

Mr John Holcroft Jnr

The Hawthorns

Inspection report

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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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Hawthorns is registered to provide personal care and accommodation to a maximum of 22 older people. At the time of the inspection 18 people lived at the home.

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

Risks relating to people's individual circumstances were known and managed in order to minimise the risk of accidents and injury. People were safeguarded from the risk of abuse and safe recruitment processes were in place. Relatives and staff felt that adequate staff were provided to meet people's needs and to keep them safe. People received their medicines as they had been prescribed. Infection prevention processes reduced the risk of people contracting and spreading infections.

Induction training was in place to introduce new staff to their role and to the people they were to support. Training had been received by staff and was generally refreshed in line with the provider's timeframes. People were supported by staff who knew their personal preferences and individual needs well. People were encouraged, where possible, to make decisions about their care and support. People and their relatives were involved in decision making relating to their family member where this was appropriate. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were offered the food and drink that they liked, and staff encouraged people to take a healthy diet. Referrals were made to healthcare professionals where required to ensure people's health needs were met.

People and their relatives felt staff were kind and caring and treated people with respect and dignity. People were encouraged to develop and maintain their independence skills. Relatives could visit their family member when they wanted to and were welcomed by staff. People were supported and enabled to maintain contact with their families.

Reviews of people's care and support needs were undertaken regularly. People and their relatives were included in these processes to ensure all needs were determined and addressed. Relatives felt confident and comfortable to raise any complaints they had with the staff or registered manager. Relatives confirmed they were kept up to date with important information relating to their family member.

People and their relatives felt the service worked well and was well-led. Audits were undertaken to determine what the service did well and where corrective action was required. The registered manager was visible within the service and people and their relatives were aware of who they were. The registered manager understood their regulatory responsibilities and their requirement to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care.

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

Rating at last inspection

The last rating for this service was good (published 01 December 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Hawthorns

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Hawthorns is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the CQC. The registered manager and the provider are legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

Before the inspection,

The provider had been asked to complete a new Provider Information Return [PIR] prior to this inspection. However, the required return date was after our inspection visit so the information was not used in planning our visit. A completed PIR gives us information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We attempted to secure feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who have some limitations to their communication skills. We spoke with six people who used the service and with four relatives about their experience of the care provided. We also spoke with four staff, a visiting activity provider, the hairdresser, the registered manager and the administrator. We reviewed a range of records. These included two people's assessment of need documents, support plans and medication records. We looked at two staff files in relation to recruitment and a variety of records about the management of the service including policies and procedures. We looked at the premises which included people's bedrooms, the kitchen, the laundry, the lounges and dining room.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. Relatives confirmed they did not have any concerns relating to abuse. A person told us, "No nothing like that at all. The staff are so kind and gentle." A relative told us, "No worries at all, no abuse."
- Staff told us and records confirmed that staff had received safeguarding training. Staff all told us they had no safeguarding concerns. One staff member said, "No way, no abuse here at all. If I had a worry about abuse I would report to the manager immediately."
- The registered manager was aware it was their legal responsibility to notify the local authority and us if there were any safeguarding concerns.
- We checked two people's money that was held in safekeeping. Records and receipts verified all transactions and these were also confirmed by two staff signatures. Money for individuals was correct against the records we saw so gave assurance that it had been managed safely.

Assessing risk, safety monitoring and management

- People's potential and known risks were assessed and were included in their support plans. A person told us, "I feel safe here. The staff help me walk." A relative confirmed, "I have peace of mind I know they [person's name] are safe."
- Risks included falls and skin damage. Staff we spoke with confirmed people's individual risks and what was needed to minimise the risks. One staff member said, "They [person's name] must always use their frame to walk as they are unsteady." We saw that staff reminded the person to use their walking frame to reduce the risk of them falling. Another staff member told us, "They [person's name] could get sore skin. They have a special cushion." We saw that staff ensured the person sat on the cushion to reduce the risk of them acquiring sore skin.
- Window restrictors were installed on first floor windows to prevent falls from windows. Radiators had been guarded and the fire alarm and other equipment had been serviced as required to ensure it was safe to use.
- We identified that pipes leading to one radiator were hot to touch so presented as a burn risk. By the end of the inspection this had been addressed by the registered manager who confirmed they would assess all pipes leading to radiators throughout the home to ensure safety. We also saw that there was no kitchen door. This meant if there was a fire in the kitchen there was nothing to reduce the risk of smoke and flame spread. The registered manager told us there had been no kitchen door for many years and this had not been raised as an issue before. They assured us that they would carry out a risk assessment and seek advice from their health and safety consultant.

