

Sanctuary Care Limited

Hawthorn Green Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 28, 29 May and 2 June 2015. Four breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to safe care and treatment, meeting nutritional and hydration needs, person-centred care and receiving and acting on complaints.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met

legal requirements. Also, after that inspection we received concerns in relation to staffing. As a result we also looked into those concerns during this inspection. This report only covers our findings in relation to those requirements and the concerns raised. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk

People, relatives and staff told us that there were not enough staff to meet people's needs on a frequent basis,

Summary of findings

such as responding to instances of incontinence. Inadequate staffing levels were in part due to staff sickness and absences which was being formally addressed by the provider but the impact of this work had yet to increase staffing levels.

Complaints were not managed effectively. Relatives were not satisfied with the length of time it took to deal with complaints and not all were aware of whom they needed to approach to highlight their concerns. People using the service and relatives were not adequately supported to feedback their concerns about the quality of care because the procedure was not produced in an easy read format and there was not a suggestion box available for use.

The provider had made improvements in relation to safe care and treatment and protected people from harm by developing effective risk assessments. The provider had also made strides around protecting people at risk of developing pressure ulcers.

The provider had taken action in relation to supporting people to eat and drink enough. Accurate records were kept by staff who were aware of how to assist people with their dietary requirements.

The provider had made improvements in relation to end of life care. People, their relatives and medical professionals were involved in making decisions about the support people received at this stage of their lives. Where the provider had collated people's wishes and preferences these were taken into account at the end of their life.

We found two breaches of the regulations relating to staffing and complaints. 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 always safe. There were not always enough staff at the service to meet people's needs.

We found that other action had been taken to improve safety in relation to protecting people from harm by maintaining relevant and up to date risk assessments.

We could not improve the rating for Safe from Requires Improvement because to do so requires consistent good practice over time and we found an additional breach of regulation in relation to staffing. We will check this during our next planned Comprehensive inspection.

Requires improvement



Is the service effective?

We found that action had been taken to improve the effectiveness of the service. Staff had a good understanding about how to support people to eat and drink enough. The service maintained accurate records and made appropriate referrals to medical professionals.

We could not improve the rating for Effective from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Is the service caring?

We found that action had been taken to improve the caring nature of the service. Staff had a good understanding about how to support people in end of life care and involved people and those important to them in decisions about this support. The service had made improvements in complying with their wishes.

We could not improve the rating for Caring from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Is the service responsive?

The service was not always responsive because improvements had not been made in relation to managing complaints. The service did not do everything reasonable to discharge complaints effectively and to support people and their relatives to raise concerns.

We could not improve the rating for Responsive from Requires Improvement because there had not been significant improvements in relation to the management of complaints. We will check this during our next planned Comprehensive inspection.

Requires improvement



Hawthorn Green Residential and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Hawthorn Green on 11 and 12 November 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection conducted on 28, 29 May and 2 June 2015 had been made. The team inspected the service against four of the five questions we ask about services: is the service safe, effective, caring and responsive? This is because the service was not meeting some legal requirements.

The inspection was undertaken by two inspectors. During our inspection we spoke with 2 people who use the service and eight relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with a visiting healthcare professional.

We spoke with the regional manager, the deputy manager, eight care assistants and three nurses. We also spoke with an administrator, an activities officer and a Human Resources manager. We looked at 6 people's care records, as well as records relating to safe care and treatment, staffing, meeting nutritional and hydration needs, person-centred care and receiving and acting on complaints.

Is the service safe?

Our findings

Before the inspection we received a whistleblowing concern in relation to staffing. At the inspection we found there were not always enough staff to meet people's needs.

A person who used the service told us, "Sometimes we are short of people and everybody is very busy and I have to wait." All relatives we spoke with reported inadequate staffing levels. Comments included, "Staffing levels could be improved, sometimes it is like a ghost town when you are trying to find a member of staff and they are all in rooms busy" and, "Some of the staff are so caring and dedicated, I notice staff sickness, staff are run ragged, some staff you think my goodness they are so good, but short staffing is unfair on residents." One relative explained that their family member sometimes had to wait half an hour after they had opened their bowels to be supported and on occasion the relative had had to provide personal care due to staff shortages.

Staff across all roles reported that frequent staff shortages impacted on the safety and wellbeing of the people using the service. Comments included, "Sometimes there is a shortage of staff. Today there are two and yesterday two care assistants. There should be three for the safety of the residents. When there aren't enough staff it takes a time to change people. There won't be a staff member in the lounge so there's a risk if someone falls.", "If a resident calls for the toilet it is difficult and it means they become incontinent." And, "Up to twice a week we're not at 100 per cent. When people call in sick we try to get cover but we just fail to get it."

During the inspection we observed one person not being assisted with personal care for 45 minutes and noted that one unit did not have a full complement of staff as required under the provider's policy.

