Stirrupview Limited

Hawthorne Lodge Residential Care Home

Inspection report

164-166 Hawthorne Road
Bootle
Liverpool
Merseyside
L20 3AR

Tel: 01519333323

Date of inspection visit:
07 February 2019
11 February 2019

Date of publication:
12 March 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service: Hawthorne Lodge is a care home providing personal care. It can accommodate 25 older people. The accommodation is a mock Tudor style building located in the Bootle area of Liverpool. Some people using the service are living with dementia. At the time of the inspection 21 people were living at the home.

People's experience of using this service:

Before the inspection we had received a concern that the home was cold. During the inspection we found the home to be warm thoughout the day. People told us they were often too warm. We found there were no radiator covers in place, meaning there was a potential risk that people could burn themselves. We made a recommendation that the provider consult health and safety guidance regarding the temperature of radiators and explore the need for covers. The provider took immediate action on this and radiator covers were fitted after the inspection.

The home was tired looking and required re-decoration. The environment had not been adapted to suit the needs of people living in the home. We spoke with the provider about both issues and we were told improvements were being made to the home this year.

People told us they felt safe living in the home due to the support they received from staff. Staff understood the risks to people and appropriate risk plans were in place. Safeguarding procedures were followed and incidents were raised with the appropriate professionals.

Staff were supported in their role and had access to relevant training to help ensure they had the necessary skills to meet people's needs.

People's medicines were managed safely.

Measures were in place to reduce the risks associated with the spread of infection. We found the home to be clean, although there were some malodours present, especially in the stairwells.

Sufficient numbers of staff were employed to meet people's needs. Staff were caring and always promoted people's dignity and independence. People were encouraged to be as independent as possible. This included supporting people to continue with social activities outside the home. However, activities in the home were limited and some people in the home told us they were bored and lonely.

A system was in place to monitor applications and authorisations to deprive people of their liberty and any conditions attached to them. Consent to care and treatment was sought and recorded in line with the principles of the Mental Capacity Act. Staff supported people in the least restrictive way possible.

Care plans did not always reflect people's needs or personal preferences. However, we found people received personalised care responsive to their needs.

People received the support they needed to eat and drink and maintain a healthy and balanced diet. Staff knew people's dietary needs and people told us they enjoyed the food available to them. People could enjoy snacks throughout the day, and were able to choose alternative meals if they did not like what was on the menu.

Staff understood their role and had confidence in the manager. Staff told us they worked well together as a team, and the culture in the home was positive. People, staff and relatives told us the management team were approachable and responsive to any issues. Systems were in place to gather feedback from people, although not all people recalled taking part in meetings or surveys. There was good oversight from the provider and the registered manager was well supported.

Rating at last inspection: Good (Report published 06 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Hawthorne Lodge Residential Care Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: This inspection took place on 7 and 11 February 2019 and was unannounced on the first day. On the second day of the inspection we made phone calls to staff. The team consisted of one inspector and one expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type – Hawthorne Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means they and the provider are legally responsible for how the service is run for the quality and safety of the care provided.

Notice of inspection:
Day one of the inspection was unannounced and day two was announced.

What we did: Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We sought feedback about the service from the local authority and other professionals involved with the service. The

provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also reviewed previous inspection reports.

During our inspection, we observed the support provided throughout the service. We spoke with two relatives and five care staff, the service manager, registered manager and the owner. We looked at records in relation to people who used the service including three care plans and three medication records. We looked at records relating to recruitment, training and systems for monitoring the quality of the service provided.

Details are in the Key Questions below.

The report includes evidence and information gathered by the Expert by Experience.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management
• People's care plans contained a wide range of assessments identifying potential risks, in relation to physical and verbal behaviours, health conditions, moving and handling and falls. Records showed that measures were in place to mitigate those risks.
• Care records provided clear information about risks and how staff should support people to help ensure they remained safe from avoidable harm.
• Risks to the environment had also been assessed to help ensure staff providing support to people worked in a safe environment.
• However, there was a potential risk to people of burning as there were no radiator covers in place. We discussed this with the registered manager and the owner, who told us they had removed radiator covers as people had complained of being cold. We recommended the provider consult health and safety guidance regarding radiator temperatures and covers. The provider took immediate action after the inspection and radiator covers were fitted.
• The provider had systems in place to ensure regular checks on equipment took place to ensure that it was safe and fit for purpose.
• Personal emergency evacuation plans (PEEPs) were in place for people and detailed how staff would support people to evacuate from the home. When we spoke with staff they were able to tell us how they would safely evacuate people in line with their plans.

