Hawksbury House Limited

Hawksbury House

Inspection report

Kellfield Lane
Low Fell
Gateshead
NE9 5YP

Tel: 01914821258
Website: www.hawksburyhouse.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 and 11 January 2017 and the first day was unannounced. This means the provider did not know we were coming. This was the first inspection of this service following a change in its registration in April 2016.

Hawksbury House is a care home for older people, some of whom have a dementia-related condition. It does not provide nursing care. It has 35 beds and 34 people were living there at the time of this inspection.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Without exception, people we spoke with during the inspection were highly complimentary about the kind and caring nature of the staff who supported them.

The majority of staff members had been employed by the service for a significant period of time. As a result they had built up very strong, positive, caring relationships with the people they supported and were very knowledgeable about their individual needs and preferences.

The ethos of the home was to care for people in a way that met their individual needs. People's individuality was respected and staff went out of their way to ensure people felt comfortable and at ease in their surroundings. Whether this be through ensuring people were provided with the food of their choice or making adaptations to their rooms.

Care staff were very attentive to people's needs and relatives we spoke with told us they were exceptionally good at picking up any changes in people's health or well-being. This meant people received prompt medical intervention where required and as such were actively supported to maintain good health.

Staff encouraged people to maintain their independence. People were actively encouraged to socialise and engage in activities or outings into the local community. A varied activities programme was provided, both within the home and in the local community, to prevent people from being socially isolated.

People's wishes were respected and their privacy and dignity maintained. All staff were aware of the importance of maintaining people's privacy and dignity and had received appropriate training to enable them to do this.

Systems were in place to ensure people's wishes in relation to their end of life care were captured and acted upon. People were supported to be comfortable and pain free when receiving end of life care. An external healthcare professional we spoke with described the end of life care provided by the service as exceptional.

They told us the staff team provided very high levels of care to both people and their friends and family members during this time. One relative told us after the inspection, "The end of life care is second to none. It was very important to me that my mother was not moved to hospital or nursing care. She was cared for by all staff as if she was their own mother. Who could ask for more?"

Measures were in place to protect people using the service from abuse. Staff received safeguarding training which was refreshed on a regular basis and were aware of their roles and responsibilities for ensuring people's safety. Risks to people, staff and visitors were assessed and monitored. Action was taken to manage and mitigate risks in order to keep people safe.

Robust recruitment processes were in place to ensure staff members were suitable to work with vulnerable people. People and their relatives were encouraged to take an active part in the recruitment of new staff members. Works trials were undertaken to enable the provider to better assess applicants suitability for employment within the service. Staffing levels were based on people's dependency levels and were subject to regular review. People told us staff responded to their requests promptly and they felt safe and well cared for.

People were supported to receive their medicines safely and appropriate arrangements were in place for the ordering, recording, storage and administration of medicines. Although "best interest" decisions had been made to administer two people's medicines covertly (without their knowledge), this was used as a last resort.

Staff were provided with a comprehensive training and induction programme which included completion of the Care Certificate, a standardised approach to training staff in health and social care. Staff were encouraged to undertake additional training and qualifications relevant to their roles and were provided with support through regular supervision sessions.

The service worked within the principles of the Mental Capacity Act 2005. People's capacity to make decisions about their care and treatment was assessed and where appropriate, "best interest" decisions were made on people's behalf. These involved relevant healthcare professionals as well as people's friends and family members.

People's nutritional needs were assessed when they first joined the service. The service monitored people's food and fluid intake and their weight and where there were concerns about a person's health referrals were made to appropriate healthcare professionals. Healthcare professionals we spoke with confirmed the service made appropriate and timely referrals to them and acted upon any advice or guidance provided.

People's needs were assessed prior to them joining the service. People had extensive plans in place which detailed the different aspects of how staff should support them with privacy and dignity to promote individualised care. People were also encouraged to maintain their independence and to be involved in the care planning and review.

The service encouraged feedback from people using the service. Any form of dissatisfaction was taken seriously and action taken promptly to investigate and rectify issues. Detailed records were maintained and any lessons learnt were shared with the staff team. People and relatives we spoke with told us they had no complaints about the service but felt if they did they would be able to raise these and they would be dealt with accordingly.

The provider had a range of systems in place for monitoring and reviewing the effectiveness of the service.

During the inspection we found action was taken to address issues or areas for improvement, although documentation did not always support this. The registered manager accepted this and assured us action would be taken to ensure documentation was updated to reflect the actions undertaken by the service to resolve areas for improvement.

People, visitors and staff we spoke with were all complimentary about the registered manager and the owners. We were informed they were a visible presence within the service and people, staff and visitors all felt they were approachable and took issues seriously. One relative told us following the inspection "The care is consistently good, but the staff are constantly seeking to make improvement. Each person matters and they are treated with respectful diligence. Nothing is too much trouble and any issues that do arise are immediately dealt with."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of their responsibilities for protecting people from abuse and had received regular training to maintain their knowledge in this area.

