

# HC-One Beamish Limited

# Hawthorn Court

## Inspection report

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Date of inspection visit:  
30 March 2017  
07 April 2017

Date of publication:  
29 September 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 30 March and 7 April 2017. The first day of the inspection was unannounced this meant the provider did not know we were coming.

Hawthorn Court provides accommodation for up to 62 persons who require nursing or personal care. At the time of our inspection there were 60 people using the service.

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

Risk assessments were completed for each person. For example, falls and mobility. Some people's risk assessments did not contain specific guidance for staff to follow. We made a recommendation to the provider to address this.

We found accurate Medicines Administration Records (MARs) had been maintained with no gaps or errors. This confirmed people were receiving their medicines correctly. However medicines which were to be returned to the pharmacy were not recorded in the returns book in a timely manner.

Effective recruitment checks were carried out to check whether care workers were suitable for their role. For example, two references being obtained and checks of any gaps in employment.

Health and safety checks were in place with up to date certificates. For example, gas safety certificates and moving and assisting equipment checks.

The provider had processes and systems in place to manage safeguarding, accidents and incidents. Staff were aware of the reporting processes in place to keep people safe.

The provider had a business continuity plan in place in case of an emergency. People had personal emergency evacuation plans in place for staff guidance.

Staff training was up to date. The provider had supervision and appraisal plans in place to support staff. Staff told us they had regular supervision.

The service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). MCA assessments and best interest meetings minutes were in place for people who lacked capacity.

People and relatives we spoke with were happy with the care provided. We observed staff providing support

in a caring, respectful manner.

People were offered a varied healthy diet with choices and alternatives available. Staff recorded people's dietary intake where necessary.

People had personalised care plans in place for staff to refer to for support and guidance. Care plans contained people's preferences, likes and dislikes. Relatives and people told us they were involved in planning care.

People had access to health care when necessary, records demonstrated visits by GP's and district nurses.

There had been no complaints made about the service. Advocacy information was available for people coming into the service by way of an information pack.

People, relatives and staff told us the registered manager was approachable.

The provider was introducing a quality assurance system to monitor the quality and safety of the service. Some audits had already been completed, with actions recorded to drive improvements.

The compliance team were carrying out a review of the previous provider's documentation still in use within the service alongside HC One Beamish's documentation to determine where changes would be made to recording systems.

Policies and procedures were in the process of being reviewed and updated.

## 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.

We found some risk assessments did not contain details for staff to follow to minimise risks. The provider ensured these risk assessments were reviewed and updated.

People felt safe and there were effective systems in place to safeguard them.

Recruitment processes were thorough and robust to ensure only people suitable were employed.

### Is the service effective?

Good ●

The service was effective.

Staff received training and support in order to develop and maintain their skills and knowledge.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had enough nutritious food and drinks to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring towards the people they supported.

People were supported in a respectful manner that promoted their privacy and dignity.

People had access to information about advocacy services.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans took into account their individual needs,

preferences and choices.

The provider worked with people and their relatives so that their care needs were appropriately planned.

The provider had a complaints system and people knew how to raise concerns.

### **Is the service well-led?**

The service was well-led.

Statutory notifications were submitted to CQC in a timely manner.

People, relatives and staff felt the registered manager was approachable.

Plans were in place to have regular staff meetings. The provider had held one meeting to date.

**Good** ●

# Hawthorn Court

## 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.

The inspection took place on 30 March and 7 April, the first day of the inspection was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by two adult social care inspectors and an expert by experience who spoke with people and relatives to gain their opinions and views of the service. An expert by experience is a person who had personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with 15 people who lived at Hawthorn Court. We spoke with the area director, compliance manager, deputy manager, 11 care workers, housekeeping and catering staff who were all on duty during the inspection. We spoke with one health care professional who was visiting the home. We also spoke with three relatives of people who used the service and one friend who was visiting the service.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of five people, the recruitment records of six staff, training records, and records in relation to the management of the service.

## Is the service safe?

### Our findings

We looked at people's care records and found that risks associated with people's care had been identified. The records held within people's care files had been completed prior to the provider acquiring the service.

We found not all risk assessments contained specific instructions for staff to follow, with some not being reviewed regularly. For example, one person's falls risk assessment recorded them at being medium risk of falls, no interventions were recorded to guide staff in minimising the risk. Another person's risk assessments for skin integrity, bed rails and fire had not been reviewed for February. Where one person had been assessed as being at risk of choking. The interventions stated for the person to have their food prepared as 'fork mashable' this means that the person can have regular foods that can be mashed.. However, we found documentation in the person's records showing the person now required 'pureed food' this meant that their food needed to be specially prepared and pureed so that it contained no lumps to prevent choking risks. This persons records had not been updated to reflect this. We asked staff whether they were familiar with the persons dietary needs. Staff confirmed they knew the person had their meals pureed.