Preventing and controlling infection
• The home was quite tired looking and required redecoration in some areas. There were some areas of the home were damp stains were visible, creating a dirty look on the walls. We were shown an improvement plan for the home which included plans for refurbishment. We were told there was a target completion date for the end of June 2019.
• During the first day of the inspection, we noticed a dried stain on the woodwork in one of the stairwells. We raised this with the registered manager and this was cleaned immediately.
• There were some malodours in the home, particularly in the stairwells leading to each floor. However, the carpet throughout the home looked clean.
• Staff received appropriate training in infection control and told us they understood and followed infection control procedures. One staff member told us, "Yes, we have had training in infection control. We have gloves and aprons to wear."

Systems and processes to safeguard people from the risk of abuse
• People and a family member told us they felt safe, with comments including "Staff made it easy to choose bring [the person] here to live. It's very safe, staff are lovely," "I have a lot of confidence in [the staff's]

abilities," "I am comfortable with the staff, I have no concerns about my safety," and "It is safe living here, the staff look after me."
• Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
• The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future incidents occurring.
• A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.

Staffing and recruitment
• People and relatives told us there were sufficient numbers of staff on duty. However, one person told us, "There are enough people on duty, but sometimes they are slow at responding to my call bell during change overs." During the inspection we observed staff supporting people appropriately and responding to call bells in a timely manner.
• Recruitment processes were safe. Checks to ensure staff were fit to carry out their role had been completed and staff files we looked at contained appropriate references.
• Staff files showed criminal record checks (Disclosure Barring Service checks) had been completed and appropriate references received when staff were recruited. The employment history for one staff member was not clearly recorded but the registered manager was able to explain the gaps and assured us this information would be recorded.
• The provider maintained a rota and ensured there were enough staff on shift based on peoples assessed needs. Processes and procedures were in place to cover shifts where needed. One staff member told us "If we are short, we will try and get a regular member of staff in to cover the shift, we don't use agency – we don't have the need to".

Using medicines safely
● Medicines systems were organised and people were receiving their medicines when they should. Medicines were kept securely.
● Staff told us they were trained and assessed as competent before they administered medicines.
● PRN (as and when needed) medicines had been prescribed by the doctor for one person. Protocols and procedures were in place for staff so they knew how to respond to people and administer their PRN medicines appropriately. However, this protocol was only contained in the MAR chart and was not available in the care plan. Only senior carers and managers administer medicines in the home. This meant carers did not have access to information regarding when people may require PRN medication. We spoke with staff who told us if someone was in pain, they would raise it with the senior on duty who would follow the PRN protocol.

Learning lessons when things go wrong
• A system was in place to monitor any incidents or accidents which occurred. This allowed for any patterns or trends to be identified so that action could be taken to prevent recurrence.
• Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At the last inspection the service was rated requires improvement as the Mental Capacity Act 2005 was not appropriately applied to people. At this inspection, although we found improvements with the compliance of the MCA 2005, the home required re-decoration and adaptation to suit people's needs. Therefore we have maintained the rating of requires improvement.

Adapting service, design, decoration to meet people's needs
• Before the inspection we received concerns the home was cold. We found the home was well heated, with some people telling us it was "too hot and like a sauna" at times. We checked the radiator temperatures as part of the inspection and found the surface of the radiators to be quite hot.
• The environment had not been adapted to meet the needs of those living with dementia. There was limited signage around the home, and there were no pictures or names outside people's rooms. This could make it hard for people with dementia to orientate themselves around the home. The registered provider told us a senior staff member had recently visited other homes in the area to look at how they had adapted the environment. The registered provider was in the process of gathering the findings and discussing those with people in the home, to create a plan for adapting the premises. An improvement plan had been created to ensure this was completed by the end of April 2019.
• In contrast, people's rooms were personalised, accessible, comfortable and decorated with photos. The manager told us people had been involved in choosing the decorations and objects in their rooms. One person's bedroom was decorated in a way that reflected their personality and interests.
• Bathrooms were adapted to ensure they could be accessed by all people.
• Equipment was in use to support people to move around the house independently. There were also stair lifts in place to support people getting up and down the stairs safely.
• Some areas of the home were quite tired and required work and redecoration. The registered provider had already actioned this and work was due to be completed by the end of June 2019.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed before admission to service. These assessments covered people's physical and mental health needs as well as their background.
• Some care plans lacked personal detail. Peoples needs had been assessed, but there was not always consideration to people's individual preferences.
• Staff had access to best practice guidance, such as medicine guidance and healthcare best practice guidance. Guidance from the local authority was also available, such as safeguarding procedures and thresholds.
• Detailed care plans were developed from initial assessments and included input from other health and

social care professionals when required.