Risks to people, staff and visitors were assessed and actions taken to manage and mitigate these risks.

Appropriate systems were in place to ensure potential staff members were suitable to work with vulnerable people. Staffing levels were organised to ensure the service was to support people safely.

People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were provided with the support they required in terms of training, supervision and appraisal to perform their roles effectively.

The service worked within the principles of the Mental Capacity Act to uphold people's rights.

People were assisted to have sufficient to eat and drink and to access healthcare services in order to maintain good health.

Is the service caring?

Outstanding

The service was very caring.

The majority of the staff team had worked at the home for a considerable period of time. As a result, they had developed very strong, caring relationships with people using the service. Staff took time to get to know people as individuals and to provide them with care which met their individual needs.

Care was highly person-centred and both people and their

families were actively encouraged to be involved in both their care planning and the service as a whole. People's preferences and wishes about how they wanted to be cared for were captured and the service went out of its way to make people feel comfortable and "at home".

Staff were very attentive to people's needs and picked up on any changes to people's health quickly, seeking appropriate medical attention in a timely manner. People were supported to maintain their independence and all staff respected people's privacy and dignity.

People received exemplary end of life care at the home. They were treated with dignity, kept peaceful, and pain free and staff supported families and those that mattered to the person to spend quality time with them.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed when they first joined the service. Care plans were detailed and person-centred and recognised the importance of maintaining people's independence and involving them in all aspects of their care planning.

A varied activities programme was provided, both within the home and in the local community, to prevent people from being social isolated.

The provider had appropriate systems in place for receiving and acting on complaints. People and their relatives were encouraged to provide feedback.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post who had worked at the home for approximately 25 years. People, visitors and staff all spoke highly of the registered manager. The registered manager was supported in their role by a well-established staff team.

Appropriate systems were in place to monitor and review the effectiveness and quality of the service.

The ethos of the service centred around caring for people in a way that met their individual needs. All staff embodied this ethos and told us of the importance the registered manager placed on

ensuring this ethos was maintained.

Hawksbury House

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.

This inspection took place on 10 and 11 January 2017 and was unannounced. This inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries, which the provider is legally obliged to send us within required timescales. We also contacted other agencies such as local authorities and Healthwatch to gain their experiences of the service.

During the inspection we toured the building and talked with five people who lived in the home and two visitors. We spoke with staff including the registered manager, deputy manager, assistant deputy manager, secretary, head chef and two care workers. We reviewed a sample of five people's care records, three staff personnel files and other records relating to the management of the service. We undertook general observations in communal areas and during mealtimes. We spoke with two external healthcare professionals who visited the service during the inspection.

Following the inspection we received further feedback from relatives of people who used the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments included; "I definitely feel safe, the staff check on me regularly", "100%, I feel safe", "Yes, I do feel safe, there's always carers (staff) on hand" and "Yes, I definitely feel safe, I like living here." Relatives we spoke with also felt their family members were safe and that staff were proactive in informing them if they had any concerns about their family member's health or well-being. All of the people we spoke with told us there were enough staff to safely meet their needs and that they came quickly when they needed assistance. For example one person told us; "I've got my call bell and they always come straight away."

The provider had policies and procedures for the safeguarding of vulnerable adults and "whistle blowing" (reporting bad practice). These provided information to staff about the action to take should they have any concerns about people living at the home.

Training records showed staff received safeguarding training when they first joined the service. Staff knowledge in this area was then updated on a three yearly basis thereafter through the provision of refresher training. Training records showed all staff were up to date with their safeguarding training and staff members we spoke with confirmed this. Staff were aware of the different types of abuse people may suffer and of the potential signs they may display if they were being abused. They were also aware of their responsibilities for recognising and reporting any signs of abuse. All of the staff members we spoke with were able to tell us how they would report concerns and were also aware of the other agencies they could contact.

We reviewed the service's safeguarding records. We found four safeguarding incidents had been recorded since the service's change in registration. We saw evidence these had been investigated internally and that where appropriate referrals had also been made to other agencies such as the local authorities safeguarding adults' team.

Safeguarding was discussed with staff during supervision sessions. The registered manager also reviewed any safeguarding incidents on a monthly basis as part of their quality monitoring process and this information was shared with the staff team.

Risks to people, visitors and staff were assessed. These included general environmental risks as well as risks from the use of equipment. Risk assessments detailed control measures in place to minimise any identified risks. For example a general environmental risk had been identified in relation to obstructions on the driveway and the other external areas of the home. It was recognised that any obstructions could increase the likelihood of accidents or falls. A daily check for obstructions had been identified as a control measure to help reduce this risk. We observed action being taken by the provider on the second day of the inspection to remove obstructions from the driveway. These risk assessments were reviewed on an annual basis by the registered manager.