Staffing and recruitment

- Staffing was enough to meet people's needs and recruitment processes kept people safe. A person said,

"There are enough staff. If I press my buzzer [staff call system] the staff come quickly." A relative confirmed, "I think there are enough staff."

- Staff told us there were enough staff to support people properly and safely. A staff member told us, "There are always enough staff." Cover arrangements were in place in the event of staff holidays and sickness. The registered manager told us that the staff were happy to do overtime and that they would work on the floor to cover too. This was confirmed by staff.
- Staff confirmed that when they were appointed checks were undertaken to make sure they were safe. That included an enhanced Disclosure and Barring Service check [DBS] and references being sought.

Using medicines safely

- Medicines were managed safely. A person said, "I don't want to look after my tablets the staff do that. They [staff] give me my tablets properly and never forget."
- Staff confirmed they had received medicine training and their competence was assessed to ensure medicine safety. Staff training records reflected this.
- We checked two people's medicines and found these balanced correctly against records. This confirmed that those people had been given their medicines as they had been prescribed.
- We found that medicine containers had been date labelled when opened so staff would know the date they should discard them.
- Protocols were generally available to instruct staff when 'as required' oral medicines should be administered.

Preventing and controlling infection

- The premises looked visibly clean. All relatives confirmed that the home was clean. One relative told us, "The home is spotless." Records highlighted that a contractor visited the home once a month to clean the carpets.
- Personal protective equipment was available to staff to use. This included disposable gloves and aprons.
- Staff told us they had received infection prevention training and records confirmed this.

Learning lessons when things go wrong

- A person said, "I nearly had a fall once. After this my walking frame was changed and I have been alright since."
- All staff confirmed that if an accident occurred they completed an accident form. Records confirmed that staff completed accident forms and reported incidents to the registered manager.
- Processes and systems were used identify patterns or trends regarding accidents and/or incidents to minimise future occurrences. The provider's monthly audit report included any accidents and/or incidents that had occurred each month.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

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

- People's needs and choices were known and care was delivered in line with standards and the law. A person said, "My needs are fully met and I am looked after well."
- The registered manager told us that wherever possible people were invited to spend a day at the home before moving there. This was so their needs could be assessed and they could 'test' the home to see if it would be suitable for them. A person told us, "I came here for a day. I was assessed. I liked it. The staff know me well."
- Relatives were content with the support staff provided to their family member. One relative confirmed, "I am pleased with everything. The care meets their [person's name] needs"
- Staff could tell us what people liked and disliked and their preferred daily routines and lifestyle.

Staff support: induction, training, skills and experience

- Induction processes were in place within the home for new staff. A staff member told us, "I had an induction when I started work. I was told about procedures and shadowed experienced staff here to get to know the people. It was good."
- Staff received the support they required along with training to maintain their skills. A person confirmed, "The staff do a good job. They do regular training."
- The registered manager told us the Care Certificate was available for new staff to work through as part of their induction. This was confirmed by records we saw. The Care Certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.
- Staff told us their training was all up to date and records confirmed this. One staff member said, "My training has been completed."
- Staff told us they had regular one to one supervision sessions to discuss their development and working practice.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew the principles of the MCA and DoLS. They had received training relating to MCA and DoLS and had knowledge of why individual people had a DoLS in place. One staff member said, "DoLS is to restrict people to keep them safe."
- DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty.
- Staff highlighted the importance of enabling people to make choices and give consent for their care.
- We observed staff communicating with people to obtain their consent. For example, staff discreetly asked one person if they would like to go to the toilet. The person happily followed the staff member out of the lounge. Staff asked other people if they could assist them to walk and people gave their consent.