Staff support: induction, training, skills and experience
• Staff completed regular training in areas relevant to their roles, to ensure they could support people effectively.
• New staff completed an induction when they commenced working at the service. This covered areas including a tour of the home, policies and procedures and completion of the provider's mandatory training. Staff told us they had undertaken shadow shifts before being able to support people on their own. One member of staff told us, "I did two or three full shadow shifts."
• Staff felt well supported and received regular supervisions and an annual appraisal to discuss their roles and any development required.
• Staff told us competency assessments took place for medicines administration and we saw records that confirmed this.
• A relative told us that staff had been at the home a long time and knew the people living there well which meant they could support their needs.
• Staff told us they had received all the training they needed to be able to support people.

Supporting people to eat and drink enough to maintain a balanced diet
• People's nutritional and hydration needs and how they were to be met were recorded in their care plans. People received the support they needed to eat and drink and maintain a healthy and balanced diet.
• People told us they had enough to eat and drink. Comments from people and their relatives included, "Food is great but there is not always a choice but I get enough," "Food is good, [the person] eats everything and never has a bad word to say about the food."
• We observed snacks being offered throughout the day, and people could eat something when they chose. A relative commented "[The person] went to hospital and missed dinner, the staff made sure [the person] had food when they got home."
• We could see a menu was available each day, however on the day of the inspection the menu had not been changed from the previous day. This caused confusion for some people as they had been looking forward to the food on the menu. Staff informed us people could have alternative food if they did not like something on the menu.

Supporting people to live healthier lives, access healthcare services and support
• The service worked with other health and social care professionals to help ensure people's healthcare needs were met.
• People told us staff supported them with medical appointments and arranged for the doctor to visit quickly if they were unwell. One person commented "I can get to see a GP quickly and they [the staff] take me if needed, I feel well looked after".

Ensuring consent to care and treatment in line with law and guidance
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• DoLs were in place for people using the service to keep them safe from harm.

• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Related capacity assessments and decisions had been properly undertaken.
• Consent to care and treatment was sought and recorded in line with the principles of the MCA. When people were unable to provide consent, the best interest process was followed which included involvement from relevant people. For instance, we saw family members had taken part in a best interest's decision for someone who did not have capacity to make decisions regarding their welfare and wellbeing.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
• People told us they felt staff protected their dignity and privacy. All the people we spoke with told us staff respected their privacy and always knocked on the door before entering. We saw a compliment from a relative which said, "I have only ever seen staff treat [my relative] with dignity and respect."
• Staff clearly described how they protected people's dignity and privacy, including closing doors and curtains when providing personal support and helping people to remain covered with towels.
• Records regarding people's care and treatment were stored securely.
• People told us that staff encouraged them to be as independent as they could be and records reflected this.

Ensuring people are well treated and supported
• Some care plans lacked detail in relation to person centred care. However, staff knew the people they were supporting well and used this knowledge to support people in line with their preferences.
• People told us staff were kind and caring and treated them with respect. One person told us, "They [the staff] care for me and do not belittle me" and another person said, "I feel cared for here."
• A relative we spoke with agreed and their comments included, "Staff are really nice and welcoming," "Staff are really caring, nothing is too much trouble for them."
• Comments in recent relative surveys included, "The staff and management are very kind and look after [my relatives] best interests," "Management and care staff are amazing" and "Everyone is very caring." Compliments and thank you cards received by the home were viewed. One comment stated, "Deepest thanks for everything. You looked after [my relative] for many years and the care received was amazing."
• Health and social care professionals told us staff were, "Caring" and "Staff know the people living here really well, and they communicate with us which makes it easier to support people."
• We observed positive, familiar interactions between staff and people living in the home throughout the inspection and staff spoke warmly of the people they supported.
• People were supported to receive care and support from others. When and where people needed support beyond the remit of the provider, an advocate had been sought. A noticeboard in the service gave people information of how to contact independent advocacy.

Supporting people to express their views and be involved in making decisions about their care
• People told us they had choice and could make decisions about their support. People got up and went to bed whenever they chose and only took part in the activities they chose to. One person told us "I can go the pub whenever I want, I still enjoy going to the social club so I like the fact I'm free to come and go".
• Not all people recalled being asked their views of the service, however records showed that they had completed surveys as a means of gathering their views.