Care records showed as part of the assessment of a person's needs potential risks were identified. For

example people were assessed to determine whether they were at risk of falls, malnutrition or whether their skin integrity was at risk. Where risks were identified we saw there was a corresponding care plan in place in the person's care records which detailed how the risk was to be managed or mitigated. These risk assessments were reviewed on a regular basis along with the person's care plan to ensure they remained appropriate. Care records also contained emergency health care plans which detailed the person's needs in the event of an emergency admission to hospital.

People were protected from financial abuse. The service maintained personal allowances for the majority of people using the service. Individual records were held for each person and these were stored securely by the secretary. Receipts were kept for all transactions and individual records were checked an audited on a regular basis. During the inspection we reviewed financial records for three people using the service. We found records held were complete and all tallied.

The provider had systems and contracts in place to monitor the safety of the building and equipment contained within it to ensure this remained safe to use. This included the routine servicing of equipment and checks of equipment, facilities and utilities. Policies and procedures were also in place in order to continue the service in the event of an emergency such as a gas leak or staff shortage. Contact details were held of other organisations the service may need to contact in the event of an emergency. Personal emergency evacuation plans were also maintained for each person using the service. These provided information to staff about the support each person required should they be required to evacuate the building in an emergency situation.

We spoke to the registered manager about staffing levels in the service. We were informed these were based on people's dependency levels and were reviewed on a monthly basis. The registered manager told us the service did not use agency staff but that where required, cover was provided from within the existing staff team. Staff members we spoke with confirmed this. As a result, people using the service received good continuity of care. The registered manager did however confirm the service had a relationship with an agency so that should additional staff be required, systems were in place to ensure they could be provided promptly.

Staff were allocated to work three different shifts, early shift, day shift and night shift. Early shift was between 7.30am and 4pm and was staffed by at least one senior care worker and four care workers. Day shift was either 2pm till 10.15pm or 4pm till 10.15pm and was staffed by at least one senior care worker and three care workers. And night shift was between 10.15pm and 8.30am and was staffed by one senior care worker and one care worker. We found staffing levels were higher at peak times of day such as mealtimes. All of the staff we spoke with told us they felt there were sufficient staff on duty to safely care for people using the service. People and relatives we spoke with also felt there were sufficient staff and told us staff responded promptly when they called for assistance.

We looked at the recruitment records for three staff members who had been recruited since the change in registration. Potential staff members were asked to complete an application form providing details of their qualifications, experience and previous work history. References were sought in order to verify information provided by applicants on their application forms. Checks were performed with the Disclosure and Barring Service to determine whether applicants had a criminal record or were barred from working in a social care service. Applicants were also asked to complete a supervised works trial to assess whether they were suitable for the role. Residents and relatives were also involved in the interview process and were asked to provide their opinion about whether or not an applicant was suitable for the role.

At the time of the inspection we found the application form used by the service did not request a full

employment history. We brought this to the attention of the registered manager who took immediate action to update the application form. Overall, we found the service had a robust recruitment process.

We looked at the arrangements for the ordering, recording; storage and administration of medicines to ensure these were safe. We observed the lunchtime medicines round and spoke to the assistant deputy manager about the support provided to people with their medicines.

During the medicines round we observed the staff member checked people's medicine administration records (MARs) prior to administering their medicines. MARs featured a photograph of the person using the service for identification purposes as well as details of any allergies and any specific support the person required. MARs were clear and there were no unexplained gaps. The staff member was knowledgeable and experienced and followed good practice throughout the medicine round, for example wearing gloves to prevent contamination.

Medicines were stored in a dedicated medicines storage room. Temperature checks were performed to ensure the temperature of the room and the medicines fridge remained within safe ranges. Controlled drugs, which are drugs which are liable to misuse, were stored securely in a safe within the medicines storage room. Appropriate records were held of controlled drugs and regular checks and audits were performed to ensure these drugs were not being misused.

Staff members responsible for administering medication had received training which was refreshed on a three yearly basis. Their ability to safely administer medication was also checked on an annual basis through the completion of competency checks. We identified good practice in the administering of covert medicines through the home's involvement of the supplying pharmacist and the thorough documentation in this area. This ensured that this was carried out safely and protected people's rights.

Good

Is the service effective?

Our findings

All of the people, visitors and external healthcare professionals we spoke with told us the service was effective at meeting people's needs. Visitors we spoke with also confirmed this and one of the visitors we spoke with explained their family member's health had improved significantly since they had moved into the home. "Since moving into the home, their health is the best it has been in the last three or four years. If they complain about anything (health related) they (the staff) respond straight away, getting the doctor to come out".

We received feedback following the inspection from relatives about the high standard of care given overall to their relatives at the end of their lives and during their time in the home. Following our inspection, we also received feedback about the home from a relative: "My relative is currently not well with a chest infection and although they are not a nursing home the level of expertise of looking after her has been outstanding. As a GP I have visited many homes as part of my job and I could tell almost instantly that this was a good home with such a happy atmosphere. We were prepared, and had to wait, for a place knowing it was worth the wait. I would (and have already) recommended Hawksbury House to everyone."