We discussed this with the compliance manager and deputy manager who advised these would be reviewed immediately.

We recommend the provider seek advice and guidance to ensure records relating to people's care and support are maintained.

Some of the people we spoke with told us staff called in their rooms but they did not have much time to spend with them. Throughout our two day inspection we noted staff were busy carrying out their range of duties which meant they did not have time to sit and chat with people. We reviewed a 'meaningful moments' log which reported that staff had conversations with people for the duration of two minutes. We discussed this short time span with the deputy manager and compliance manager who noted our comments who acknowledged our concerns. They advised this would be reviewed.

Staff we spoke with told us they felt the staffing levels were not always sufficient. One care worker told us, "We are run ragged there's not enough staff on this unit (Grace Unit)." Another said, "Staff levels varies, it depends on the resident's needs. We have a number of people who require a standing aid or hoisting so that's two staff taken. It would be lovely to have more staff." We asked staff if they felt people were receiving care appropriate to their needs. One care worker told us, "Yes, but it's exhausting. The only thing is not being able to spend time with them."

Staff told us there were five people who needed assistance to eat and drink either being fully supported with their food or prompted and encouraged. One person was supported in their room. One care worker told us, "The senior is doing the medicines so it's difficult to manage." Staff told us they had discussed their concerns with management and had spoken out in supervisions. We discussed this with the deputy manager and compliance manager who advised they would look into our comments.

We were shown a dependency tool used to identify people's needs and the support they required. The deputy manager told us this was reviewed regularly by the registered manager and if a person's needs changed a review was completed.

The relatives we spoke with did not express any concerns about staffing levels.

People and relatives told us they felt the service provided safe care. One person told us, "I am so happy here, it's my home. They look after me well I am alright." Another said, "Oh I'm safe, we all are." One relative told us, "It's fantastic for us we don't worry as she is not on her own." A second relative said, "It's a great place and they do a wonderful job looking after everyone."

One health care professional we spoke with told us they felt the service was safe. They told us, "I would have my [relative] here. I have never seen an inappropriate lift, they have the right equipment in place."

The provider had a thorough recruitment and selection process. Staff files contained pre-employment checks which had been obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check prior to their start date. DBS checks help employers make safer decisions and help prevent unsuitable people from working with vulnerable adults. The deputy manager received reminders to advise when DBS renewals were due.

We found the provider had systems and processes in place for the management of medicines. Staff were trained and had their competency to administer medicines checked regularly. We reviewed people's medicine administration records. These were completed correctly with no gaps. We checked people's controlled drugs, and found the stock balance to be correct. (Controlled drugs are drugs which are liable to misuse and have stricter guidelines for storage, administration and disposal). Topical MAR's were used to record the administration of creams and ointments. (Topical MAR's are used to record the application of prescribed creams and ointments.) Separate protocols for 'as and when' medicines were placed alongside the MARs.

We found plastic tubs in each of the medicine rooms which contained medicines that people had refused. These were stored in small plastic bags. We saw that not all the bags had the person's name, medicine or date recorded. The returns book showed that these medicines were entered on the same day which means the medicine management did not include the safe recording of returned medicines. We discussed this with the deputy manager and compliance manager who advised they would address this immediately.

We observed two medicine rounds during the inspection. Each time the senior care worker was diligent when administering medicines ensuring they had the correct dosage and person. They explained to the person what each tablet was and what it was for, encouraging the person when required. People were not rushed, and were able to take their medicines the way they preferred.

Policies and procedures were in place for safeguarding and whistleblowing which were accessible to staff for support and guidance. We found staff had received training in safeguarding. Staff were confident in describing what action to take if they thought a person was at risk of harm and could give examples of changes they may notice. One care worker told us, "Any issues I would report straight away, I have in my last job." Another said, "I would report it to the manager." A third told us, "You might notice bruises or they may become withdrawn, I would report to the manager, they would respond."

We saw the registered manager kept a safeguarding referral log dated 2017 containing notifications sent to the Commission along with the local authority consideration logs. Three notifications had been submitted



to CQC from the date of registration. Documents contained a clear level of detail of action taken and outcomes along with lessons learnt. For example, we found records to demonstrate a discussion with night staff in the use of an alternative moving and assisting process. One allegation was currently being investigated.

Staff told us they would be confident to whistleblow. Whistleblowing is when a member of staff tells someone they have concerns about the service they work for. One care worker said, "Whistleblowing is discussed at our supervision as it safeguarding."