The regional manager reported that there was a current problem with staff absence and sickness and that agency staff were called to cover but that it was not always possible to find timely replacements. Records we reviewed confirmed this shortfall. The management team had begun to tackle the problem by beginning disciplinary procedures and discussing the issue in team meetings to improve attendance.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection on 28, 29 May and 2 June 2015 we found a breach of the Regulations in relation to safe care and treatment. At this inspection we found that the provider had taken action to address our concerns in this area.

People were protected from harm by effective risk assessments. We saw risk assessments relating to nutrition, continence, falls, moving and handling, and pressure area care in people's care files. Specific risks had been identified for each person and the associated risk assessments provided staff with clear and detailed guidance and direction on how the person should be supported. For example, the risk assessment for a diabetic person informed staff about what specifically to look out for if the individual became hypo or hyper glycaemic and what action must be taken to minimise the risk to that individual.

The provider had made improvements around protecting people at risk of developing pressure ulcers. Staff were aware of who required support to change positions and accurately completed repositioning charts in a timely fashion. This meant staff were aware of when or into what position a person should be supported to turn to help prevent their skin from breaking down.

Is the service effective?

Our findings

At our last inspection on 28, 29 May and 2 June 2015 we found a breach of the Regulations in relation to meeting nutritional and hydration needs. At this inspection we found that the provider had taken action to address our concerns in this area.

People were supported to eat and drink enough. People told us that they were offered a choice of food, “There is a menu. I have a look at it and if I want something different they will get it for me if they can for example they get me rice.”

Staff were guided by effective and up to date assessments in care records and, as such, were knowledgeable about people’s dietary requirements. We observed staff assisting people to eat and drink in line with their care plans. Staff had accurately completed food and fluid charts and reported that discussions took place with a registered nurse when the total daily intake fell below that expected. Appropriate referrals to dietitians were made and records we reviewed indicated that people were gaining weight where required.

We could not improve the rating for Effective from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Is the service caring?

Our findings

At our last inspection on 28, 29 May and 2 June 2015 we found a breach of the Regulations in relation to person-centred care; The provider had not ensured the care and treatment was appropriate, met people's needs and reflected their preferences in end of life care. At this inspection we found that the provider had taken action to address our concerns in this area.

End of life care was managed satisfactorily. There was no one receiving end of life care at the time of the inspection, however staff had a good basic understanding about how to approach care at the end of someone's life. Staff had received training from a local hospice and regular meetings with GPs were held to identify who may require such care. Staff told us how they would sensitively involve people and those important to them (where appropriate) in decisions about their care, preferences and wishes. For example one staff member told us, "We check with people if they can tell us their wishes and we speak with their relatives, the GP gets involved, sometimes we involve [a local hospice], if people want to stay here we follow that wish, we make

family members understand the end is coming, there is a guest room they can stay in, we know people's preferences on admission and we can call priests or ministers to come in."

People's records detailed involvement from family and those involved in their care and contained details of preferences such as where the person would prefer to die. We noted one instance where the provider had contacted wider family members encouraging them to visit as the person was nearing the end of their life. Information about pain management and appropriate legal documentation was contained in people's care records.

We noted that the provider would benefit from a system to review people's wishes on an ongoing basis, especially if not much information was available following an initial assessment and more work could be carried out to capture religious and cultural requirements.

During the inspection we observed one family member visit the service with a box of chocolates and they thanked the staff nurse for their support.

We could not improve the rating for Caring from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Is the service responsive?

Our findings

At our last inspection on 28, 29 May and 2 June 2015 we found a breach of the Regulations in relation to receiving and acting on complaints. At this inspection we found that the provider had not made the required improvements in this area.

The provider did not manage complaints effectively. Relatives told us that they were not satisfied with the length of time that complaints took to be dealt with, “[Complaints] seem to be a problem. It’s better once someone takes ownership. It’s the not knowing who to talk to.” Relatives did not know to whom they needed to raise complaints, “I have brought up a couple of issues with the previous manager and he sorted them out but I’m not sure who to go to now,” One relative explained that they wanted to make a complaint but they did not feel able to do so because they didn’t want to get their family member into “trouble”. They explained that they had not been supported to complain or been asked to give feedback about the service provided to their loved one.

The action plan the provider sent us following the previous inspection stated they would record all information in a

complaints file including the investigation and outcome and that a manager would review all complaints monthly. We reviewed the complaints file and found that in one case the outcome was not recorded and in another the complaint was mishandled and not concluded within the provider’s timeframes set out in their complaints policy and procedure. We noted that the monthly reviews were not being conducted. This meant that complaints were not satisfactorily discharged.

The provider’s action plan also stated that they would produce information about how to complain in large print and other languages and a suggestions box would be available in the reception area. The regional manager informed us that the complaints information was not available in other languages or in an easy read format. We observed that there was not a suggestions box in the reception area. This meant the provider had not done all that was reasonable to support people to raise complaints or provide feedback about the quality of care.

The issues above relate to a breach of Regulation 16 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 legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of suitably experienced persons were not deployed. Regulation 18(1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The provider did not ensure any complaints received were investigated and necessary and proportionate action taken in response to any failure identified by the complaint or investigation. The provider had not established and was not operating effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. Regulation 16(1) and (2)