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

- People were supported to eat and drink the food and fluids they liked and to maintain a healthy diet. A person told us, "The food is beautiful." Another person said, "The food is good."
- One person told us, "Menus are discussed during our meetings. We have seasonal menus. The current menu will change at the end of March for a spring menu."
- One person said, "The staff know what I like for breakfast." They smiled and pointed to their breakfast in front of them.
- At lunch time a person told staff they wanted an alternative to the meals offered and staff provided them with an alternative meal of their choice.

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

- People were supported to access a range of healthcare services to promote good health and well-being. People told us they saw the doctor, district nurse and dentist.
- Staff confirmed they worked with a wide range of external healthcare and social care professionals to improve outcomes for people. This was confirmed by relatives and records.

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

- It was not evident in the appearance of the property either externally or internally that it was a care home. The home was a domestic style house situated in a residential area that was 'home' to the people who lived there. A person told us, "The atmosphere is very warm and homely."
- Stair lifts enabled people to access all parts of the home. A person said, "The stair lift is a blessing. I would not be able to get up and down the stairs without it."
- Picture and word signage was available throughout the home to show where bathrooms, toilets, lounge rooms and people's individual bedrooms were.
- Two lounges, a conservatory and a dining area gave people a choice of where they wished to spend their time. A person told us, "I like a bit of peace and quite I spend time in my bedroom, I like that." Another person said, "I like sitting in the smaller lounge."
- A person told us, "I love my bedroom." We saw that people had their own possessions in their bedrooms including televisions, small pieces of furniture, photos and ornaments.
- The provision of baths and showers gave people the choice of how they wished their personal hygiene needs to be met.
- Enclosed garden space was available. Access to this could be gained from the rear of the home.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported, equality and diversity issues were respected. A person said, "I am extremely well treated and cared for by the staff." A relative confirmed, "Everyone at the home is treated very well."
- Care plans included some information about people's diverse needs including information about religion, wishes, preferences and life history.
- A person said, "I like it when the priest comes here." The staff and records confirmed that a priest visited the home regularly.
- Staff spoke respectfully about people. It was clear staff had positive relationships with all people who lived at the home.
- People wore clothes that reflected their gender, individuality and were appropriate for the weather. A person told us, "I choose my clothes to wear." A relative told us, "My Mum selects the clothes she wants to wear each day."

Respecting and promoting people's privacy, dignity and independence

- People were respected and their privacy dignity and independence were promoted. A person said, "I feel very respected by the staff."
- Staff ensured people's dignity and privacy were maintained. A person told us, "When the staff wash me they cover me up." We observed staff knock on doors before entering and ensure toilet doors were closed when in use.
- A person said, "I do most things for myself. I don't like staff doing things for me." Staff explained how they encouraged people to do some tasks for themselves to maintain some level of independence.
- We observed that staff encouraged people to eat independently and to walk with their walking frames rather than use a wheelchair.

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

- People were supported to express their views and to make decisions about their care and support. A person told us, "I am asked my views. I am lucky I am able to choose how I am supported and how I want to live." A relative said, "I am involved in decision making about their [person's name] care. They [person's name] likes me to be involved."
- Staff told us they encouraged people to make daily decisions about their routines, what time they wished to get up, what they wanted to do, and where they wanted to spend their time.

- Information was available giving contact details for external, independent advocacy services. An independent advocate can support people to make their own choices and decisions.
- Staff told us they knew how to access advocacy services to support people when making decisions around their care.
- The registered manager and records confirmed people had used independent advocacy services.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care was personalised to enable people to have choices and for their needs and preferences to be met. A person told us, "I would not stay here if I could not live as I want to. I want to go to bed and get up when I want to. I want to stay in my bedroom when I want to and I do those things."
- Relatives confirmed they were involved in their family member's reviews. A relative told us, "I do have some input. The staff listen to me."
- Staff we spoke with were able to tell us what was important to each person including what they liked and did not like and how they wanted to live. Records highlighted people's likes and dislikes and other important information.

Meeting people's communication needs

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

- People's communication needs were met. A person told us, "I lip read. The staff know this and face me and speak slowly." We observed that staff made sure they faced people when speaking with them and spoke slowly for them to understand.
- A staff member told us, "If people have hearing aids we [staff] make sure they are worn and in good working order."
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). They told us people were asked about what format information should be provided in at the point of assessment and whatever format was required would be provided.