• Regular resident meetings were also held, although not all people we spoke with were aware of the meetings. Records showed that people were asked their opinions during the meetings and whether anything could be improved. We saw that action was taken based on this feedback.
• People and their family members told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.
• A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's needs had been assessed before they moved into the service. Care plans had been developed to ensure people's needs were met. People and where appropriate, their representatives, were involved in the planning and review of their care.
• Most people's care plans were detailed and had clear information about specific needs, personal preferences, routines and how staff should best support them. One person's support plan referred to their likes / dislikes and routines, such as, "Likes to sleep with two pillows and have a shower in the morning", "Likes all vegetables, salt and vinegar and all fruit." However, some care plans we looked at, lacked detail regarding the person's personal preferences and information about them. We discussed this with the registered manager who agreed to review care plans.
• People could follow a variety of interests and activities externally to the home. One person told us they often went to the pub to enjoy a drink with friends, and another person told us they still enjoyed attending the local social club.
• However, relatives and staff told us they did not always feel that there were enough activities in the service. Staff told us they sometimes struggled to motivate people to take part in activities. Some comments from staff included, "There could be more activities," and "Activities could be more varied, some people don't like to get involved." One person living in the home told us "I get bored." Another person told us, "Sometimes I get lonely and bored but my friends take me out in the local community." During the inspection we saw some people taking part in activities, laughing and enjoying a game. Others were sat to the sides chatting with others. We discussed the range of activities with the registered manager who told us they explored activities ideas with people living in the home in meetings. We saw evidence of these discussions.
• The home enjoyed celebrating specific events, such as Halloween and Christmas. We saw people living in the home had been asked how they would like to celebrate these events and their ideas had been taken on board.
• The service assessed, recorded and shared information regarding people's communication needs. However, the service did not use alternative formats to make information more accessible to people. For instance, we saw the complaints procedure displayed in the home, but this was only available in small print. We spoke with the registered manager regarding this and she agreed to look at other formats to display their information.

Improving care quality in response to complaints or concerns
• A complaints system was in place and displayed in the service. The complaints log contained both complaints from people using the service and relatives. We saw complaints had been responded to appropriately.
• People living in the home told us they would feel comfortable raising a concern.
• Relatives told us they could raise complaints or concerns. One relative told us, "I haven't had to make a

complaint, but I would feel comfortable raising anything with the manager if I needed to."

End of life care and support
• The service was not supporting anyone who was receiving end of life care. There were end of life care plans in two people's care files, but these care plans had not been completed. These care plans stated "[The person} does not wish to discuss bereavement at this time."
• All staff we spoke with had received end of life training. They told us they would feel comfortable supporting people with end of life care when needed.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

• The registered manager and staff understood their roles and responsibilities within the service.
• Ratings from the last inspection were clearly displayed within the home as required.
• CQC had been notified of all incidents that had occurred within the home as required.
• Policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
• Most people living in the home told us they knew who the manager was and would tell them if they had any concerns.
• Staff told us they felt supported in their roles. Comments included, "We can go to the managers with anything," "I'm well supported, I get regular supervision and can speak with the manager about anything."
• Relatives and health and social care professionals told us the service was managed well. Comments included, "[Registered manager] is very good at her job, on the ball", "The manager and owners are approachable" and "You can tell the difference in this home; staff are really knowledgeable and the manager knows what she's doing."

Planning and promoting person-centred, high-quality care and support

• People provided positive feedback regarding the quality of the care they received. People told us staff were caring and looked after them well.
• Staff told us they felt listened to and that the registered manager was approachable. Comments included, "The manager listens to us, and the owners are here a lot, they listen and we can ask for anything," and "All the managers are very supportive, I love working here."
• All the staff we spoke with told us they worked well together as a team to deliver high standards of care.

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

• Systems were in place to gather feedback from people. These included regular surveys and meetings as well as complaints and compliments processes.
• Staff received supervision and appraisals of their performance. Staff told us they had team meetings and felt able to express their views.

Continuous learning and improving care
• The registered provider had systems in place to assess and monitor the quality and safety of the service.
• When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
• The service had an action plan in place that had identified areas of improvement. We saw this action plan and could see the issues we identified regarding decoration were scheduled for action this year.
• A senior member of staff had visited other care homes in the local area to see how environments had been adapted for those with dementia. This learning has been used to plan re-decoration of the home.

Working in partnership with others
• The registered manager worked closely with other agencies to ensure good outcomes for people. Health and social care professionals spoke positively about communication and joint working with the service. One health visitor told us "The staff let you know what's going on as soon as you come in."
• When referrals to other services were needed, we saw that these referrals were made in a timely way.