

Barchester Healthcare Homes 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Hawthorns is a care home providing both nursing and personal care to people. The service accommodates up to 105 people with a range of needs including neurological rehabilitation, general nursing and some living with a dementia. At the time of inspection 83 people were living at the service.

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

The service had five units each with its own head of unit reporting to the registered manager. Out of the five units we only found issues on one unit. Records relating to the daily and weekly monitoring of vital equipment had not been regularly completed. Some important documentation did not form part of an audit and nursing staff responsible for the recording of the information had not alerted the management team of the lack of its completion.

Governance systems were not always effective. The issues we identified on the unit had not been recognised. Competencies of training had not been monitored effectively. The registered manager immediately addressed the issues we identified and ensured people were safe.

People told us they were happy at the service. Medicines were managed safely. Enough staff were deployed to meet people's needs.

People and relatives told us staff were kind and caring and promoted independence. People received care from staff who knew them well.

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.

Care and support plans varied. The majority of care plans were personalised and had input from people and their relatives. Care plans to support people with a specific support need lacked information around situations where staff were needed to take immediate action.

People had a range of activities to support their emotional, physical and social needs.

People, relatives and staff were regularly asked for feedback, this information was used to make improvements.

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

Rating at last inspection

The last rating for this service was good (Published 21 June 2016). There was an inspection on 17-18 October

2018 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Enforcement

We have identified a breach in relation to the failure to keep accurate and complete records and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive 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.

Inspection team

The inspection team consisted of three inspectors, one specialist professional advisor (nurse) 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.

Service and service type

The Hawthorns is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority commissioning and safeguarding teams to gather their feedback. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We took this into account when we inspected the service and made the judgements in this report.

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.

During the inspection

We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with 17 members of staff including the registered manager, two heads of unit, four nurses, music therapist, activities coordinator and eight care staff.

We looked at the care records of seven people, a sample of medicines records and other records related to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the inspection on 9 and 10 May 2016 this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- On one unit systems for the management of important equipment to support people was not effective. Records relating to the daily and weekly monitoring of vital equipment had not been regularly completed. No documentation was in place to direct staff in the maintenance of portable equipment to support people in the community.
- On the same unit records for clinical support need for people to remain safe were poor. Checks relating to essential support for people including the accessibility, checking and cleaning of equipment had not been regularly completed. These checks did not form part of any quality assurance audit. Staff responsible for recording the information had not raised concerns about the lack of recording of such important information. For example, one person's equipment daily checks had failed to be recorded for a period of eight days. The nurse in charge assured us that all checks and care and support needs had been carried out and it was a record keeping problem.
- Personal emergency evacuation plans (PEEPs) for people supported with specialist equipment were inadequate. These did not give clear guidance for staff to follow and detail the supporting equipment required to ensure the person remained safe. PEEPss on other units had information for staff to follow.

The service had failed to maintain accurate and complete records and failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager advised all PEEP's had been rewritten, checks had been completed on all vital equipment and the systems were now in place to check records were completed.

- People lived in a safe environment. The provider conducted regular checks of the premises.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, I feel safe. It's champion! Staff make me feel safe."
- The provider had systems in place to reduce the risk of abuse and harm. The registered manager investigated safeguarding concerns and notified the appropriate authorities.
- Staff were knowledgeable about how to raise any concerns and were confident that action would be taken.

Learning lessons when things go wrong

- The service used information when things went wrong to drive improvement. Information from accidents

and incidents and safeguarding issues were regularly reviewed and where necessary, changes were made to reduce the risk of them reoccurring.

Staffing and recruitment

- Permanent staff were recruited safely. Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service.
- Checks on agency staff were not always effective. Staff conducting agency staff induction did not have access to information to enable them to confirm identification. The registered manager addressed the matter immediately and placed additional checks in place.
- Enough staff were deployed to meet the needs of people.

Using medicines safely

- People received their medicines as prescribed. One relative told us, "Medication is done well. I was here when (Person) received it. She watched him take it and made sure he drank all his water."
- Systems were in place for the safe storage and administration.
- Recording of medication via a patch and application of creams was not always completed. The registered manager assured us that this was poor record keeping and started to address the matter.

Preventing and controlling infection

- The home was clean.
- The service had systems in place to ensure people were protected from the risk of infection. Infection control audits were regularly completed and hand washing guidance was displayed to support all visiting the service.

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 inspection on 9 and 10 May 2016 this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Competency reviews of specialist training was not effectively monitored. Recording of completion of competencies were poor. This meant it was difficult to establish which staff had the appropriate training. The service reviewed all non-nursing staff competencies and ensured all were in place by the third day of inspection.
- An effective system to ensure staff were suitably trained and competent was not fully in place. Some staff who supported people with percutaneous endoscopic gastrostomy (PEG) did not have the appropriate training. A PEG is a procedure in which a feeding tube is placed into the stomach. This allows nutrition, fluids and medicines to be put directly into the stomach. The nurse in charge told us staff had received guidance from nursing staff.
- Staff had completed training the provider deemed mandatory to perform their roles

The service had failed to have effective systems in place to monitor and identify gaps in training. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were given opportunities to discuss their individual work and development needs through supervision and appraisal.

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

- Each unit had been adapted for people's needs. Wide corridors enabled easy access for wheelchairs.
- The registered manager advised the provider had a project to further improve the environment for those living with dementia. A range of interactive items were placed about the service for people to engage with.
- People had access to outside areas.

