, much of what we asked for in terms of regulatory requirements, policies, procedures and records could not be produced during the inspection although the provider did send us some requested information following the inspection visit.

From the interviews and feedback we received, the acting manager was seen as open and receptive. Staff told us they received going support; for example all staff had had one supervision session to date and the acting manager was seeking to establish a routine for this. One staff said, "We have had staff meetings and we can have our say and the manager and owner listen. You can speak to the manager any time."

A process was in place to seek the views of people living at the home and their families so this can inform service development. A survey had been sent out in May 2014 and we saw the results of the 10 surveys returned. The feedback was positive with comments recorded about the home.

We enquired about other quality assurance systems in place to monitor performance and to drive continuous improvement. The acting manager told us about weekly health and safety audits they had conducted but these could not be located at the time of our visit and were sent to us later by the provider. We were shown how accidents and incidents were recorded. The manager advised us these were not audited however. Currently the information

Is the service well-led?

regarding accidents were filed in people's individual care files with no assessment and analysis of these to inform any overall patterns or lessons that may need to be learnt for the home.

On this inspection we found there were breaches of regulations covering infection control, requirements relating to staff employed at the home and medication management. We were concerned that the home's current auditing and monitoring of these had not effectively identified any shortfalls or improvements needed.

We were able to evidence some quality assurance processes internally, although could not identify external monitoring processes. The previous quality audit undertaken by an external provider [the 'star rating' system] was now not being used and had not been replaced.

We looked at some of the more formal process and systems and documents to see if these reflected an open and communicative culture. A Statement of Purpose [SOP] was in place for Hawthorne Lodge which had been signed as

reviewed in February 2013. We highlighted to the acting manager that it was not up-to-date such as some of the information including the complaints policy and information about the provider. We also discussed the need to review the information in the SOP regarding the preferred business address.

We found on inspection that issues requiring the home to notify the Care Quality Commission had not been made. These included an injury to a person living in the home, a person being on a DoLS authorisation and two safeguarding investigations. The acting manager said they would notify us retrospectively and would seek to review the regulations and guidance available regarding notifications.

These findings were a breach of Regulation 10(1) (b), 2(b) iii and (c) i of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 did not take formal enforcement action at this stage. 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective processes in place for the control of infection.</p> <p>Regulation 12(2)(h)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.</p> <p>Regulation 12(f) & (g)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>There was a lack of effective recruitment and selection processes in place for staff</p> <p>Regulation 19</p> |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare. The home's current auditing and monitoring systems did not effectively identify shortfalls or improvements needed.</p> <p>10(1) (b), 2(b) iii and (c)i</p> |

The enforcement action we took:

A warning notice was issued with a date of 24 April 2015 to meet requirements.