People we spoke with were very complimentary about the staff who supported them and one of the visitors we spoke with told us they had been impressed by the level of staff training and experience and this was one of the things that had attracted them to the home. One relative said, "We think the fact that the staff have been at Hawksbury House for years shows that it is a good place to work and that they are happy."

The external healthcare professionals we spoke with told us the service was proactive in referring people to other healthcare services where they felt this was appropriate.

All of the people we spoke with were very complimentary about the food. Comments included: "The food is lovely", "The food is very high quality and they know what I like" and "The food is nice and I always get a choice".

We reviewed the staff training and induction records to establish whether staff were provided with sufficient support to enable them to perform their roles effectively. New staff received a comprehensive induction which involved five days classroom based training followed by 12 weeks of "on the job" training during which they completed the Care Certificate. This is a standardised approach to training for new staff working in health and social care which was introduced in April 2015.

All staff received a programme of mandatory training in areas such as safeguarding, moving and handling and fire safety. Their knowledge in these areas was then updated on a regular basis through the provision of three yearly refresher training. Staff were also provided with the opportunity to undertake training in a number of other areas specific to their roles, for example end of life care, advocacy, challenging behaviours and dementia awareness. Staff we spoke with told us they felt supported in their roles and were encouraged to undertake additional qualifications and provided with support when they chose to do this.

The provider's policy for supporting staff included a commitment to providing staff with a minimum of four supervisions and an annual appraisal each year. Records showed the service was on course to provide staff with support in line with this policy. Staff we spoke with confirmed they received regular supervision sessions and these provided them with the opportunity to raise any concerns, reflect on their performance, receive feedback and to request additional training or support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

A number of people living at the home were subject of DoLS. In the care records we reviewed we found DoLS applications were being made to the relevant local authority where this was deemed necessary. These applications were reviewed and action was taken to update these.

The service used a mental capacity assessment and mini mental state examination to assess people's capacity to make decisions about their care and treatment. We saw evidence that where people were found to lack the capacity to make a particular decision, "best interest" decisions had been made on their behalf. Records showed these decisions were taken with the involvement of healthcare professionals as well as the person's friends or family members. We found the service always tried to use the least restrictive method possible. For example where a "best interest" decision had been made for a person's medicines to be administered covertly (without the person's knowledge), we found this was only used as a last resort. Staff would first make attempts to administer medicines with the person's consent and would only do this covertly where the person continued to refuse.

Staff we spoke with told us prior to providing any form of care or treatment to people they would always explain what they intended to do and ask for the person's consent. Where a person declined, staff told us they would respect the person's wishes and would either try again later or ask another staff member to attend to the person. People we spoke with confirmed staff asked for their permission and respected their wishes when they declined assistance.

On admission to the home, people's nutritional needs were assessed to establish whether they were at risk of malnutrition or had any specific requirements. People's weight was monitored on a regular basis and where there were concerns referrals were made to appropriate healthcare professionals such as dieticians, GP's and speech and language therapists.

We spoke to the head chef who told us they met with people once they joined the service to get to know their likes and dislikes and any specific dietary requirements they may have. Records were maintained in the kitchen of people's requirements and the chef explained how particular care was taken when people had allergies. For example they informed us that they did not currently use peppers in any of the cooked meals they prepared as one person using the service had an allergy to peppers.

We found during mealtimes people were encouraged to sit in one of the three dining areas. We observed meal times were calm and unhurried and a pleasant experience for people. People were offered a choice of food and drinks and where people did not fancy what was on the menu, alternatives were available to them. Staff were attentive to people's needs throughout mealtimes, providing encouragement, reassurance and assistance as required. We saw where people had not eaten very much they were encouraged to eat more and asked whether they would prefer something else. People we spoke with were very complimentary about the food they received. One person told is it was always "high quality" and that the staff knew what they liked and catered for this accordingly. People told us they were given plenty to eat and drink and had regular access to snacks and drinks throughout the day.

People's care records contained contact details for other healthcare professionals involved in their care and treatment. Records were kept of any referrals to or any visits from other healthcare professionals. During the inspection we spoke to a district nurse who had been working with the service for a number of years. They described the home as "excellent, one of the best I go to" and told us the staff made appropriate and timely referrals to them where they had concerns about people.

Outstanding ☆

Is the service caring?

Our findings

Without exception, people we spoke with were extremely complimentary about the care they received from staff. Comments included; "They (staff) are very caring, very thoughtful, they understand me and my likes and dislikes" and "The staff are very good to me, they're marvellous and they couldn't do anything more." Visitors we spoke with also spoke highly of the kind and caring nature of the staff and their attentiveness to people. One visitor told us "Staff are aware of people's abilities and respond appropriately." Another said "They always have time for people" and "The staff are lovely, they genuinely care and I feel really comfortable with them."