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

- People were supported to maintain relationships and to take part in a range of activities that met their individual needs. A person told us, "There are things for me to do. I like the singer. We do quizzes too"
- The provider had invested in voice activated internet technology that was used for music, games and quizzes. A person said, "That gadget is good we [people] use that."
- During the morning a staff member read for people the latest edition of the 'Sparkle newsletter' that is produced for use in care homes. A lively discussion was held about world events from the 1950's followed by a quiz.
- During the afternoon an external provider conducted arm chair yoga, exercise and chat session with

people. People were laughing and smiling clearly enjoying the session.

Improving care quality in response to complaints or concern

- An accessible complaints procedure was in place in case complaints or concerns were received. A person said, "No worries. If I had a complaint, I would tell the manager. They would sort it. I did raise one issue and it was sorted quickly."
- Relatives told us they were aware of the provider's complaints procedure. One relative confirmed, "I don't have any complaints. If I did, I would go to the staff or the manager."
- A small number of issues had been received. These had been documented, investigated, and feedback had been given to the complainant. Where required action had been taken to address issues identified.

End of life care and support

- The service did not currently support any people who were receiving end of life care.
- The registered manager said that in order for a person's end of life care needs to be met, input would be secured from external health care professionals, including the GP and the district nurse team.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service management and leadership was consistent. Leaders and the culture they created supported the delivery of high-quality, safe care.

Continuous learning and improving care

- Systems were in place to learn and improve care. These included out of hours spot checks and audits which looked at all areas of service provision. A person said, "The managers are on the ball here. They know what is what and they get straight onto it if things need changing."
- Audits had been undertaken regularly by the administrator and the registered manager. Where issues had been identified this had been highlighted on the audit form. One out of hours spot check report read, 'Standards were not up to scratch today'. The staff had been made aware and corrective actions had been implemented. A follow up out of hours audit had then taken place when standards were deemed to be satisfactory as improvements had been made.
- The provider had a refurbishment plan in place. Over the last year money had been invested to change, for example, curtain poles, carpets, dining chairs and tables.
- The provider had secured a contract with a health and safety and human resource consultant to undertake audits and give advice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A positive culture was promoted. A person said, "We [people] can say anything. We have freedom to do that. The managers here are fabulous."
- All relatives told us they had a positive relationship with staff and managers. One relative said, "The managers are excellent. I have full confidence in them. They are friendly and approachable." Another relative told us, "The manager is very good. I have ongoing contact with [manager's name]. They are very helpful."
- Staff told us the service was well-led by the management. A staff member said, "The managers are good. They are committed to providing a good service and meeting people's needs."
- The management were visible within the service. They spoke with people. People responded by smiling and being relaxed, obviously familiar with the registered manager and administrator.

Managers and staff being clear about their roles, risks and regulatory requirements

- The registered manager knew of their responsibilities in terms of regulatory requirements. The registered manager had notified us of any accidents and incidents as they are required to by law.
- Staff knew the management structure of the organisation. That included the registered manager, administrator and the provider.
- Staff confirmed they were aware of their responsibility to report any bad practice or concerns. The

provider's whistleblowing policy was displayed for staff to refer to. A staff member confirmed, "Any worries at all I would not hesitate to whistle blow." Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.

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

- People and their relatives were positively engaged with. A person told us, "We [people] have monthly meetings with [administrator's name]. We all enjoy these meetings. We have a say about the home and the food. A relative told us, "Meetings are held regularly for relatives which is good."
- Feedback forms were used to get the views of people, relatives and staff. These were analysed and for the staff issues were discussed.
- Staff confirmed they were listened to and felt valued. A staff member told us, "Oh we [staff] are listened to. We are allowed to make changes and introduce new things such as activities."

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

- The registered manager and staff were open and honest in their approach during our inspection.
- Our last inspection rating was on display on the provider's website and within the home, as is required by law.
- Relatives we spoke with always confirmed the registered manager and staff kept them up to date.

Working in partnership with others

- The provider, registered manager and staff worked in partnership with a range of external health and social care professionals.
- The staff had links and good working relationships with external activity providers to meet the recreational needs of people who lived at the home.