The registered manager kept an accident and incident file which contained completed accident forms along with a follow up record along with a summary and any treatment required. These were reviewed to look for trends and patterns. We saw that one overview had been completed for each unit setting out the amount of referrals to the falls clinic, any new equipment ordered and time of the accident or incident to review staffing levels.

Each person had a personal evacuation plan (PEEPs) which detailed how to support the person in the event of an emergency. These were readily available in the entrance foyers. The provider had a business continuity plan to show how the service would continue to care safely for people in the event of an emergency such as loss of water.

We noted checks were in place to ensure the safety and security of the home and equipment. We saw records for fire alarms, fire equipment, lifts, hoists, water temperatures and gas safety were completed and up to date.

## Is the service effective?

### Our findings

People and relatives we spoke with felt the staff were well trained. One person told us, "Couldn't be better cared for here." Another said, "They are well trained, they are really good." A visiting relative said, "Oh yes they are trained well, they do a brilliant job." One health care professional we spoke with told us, "They know what they are doing, and know people well."

The provider offered a comprehensive training and development programme with mandatory training which included moving and handling, fire safety, Health and Safety, infection control, safeguarding and first aid. The deputy manager advised that training was regularly reviewed to ensure staff had the skills to care for the current and future people's needs.

There was a system in place which informed the registered manager of training the staff had completed and which staff were due to complete.. The compliance manager told us about the training academy which had been set up in its own purpose built building with facilities for both face to face and on line training called eLearning plus equipment for moving and handling training.

We spoke with staff to find out their views on the training in the home. One care worker told us, "I've done loads of training. We are given the opportunity to do training we would like to do or relating to a new resident. I asked to do fire warden so I felt more confident to ensure people were safe." Another said, "We do moving and handling at the academy, we practised in the hoist so we know how it feels."

Supervision and appraisals were up to date from the provider acquiring the service. The deputy manager advised staff received six supervisions a year and two appraisals and a development supervision. We saw supervisions were carried out by the staff member's line manager and gave staff the opportunity to discuss the home and their own development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. We saw a file for 2017 where the registered manager kept a record of all DoLS applications made along with copies of authorisations. Staff were able to describe how they obtained consent to support people. One care worker said, "Speak to the person, ask them what they would like to do, speak to the family get all the information you can. Speak to the staff who know the person, it's about

what's best for the person." A senior care worker said, "I explain what's about to happen, try to always give choices, they decide what happened not us."

Care records confirmed people had access to external health professionals when required. We spoke with one visiting health professional during our visit. They told us, "If there are any problems, maybe someone has a red patch on their skin or something they speak with us as soon as we come in, or they would contact the single point of contact." (a system used by care homes when they require the intervention of a district nurse). The nurse explained, "We have a close working relationship if they are unsure about something they will ask us."

People were offered a healthy varied diet, with food and fluid charts completed where required. We observed the lunch time meal in all of the units and noted each that this was a pleasant dining experience. Tables were set with napkins, cutlery and condiments. Staff addressed people in a friendly manner. We observed one care worker repeatedly reassuring a person who had become concerned about their surroundings. Each time the care worker was softly spoken and comforted the person. Remaining with the person until the person displayed that they were happy with a big smile. We saw one person declined their chosen meal, at first they were encouraged to eat the plated meal. However when the person expressed further dislike the person was offered an alternative. We noted when one care worker was offering drinks, they described the different choices and showed the person the different coloured jugs of juice.

Menus were a typed and displayed outside each dining room. We did not see any pictorial menu to support people living with dementia.

Fresh fruit and water was available all day throughout the home and a tuck shop in the foyer.

## Is the service caring?

### Our findings

People and relatives gave us positive views when we asked them about the care provided in the service. One person told us, "I have everything I need, it's like living in a hotel." Another said, "I am really looked after, like a king." One relative told us, "[Person] loves the staff, they are brilliant." "It's fantastic for us we don't worry as she is not on her own. She's happy gets her hair and nails done. It's all about knowing each other and knowing us. The staff here are great they are a breath of fresh air." Another said, "We are very happy with the care its 100%, [person] came here a long time ago and made the decision to stay here herself."

We observed care workers showed genuine affection during their interactions with people. They were friendly, caring and warm in their conversations with people, crouching down to maintain eye contact, using facial expressions, gestures and touch to communicate. When communicating with people we saw staff waited for people to respond. Staff clearly explained options which were available to the person and encouraged them to make their own decisions. For example, what they preferred for lunch or whether they wished to join in the activities.

People were cared for by care workers who knew their needs well. People were treated with dignity and respect. Care workers told us they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when providing personal care, explaining what was happening and gaining consent before helping them. One care worker told us, "When supporting someone to bathe, we cover up the person where we can and encourage them as much as we can do it themselves. Ensuring we keep them decent."