After the inspection visitors and relatives told us the following: "All of the staff are fabulous and do an outstanding job." Another said, "We looked at several residential homes for my mother-in-law and were very disappointed by those we had seen. When we visited Hawksbury House it shone like a beacon. The first impression was of happy, smiling staff who could be seen interacting with the residents. We were also impressed that the staff tried so hard to get the equipment needed for my mother-in-law before she came to live at Hawksbury House. Since admission our first impressions have been proven right. All the staff are fabulous and very caring."

One of the external healthcare professionals we spoke with told us the service was one of the best they went to and that they would have no concerns about one of their family members living at the home. Another of the external healthcare professionals we spoke with told us "The staff genuinely care for the residents; they have good relationships with people." They also said the home cared for people with complex needs and although this was not always easy in a residential setting, they felt the home did this well.

Throughout the inspection we observed a very relaxed atmosphere in the home. People and visitors alike described the service as "Homely" or a "Home from home" and everyone we spoke with was happy living in the home and felt they were very well cared for. People were able to personalise their bedrooms to their own taste and we saw many people had their own furniture and possessions in their bedrooms. One relative told us after the inspection, "They made the transition from her own home to this permanent last home as good as it possibly could be and in the end she regarded this as her home."

People were actively encouraged to maintain relationships with people who were important to them and we saw people's friends and family members were free to visit throughout the day. Comments included; "My family and friends come in to see me, they can come when they want" and "I can visit freely, when I want". Visitors were warmly welcomed by staff and we observed they engaged in friendly conversation. One relative told us after the inspection, "Although it is five years since my mother died, I am impressed sufficiently to still remain a "Friend of Hawksbury" and retain a regular relationship with clients and staff, helping to fund raise and assist with outings and visits. Some of the clients are regular attenders at a weekly friendship lunch and a monthly Memory Lane Café I'm involved with."

Staff were knowledgeable about people's support networks and the visitors we spoke with confirmed staff always kept them informed about people's health and well-being. One of the people we spoke with told us

how staff had gone out of their way to ensure they were able to take communion with their friends and their minister when they had visited the service. We were told staff had provided the minister with the sole use of one of the lounges in the service so that the person was able to take communion and spend time catching up with their friends in private.

All staff developed exceptionally positive, caring relationships with people. The ethos of the service was centred around caring for people in a way that met their individual needs. All of the staff we spoke with embodied this ethos and it was evident that staff genuinely cared for the people using the service and wanted to support them in a manner that best met their individual needs. We found staff did this by taking the time to get to know people on an individual basis. A relative told us after the inspection, "The care is consistently good, but the staff are constantly seeking to make improvements. Each person matters and they are treated with respectful diligence. Nothing is too much trouble and any issues that do arise are immediately dealt with."

Staff we spoke with were able to provide us with very detailed information about the people they cared for. This included their likes, dislikes, their life histories, details of their support networks and any specific preference they had about their care and treatment. For example, one of the people we spoke with told us they liked a salad for their lunch. They explained staff knew this and would provide them with this rather than offering them what was on the menu. One staff member told us "It's about getting to know people as individuals and understanding how they want to be cared for." Staff told us they generally spoke with people in order to do this but would also seek information from people's friends and family members, particularly where people were unable to provide this information themselves. Another staff member we spoke with told us about the importance of supporting people by "doing things at their pace" and all staff we spoke with felt strongly that the main focus of their role was to meet people's individual needs as ultimately it was their home.

Ancillary staff members we spoke with were equally knowledgeable about people using the service. Whilst these staff members did not generally provide direct care to people, they understood the impact their work had on people using the service and were clear that they were also there to support people and make the home a pleasant place for them to live. We were informed of an occasion where an ancillary member of staff had provided support to a person living in the home in order to protect their privacy and dignity when care staff were not available to support the person straight away. This showed the importance all staff placed on meeting people's needs.

We saw staff had put in a great deal of time and effort so that people's individual communication needs were captured in their care records. These provided guidance to staff on the best way to communicate with people and to assist them to make decisions and maintain their independence. For example in one of the records we reviewed we found pictorial menus had been created to assist the person to make decisions about what they would like to eat.

We observed people were very relaxed in the presence of staff. Staff members got down to people's eye level when communicating with them and we observed staff were exceptionally kind and caring and made time for people. There was a jovial atmosphere in the home with people and staff engaging in lots of conversations and laughter. Staff used touch as a means to gently reassure people and to show affection. We could see by people's reaction this was a normal interaction in the home and people responded positively. When speaking to people, staff gave them their undivided attention, kneeling down beside them or pulling up a chair to have a chat with them. Staff were very attentive to people's needs and were gentle and reassuring in their demeanour with people.

Staff used music and singing as a means to connect with people. During the inspection we observed staff members singing with people in the communal lounges. It was evident from people's reactions that this gave them pleasure and it wasn't long before most people joined in. We observed this became a topic of discussion for people later in the day, during which they reminisced about their favourite songs. We were also informed how music had previously been used as a means to connect with a person who used the service who had been unable to communicate verbally.