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

- People needs were assessed prior to moving to the service. Pre-assessments were not always fully completed. A nurse explained that at some pre-assessment meetings, relatives were not present which meant some sections could not be completed. However, the service continued to gather information to support in the creation of support plans.
- Pre-assessments did not include questions to support all the protected characteristics of the Equality Act. The registered manager advised the provider was currently reviewing the pre-assessment form.

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

- People's nutritional and hydration needs were met by the service.
- People's weight and nutritional intake were monitored by staff and appropriate action was taken if there were any concerns.
- Guidance from healthcare specialists, such as speech and language therapists and dietitians, was recorded and followed by staff. Equipment was available for people to remain independent.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access a range of healthcare professionals.
- Support for people's oral health was not effective. Oral health care plans lacked detail and staff had not received training in that specific area. Some people needed to receive mouth care twice a day, records had gaps and we could not establish that this care had taken place. The nurse in charge assured us that people did receive the support required.

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

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

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

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

- The service was working within the principles of the MCA. Records showed that when people lacked mental capacity to make specific decisions, a best interests decision meeting had taken place.
- Where relatives had declared they had a Lasting Power of Attorneys (LPA) the service did not routinely obtain a copy of the legal document. This meant the service did not have confirmation to enable them to protect people's rights in terms of decision making.

Is the service caring?

Our findings

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

At the inspection on 9 and 10 May 2016 this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were very kind and always spoke to them in a respectful way. One relative told us, "They are very respectful to people. They know who they can have a laugh and joke with. They communicate in a manner which is appropriate to individuals, which is important."
- People were supported to maintain relationships with friends and relatives. Visitors told us they were always made welcome. One relative said, "I think it's a happy atmosphere here. I like coming and staff are good at motivating people and keeping everything on an even keel."
- Staff were knowledgeable about people's life histories, important relationships to them and their likes and dislikes.
- Staff had completed equality and diversity training as part of their induction and the provider had an equality and diversity policy in place to protect people and staff against discrimination.

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

- Staff encouraged and supported people to express their views and choices.
- People and relatives were involved in discussions about people's care and support needs.
- People received support from advocacy services as and when required. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person said, "I love the staff - they do everything for me. They all treat me with respect."
- Staff encouraged people to maintain their independence where possible. A relative told us, "Staff encourage (person) to be as independent as possible but do some personal care. Staff would whisper into her ear to ask her if she needed the toilet. They are keen to preserve her dignity."
- People's confidential information was held securely.

Is the service responsive?

Our findings

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

At the inspection on 9 and 10 May 2016 this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People had a range of activities to support their emotional, physical and social needs. A music therapist was deployed throughout the service. One person told us how much they enjoyed the weekly singing session. Another person told us, "There's lots on. Gardening club, [staff member] goes to the bar and we sit and have a drink together. Entertainers come in regularly. Christmas was lovely"
- The registered manager had introduced a 'wish tree' where people were able to make wishes which the service did their best to fulfil and worked with families to achieve positive outcomes.
- People were supported daily to access the community.

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

- The quality of care plans varied between the four units. The registered manager had recognised this and was introducing peer reviewing of care plans by the heads of units. The majority of care plans we viewed were personalised and had input from people and their relatives.
- Care plans on one unit lacked detail on how to assist people to remain safe during bathing and moving and handling. These also lacked important information around taking appropriate action following changes in the person. Following the inspection, the service started to address this matter.
- Staff had access to current information. Handovers took place between staff shifts to ensure staff were kept updated of any relevant information.

Meeting people's communication needs

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

- The service assessed people's communication needs and information was available in various formats, such as easy read and pictorial.
- The service supported people to gain access to assistive technology to aid their communication.
- People's language support needs varied. Whilst one person received excellent support with their language support needs. Two people had not received the same level of response from the service. The registered manager started to address the matter.

Improving care quality in response to complaints or concerns

- Information relating to how to make a complaint was readily available to people. People and relatives told us they knew how to make a complaint and were confident issues would be addressed.
- The service had a process to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- End of life plans were in place for people to record the support they wanted at this stage of their life. Where appropriate an emergency health care plan was in place.

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 inspection on 9 and 10 May 2016 this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance systems were not always effective. Some important documentation did not form part of an audit and nursing staff responsible for the recording of the information had not alerted the management team of the lack of its completion. Competency of training had not been monitored effectively.
- Systems in place did not support the registered manager to have an oversight of all the units within the service. Heads of unit had an autonomy for the management of their unit and had responsibility for completing all associated documentation. We only found issues in one unit. However, the incomplete record keeping, lack of guidance in people's support plans and PEEPs had not been identified.

The service did not maintain an accurate and complete record of people's care and treatment and did not have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives were happy with the management of the service and believed it was well-led. One relative said, "Management are good. [The registered manager] is marvellous. I can't be negative about anyone. Staff are very good."
- Staff were clear about their roles and responsibilities. One staff member told us, "We work well together and support each other."
- The registered manager had submitted the required statutory notifications to CQC following significant events at the home.

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

- People and relatives told us they had a voice and were heard by the service. One person told us, "We have questionnaires and residents' meetings."
- The service was responsive to suggestions. The registered manager listened to people and where possible, actioned requests. People asked for a pub setting and a room was created.
- Staff had opportunities to express their opinions in supervisions and team meetings. Team meetings were informative and inclusive.

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

- The provider and registered manager understood their duty of candour responsibilities.
- The service had an open and transparent culture. The registered manager responded to feedback and displayed their outcome for all to see.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with healthcare professionals to achieve positive outcomes for people.
- The service had developed good strong links with the local community. People accessed the local facilities and the local school visited to read with people.
- The registered manager fully engaged with the inspection and immediately started to address the issues identified.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The service failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. 17(2)(a)

The enforcement action we took:

Warning notice issued