Care workers supported people to meet their choices and preferences. People were supported to be as independent as possible. Care workers said they encouraged people to do as much for themselves as possible. For example, eating meals or getting washed and dressed.

We noted a hygiene list was in place on each unit in the home. We enquired how the scheme worked. One care worker told us, "We do four baths per shift". Another said, "Each shift does a number of residents but we still offer people." A third told us, "If they need it (shower or bath) they get it." We discussed this practice with the deputy manager as we felt staff comments demonstrated personal care was predetermined for some people. The deputy manager advised people were able to have a bath or shower when they preferred.

People's rooms were comfortable, some with pieces of their own furniture and items which were personal to them and each room reflected the person's interests and character.

Information was readily available to people, relatives and visitors about independent advocacy.

## Is the service responsive?

### Our findings

We reviewed people's care plans and found these were completed before the provider had acquired the service. The compliance manager told us there was still some work to do as to which documents would be adopted and continue to be used and which of the provider's documents would be introduced. They advised HC One's care records would be introduced commencing with new admissions to the service. People's plans were personalised, and included information on maintaining people's health, likes dislikes and daily routines. We saw care plans had been reviewed at least once since January.

Staff told us they felt there was sufficient information and guidance to be able to support people safely and in the way they wished. Examples included, '[person] likes a cup of tea before bed,' '[person] has two pillows and the door open and wakes from 6am.' This meant people were being supported and cared for in an individualised way with their preferences being acknowledged. One care worker told us, "We are kept up to date, information is passed over when there is a change."

People and relatives told us they felt the service provided personalised care. Relatives told us they were involved in their care planning and that staff were responsive to their family member's needs. One person told us, "I had my bath this morning, they know me so well so I got my two eggs for breakfast." Another told us, "I like my snooker so they take me to my room to watch it." One relative told us their family member had been aggressive, they said, "The staff have worked very hard and dealt with the problem very well". Another said, "It's a great place, I am involved in [person's] plans." They are all committed here, I always get to know what has gone on, and I am involved the care plans."

Activities were being organised by a member of the housekeeping team in the short term. They told us, "Activities were already planned before I started to do this, but we can change things around if people want to do something different." We observed a craft session taking place with people decorating Easter bonnets which were to be judged later that day. The beauty therapist was also visiting the home. One person said, "I love seeing you," [to the beauty therapist] as they were getting their nails done.

People completed a 'Three wishes' form which outlined three aspirations they would like to achieve in the year ahead. We noted one person requested to trace their family tree and had been supported to do an internet search. Other people wished to go for an ice cream and the home arranged for a trip out to make this happen.

The home's pet rabbit resides in the main foyer and we saw people come along to see it. It was clear from people's reactions they enjoyed seeing the rabbit. One person told us, "I come along and give it two grapes, just the two though. I just love it."

We found the provider had a process in place for people, relatives and visitors to complain and give comments or raise issues. Everyone we spoke with said they felt they would be able to complain to care workers or managers if necessary. No complaints had been made since January.

## Is the service well-led?

### Our findings

We spoke with the area director and the compliance manager who advised work was on-going with the transition of Hawthorn Court. The provider was in the process of carrying out a review of the previous provider's documentation still in use within Hawthorn Court alongside HC One Beamish's documentation to determine where changes would be made to recording systems. The compliance manager told us, "They [provider] liked some of the documents which are being used so it's about getting the best of both."

During the inspection the deputy manager and compliance manager were putting files together for the quality assurance system to be used in the home. The system called 'Cornerstone' brings together a range of audits in a structured format allowing an overall programme of review of the quality and safety of the service. The compliance manager told us, "They [provider] liked some of the paperwork we were already using so they are looking at the best of that to incorporate it."

We saw some audits using the previous quality assurance system had taken place over the last two months, where necessary actions were recorded and highlighted and initialled when completed. The audit document was amended during the inspection to allow a signature to be added to completed actions.

Everyone we spoke with knew who the registered manager was and felt they could approach her with any concerns they had. One person told us, "She is really nice and helpful." One relative told us, "The change in management had been good, I can speak with [registered manager]."

Staff told us they felt the registered manager was very approachable. One staff member told us, "Personally I think the manager and deputy are fantastic, so are the seniors. I waited 11 months to come here." Another said, "We all work well as a team."

We found several compliments the service had received. Comments included, '[person] was well cared for by friendly staff,' 'we would like to express our gratitude to you and your staff.'

We saw minutes of one staff meeting held since the provider acquired the service. The deputy manager told us there were more meetings planned in.

The deputy manager told us the provider offered a range of loyalty bonuses including for two and five years' service. We saw posters displayed within staff areas promoting well-being schemes available to staff.

Statutory notifications were submitted to CQC in a timely manner.