We observed routines within the home were flexible. Although food was served at set meal times the cook confirmed people could take their meals at any time they chose. Night staff had full access to the kitchen and had received the appropriate training to enable them to prepare food for people during the night should they request it. Although we found people were actively encouraged to spend time in communal areas particularly at mealtimes, people's wishes were respected if they did not wish to do this. Some of the people we spoke with told us they preferred to spend time in their own rooms and whilst staff would encourage them to spend time in the communal areas with others, they confirmed they respected their wishes if they did not want to. They did however tell us that staff would still check on them regularly to make sure they were okay and to ask whether there was anything they needed.

People's care records contained information about their preferences and details of how they would like their care and support to be delivered. This included guidance to staff on areas where people required assistance as well as information about what people were able to do independently. Staff we spoke with were very knowledgeable about the people they cared for. They told us about the importance of maintaining people's independence and were able to give examples of how they would do this. For example through encouraging people to complete their own personal care where they were able or assisting people to make everyday choices for themselves. For example we saw at mealtimes people were shown the different choices available to them to assist them in making a decision about what they would like.

Care plans recognised people's individuality and care was delivered in a manner that catered to people's individual needs. For example in one of the care records we reviewed we discovered the person's main focus throughout their life had been their work. They had worked right up until moving into the home and had only stopped as their health deteriorated and they were no longer able to work. Despite this, work still formed a very important part of this person's everyday life and they referred to their bedroom as their office. The service had catered for this by providing this person with a desk, paper, pens and an old phone to make them more comfortable with their surroundings. Another person using the service loved nature and the great outdoors and would often ask staff what it was like outside. This person's bedroom was on the first floor of the property and did not overlook the home's gardens so the person wasn't able to see much from their window. Staff therefore arranged for the person to move to a different room. This was on the ground floor of the home and overlooked the garden. This meant the person was able to spend time in their room, doing what they enjoyed; watching the birds and squirrels that came to the garden to feed from the bird tables and feeders.

People we spoke with told us they had been involved in their care planning as had those people who were important to them. The visitors we spoke with also confirmed they had been involved in their relatives care and treatment. People's care records were reviewed on a regular basis by staff to ensure they remained appropriate. Formal reviews also took place with people and their relatives on a six monthly basis to ensure they were happy with the care and support they were receiving. In the records we reviewed we saw positive comments were received during these reviews with people and their relatives praising staff. One of the visitors we spoke with told us how the staff did not dismiss concerns raised by their family member and that they were very proactive in their approach in caring for their relative as well as other people in the home.

People were also encouraged to be involved in the running of the service by participation in regular residents meetings. Friends and family members were also encouraged to be involved in the running of the service and one of the visitors we spoke with confirmed the service did listen to suggestions and make changes. For example, one of the visitors we spoke with told us they had suggested that more music be played in the large communal lounge. They said this feedback had been taken on board and that music was now played more regularly in this lounge for people to enjoy.

A variety of information was on display throughout the home for people and their relatives to refer to. This included details of the activities programme, a copy of the latest annual quality assurance review as well as details of the resident's social fund. There was also a noticeboard on display in the main reception area of the home which contained photographs of the staff members and their job roles.

People were treated with dignity and respect. Staff were aware of the importance of maintaining people's privacy and dignity when providing care to them. Where staff assisted people with their personal needs this was done in a discreet manner. Staff told us about the importance of ensuring doors, blinds and curtains were closed and of covering people whilst providing personal care. We observed where appropriate staff members waited outside of bathrooms to give people privacy.

We also observed good practice with staff members knocking on people's door before entering their rooms or taking people to the comfort of their own bedroom to provide personal care. People we spoke with confirmed staff treat them with dignity and respect. We were told staff always asked for people's permission before providing them with care and respected people's wishes where they did not wish to be supported. One relative told us after the inspection that staff always took extra care and attention to maintain people's dignity stating, "They also understand that hairdressing and nice clothes are still important to my friend and she is always presented beautifully."

Staff had received training in end of life care and people were asked about their wishes in this area. End of life care plans were in place for people using the service. These detailed people's wishes about how they wanted to be cared for. Where people had made any advance decisions about their care and treatment, details of these had also been captured. For example we saw a number of people had decided that they did not want to be resuscitated. Appropriate documentation was in place to ensure that these people's wishes would be respected by healthcare professionals in the event of an emergency.

One of the healthcare professionals we spoke with told us the service offered exceptional end of life care to people and their friends and family members. We saw the service had systems in place to obtain anticipatory medicines to ensure that they were able to keep people comfortable and pain free whilst providing end of life care. People's friends and family members were encouraged to visit and spend time with people and support was offered to them by staff. The healthcare professional commented specifically on the care staff offered to both people and their family members whilst providing end of life care. Following the inspection we received further positive feedback from a relative regarding the end of life care their family member had been receiving.

Good

Is the service responsive?

Our findings

People and visitors we spoke with told us the service was responsive to their needs. Visitors we spoke with told us they had been involved in their family members care planning and were kept informed of any changes in their health. One relative told us, "The staff have very quickly got to know and understand my relative and are extremely receptive to her needs and idiosyncrasies." Another relative said, "Staff are very aware of people's abilities and respond appropriately."

Following the inspection one relative told us, "The staff have very quickly got to know and understand my relative and are extremely receptive to her needs and idiosyncrasies." Another relative said, "Staff are very aware of people's abilities and respond appropriately."

None of the people we spoke with had any complaints about the service. Comments included; "I've nothing to complain about" and "I don't like complaining, but I've no complaints". Nevertheless, people and visitors we spoke with told us if there was anything they were unhappy with they would feel comfortable raising this with staff. For example one visitor told us; "If I had a complaint I would feel able to report it as I have a good relationship with staff". They also told us "I'm confident any issues would be sorted quickly".

The external healthcare professionals we spoke with also felt the home was responsive to people's needs. One commented about the good relationship they had with the staff team and the fact they would ring for advice if ever there was anything they were uncertain about. They told us people received a very high quality of care and that they felt this was due to staff's knowledge of the people they cared for and their attentiveness to changes in their health.

Pre-admission assessments were undertaken before people joined the service to establish people's individual needs and ensure the service would be able to cater for these accordingly. These assessments focused on all areas of a person's care and treatment and provided details of areas where the person was independent as well as areas where they required support.

Following a person's admission to the service, a further, much more detailed assessment was undertaken. Information gathered during this and the pre-admission assessment was used to generate detailed, person-centred care plans. These provided advice and guidance to staff about the support people required as well as information about any goals and preferences they may have and areas where they were independent. Care plans reviewed during the inspection were very detailed and person-centred. For example one even detailed the specific toiletries the person liked to use. People's individuality was respected and it was evident from the records reviewed that people had been involved in their care planning and this was centred around providing people with the care they required in the way they preferred.

People were encouraged to maintain their independence wherever possible and this was supported by their care records. These contained details of how staff could assist people to express their wishes and make choices about their care and treatment. For example where people were unable to communicate verbally, pictorial menus were available to assist them in choosing what they would like to eat. Staff we spoke with

told us of the importance of encouraging people to do things for themselves where they were able. For example care records revealed one person sometimes forgot how to use their cutlery. Staff were encouraged to remind the person and provide them with reassurance and encouragement, therefore allowing them to feed themselves, rather than staff intervening and doing this for them.

Care records were reviewed on a monthly basis to ensure they continued to accurately reflect people's needs. Where there was a change in a person's needs, care plans were updated promptly to reflect this. For example in one of the records we reviewed we saw the person's moving and handling care plan had been updated to reflect a change in the support provided to the person after they had experienced a number of falls. The service also used short term care plans to document additional support provided to people over a short period of time. For example where people were prescribed a course of antibiotics or where they were monitored by staff due to a change in their health for example a loss of weight.

Formal reviews of people's care planning generally took place on a six monthly basis and records showed people and their representatives were involved in this process. During reviews people were asked for feedback about the care they received and whether any adjustments were required. Reviews seen during the inspection were all positive, with people and their representatives commenting on the caring nature of the staff. Relatives commented on how responsive staff were to meeting people's needs and how these regular reviews helped. One visitor told us, "For example the staff make sure that they understand the individuals in their care and adapt the service to their needs. When my friend went off drinking the usual drinks they tried all sorts of alternatives and involved us in the process until they found the best one. Similarly with medication, they try to adapt their process to the needs of the resident and that has proved very successful in getting the continued benefit from prescribed medication."

Although the service did not have a dedicated activities co-ordinator, we found people were provided with plenty of support to prevent them from becoming socially isolated. A social activities programme was on display in the service and showed regular activities were available for people to get involved in. These included film afternoons, pamper sessions and exercise groups. All staff were responsible for encouraging people to partake in group activities or taking time to provide meaningful one to one interaction with people. Staff we spoke with were knowledgeable about people's likes and dislikes and their preference and used this information to provide activities to them accordingly. People were encouraged to take their meal in the dining areas within the home and sat in small social groups aimed at encouraging interaction.

People we spoke with told us there was plenty for them to do and that entertainers came into the home on a regular basis. Both individual and group trips were available to people. Staff informed us where people did not wish to leave the home or were unable to, individual sessions were provided for them instead. A relative told us, "A member of staff took my father to a museum as he had expressed an interest. People get very individualised care here, it's tailored to peoples needs and interests."

Regular residents and relatives meetings were held. Topics covered included activities, menus and updates about the service. People were encouraged to provide feedback or suggestions during these meetings and there was evidence these were taken on board. Regular "Hawksbury Friends" meetings were also held. We were informed these were largely attended by relatives, including a number of relatives of people who had previously used the service. These meetings focused on raising funds for the residents social fund, how these funds could be utilised and the activities programme available to people. The registered manager told us, "Hawksbury House meetings are held where residents and visitors are invited to attend and provide input. This is a robust and proactive group who make excellent suggestions for improvements and to have a say in running the home. We discuss topics such as social activities for the residents, plan events, look at common issues." The registered manager told us after the inspection, "Hawksbury House meetings are held where

residents and visitors are invited to attend and provide input. This is a robust and proactive group who make excellent suggestions for improvements and to have a say in running the home. We discuss topics such as social activities for the residents, plan events and look at common issues."

We reviewed the results of the annual quality assurance review completed in April and May 2016. We found questionnaires and individual interviews had been completed in order to obtain feedback from people, visitors, staff and external healthcare professionals. Overall the results were positive with people describing the service as a 'home from home' and staff as 'excellent'. The results had been reviewed and analysed and an action plan created. This detailed the actions the service planned to take in response to those areas where people had identified improvements could be made or had expressed dissatisfaction. The action plan was signed to show all actions had been completed.

The service had a complaints policy and procedure. This provided information to people about the process the service would follow in response to a complaint. The service viewed any form of dissatisfaction as a complaint and records showed these were investigated thoroughly. Clear records were kept of all complaints including the actions taken and any lessons learnt as a result. Detailed feedback was provided to complainants and lessons learnt were shared with the staff team to help prevent any reoccurrences.

All of the people we spoke with told us they did not have any reason to complain. People and their relatives said they were very happy with the service and the care provided. One relative told us if they did have any complaints they would feel able to discuss these with any member of staff as they had such good relationships with them. We received similar comments from people using the service.

The service aimed to provide a smooth transition for people when they moved to another service, for example another care home or hospital. Detailed records were sent with the person to assist during this transitional period.

Good

Is the service well-led?

Our findings

People and visitors we spoke with told us the service was well managed. People and their family members knew who the registered manager was and described them as approachable. All of the people and visitors we spoke with were positive about the home overall, describing it as "homely" and commenting on the high standards of care that people received. The external healthcare professionals we spoke with were equally complimentary about the service and the way it was managed. We were informed they had built up strong working relationships with the registered manager and the staff team. They felt the service was well-led and that staff were receptive and had people's best interests at heart.

Staff spoke highly of the registered manager and the senior staff in general. All of the staff we spoke with felt well supported in their roles and enjoyed working in the home. Staff also described how everyone worked together as a team and a few of the staff we spoke with referred to the service as a "big family".

A registered manager was in post and had been employed at the service for 25 years. They were supported in their role by a well-established staff team. The registered manager had delegated responsibility for the completion of a number of tasks to other members of the staff team to assist in the smooth running of the service. For example both the deputy manager and assistant deputy manager were responsible for ensuring staff received regular supervision sessions and an annual appraisal.

The ownership of the service had changed since our last inspection. We spoke to the registered manager, staff, people and visitors about whether there had been any impact on the service as a result of this change. Everyone we spoke with told us this had been a smooth transition and there had been no impact on the quality of care people received. The registered manager told us the new owners were supportive and they attended the home on a regular basis. People and relatives we spoke with informed us the new owners had attended one of the residents and relatives meetings to introduce themselves and were also present at events such as the Christmas Fayre. People, their relatives and staff all spoke positively about the new owners.

A range of systems were in place for monitoring the quality and the effectiveness of the service. Audits were completed on a monthly basis in areas such as medicine administration, care plans and finances. In addition to this, internal checks were also performed in relation to areas such as housekeeping. The registered manager also analysed records held in relation to deaths, complaints, falls, safeguarding and accidents on a monthly basis. The registered manager produced an audit report each month which was provided to all staff. This provided a breakdown of all events within the home during that month and details of any lessons learnt. We saw evidence areas for improvement or issues identified during completion of these audits and checks were recorded. Our observations during the inspection were that action was taken to address these issues or areas for improvement. However, we found records were not always updated to reflect this. We highlighted this to the registered manager who agreed documentation had not always been updated and assured us that they would ensure this was done in the future.

We looked at the processes used to keep staff informed. We found in addition to the monthly audit reports

which staff were asked to read and sign, staff meetings had also started to take place. Although we found these had not been taking place on a frequent basis, all of the staff we spoke with told us they felt supported in their roles. Staff told us the registered manager was approachable and they would feel comfortable to speak to them or a senior staff member if they had any concerns. We discussed the frequency of staff meetings with the registered manager. They explained their intention was to have these on a bi-monthly basis, however they were honest about the fact this was not always possible. We were informed of the difficulties associated with getting the staff team together. However, the registered manager was aware of the importance of keeping staff informed and told us they used other methods to do this, for example the audits reports and supervision sessions.

During the inspection we observed a shift handover. The senior staff member responsible for overseeing the previous shift provided an overview of what had happened in the home that day. This included details of any organised trips, any staffing updates and a detailed overview of each of the people living in the home's current health including any concerns. We saw the senior used people's daily notes to enable them to do this. On-going concerns were discussed and information about people's food and fluid intake was also discussed, particularly where intake had been poor.