Stirrupview Limited

Hawthorne Lodge Residential Care Home

Inspection report

164-166 Hawthorne Road
Bootle
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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

This unannounced inspection was conducted on 27 June 2016.

Hawthorne Lodge is a care home providing personal care. It can accommodate 25 older people. The home is owned by Stirrupview Ltd. The accommodation is located in the Bootle area of Merseyside. There is good access to public transport and many local facilities are a short journey away. The home has 17 single rooms and four double rooms. Each of the double rooms was being used for single occupancy. At the time of the inspection 21 people were living at the home.

A registered manager was in post. 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.

Staff were suitably trained and skilled to meet the needs of the majority of people living at the home. However, the home had recently accepted two short-term referrals for younger people with specific health conditions. Some staff told us that they did not feel confident in their ability to understand the specific needs of these people and provide effective care.

We have made a recommendation about staff training.

The home's records relating to capacity assessments and best-interest decisions were incomplete.

During the previous inspection we identified that PRN (as required) medicines were not supported by an appropriate care plan. At this inspection we saw evidence of PRN protocols and records. However, we saw that the detail in one protocol was limited.

At the last inspection we saw that the provider had made the required improvements to quality and safety audit processes. During this inspection we saw that these improvements had been sustained.

At a previous inspection we identified a concern relating to cleanliness and infection control. During this inspection we saw that improvements had been made and sustained.

The people that we spoke with and their relatives told us that care was delivered safely. Our observations during the inspection supported this view.

People's medication was stored and administered in accordance with good practice. Medicines were provided by a local pharmacy using a recognised blister-pack system. We spot-checked Medicine Administration Record (MAR) sheets and stock levels. In each case stock levels were accurate and the MAR sheet completed correctly.

We saw that staff provided care in a safe manner and were vigilant in monitoring risk. Staff were able to explain how they helped keep people safe and made appropriate reference to training, monitoring and safeguarding procedures. We saw evidence in care records that risk was assessed and regularly reviewed for each person living at the home.

Staffing numbers were adequate to meet the needs of people living at the home. A minimum of two care staff were deployed on each shift and the registered manager or joint manager was available between the hours of 9:00am and 5:00pm seven days per week.

People spoke positively about the food and the choice that was offered. The home operated a four week rolling menu with a choice for each course. We saw people being offered hot and cold drinks with their meals and throughout the course of the inspection.

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used positive, encouraging language. Staff took time to listen to people and responded to comments and requests.

People or their nominated representative were actively involved in the assessment and care planning process. Regular meetings were held for people living at the home where important information was shared and people's views sought. All of the people living at the home that we spoke with told us they received care that was personalised to their needs.

People spoke positively about the managers, their approachability and the quality of communication within the home.

Staff understood what was expected of them and were motivated to provide good quality care. We saw that staff were relaxed, positive and encouraging in their approach to people throughout the inspection.

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.

Medicines were stored and administered safely in accordance with best-practice guidelines. Some PRN (as required) protocols were lacking in detail.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff were recruited following a robust process and deployed in sufficient numbers to meet the needs of people living at the home.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were trained in topics which were relevant to the needs of the majority of people living at the home. However some staff were not confident in their ability to provide safe, effective care to people with different/specific care needs.

Records did not clearly demonstrate that the home was operating in accordance with the principles of the Mental Capacity Act 2005.

People were provided with a balanced diet and had ready access to food and drinks. Staff supported people to maintain their health by engaging with external healthcare professionals.

Is the service caring?

Good

The service was caring.

We saw that people were treated with kindness and compassion throughout the inspection.

Staff knew each person and their needs and acted in accordance with those needs in a timely manner. People's privacy and

dignity were protected by the manner in which care was delivered.

People were involved in their own care and were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People living at the home and their relatives were involved in the planning and review of care.

The home had a varied programme of activities which were reviewed in conjunction with people living at the home.

Complaints and concerns were recorded and dealt with effectively. The number of formal complaints was small.

Is the service well-led?

Good

The service was well-led.

The provider had systems in place to monitor safety and quality.

The registered manager was approachable and had a good understanding of the needs of each person living at the home.

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.

Hawthorne Lodge Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 26 June 2016 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and the staff. We also spent time looking at records, including five care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of the inspection we spoke with four people living at the home, two visitors, one relative, a visiting social care professional and a district nurse. We also spoke with the proprietor, the registered manager, the joint manager and three other staff.

Good

Is the service safe?

Our findings

The people that we spoke with and their relatives told us that care was delivered safely. Comments included; "I've never had a feeling that I was unsafe", "Safe? Definitely. They [staff] watch me like a hawk to make sure I don't fall and I've got my buzzer" and "I feel safe. There's always somebody here, especially at night."

People's medication was stored and administered in accordance with good practice. Medicines were provided by a local pharmacy using a recognised blister-pack system. Each medicine was in a separate compartment within the pack which made it easier for staff to identify medicines. We spot-checked Medicine Administration Record (MAR) sheets and stock levels. In each case stock levels were accurate and the MAR sheet completed correctly. Where medicines required refrigeration we saw that the fridge temperature was checked and recorded twice each day. The temperatures had remained within the correct levels for safe storage.

During the previous inspection we identified that PRN (as required) medicines were not supported by an appropriate care plan. PRN medications are those which are only administered when needed for example for pain relief. At this inspection we saw evidence of PRN protocols and records. However, we saw that the detail in one protocol was limited. This meant that staff who were unfamiliar with the person's symptoms or behaviours may not have had sufficient information to administer the medicine appropriately. We discussed this with the registered manager and joint manager. They agreed to review all PRN protocols to ensure that more detailed guidance was available to staff. A full audit of medicines and records was completed monthly.

We were told that nobody currently living at the home required covert medicines. These are medicines which are hidden in food or drink and are administered in the person's best interest with the agreement of the prescriber. Controlled drugs were stored safely and associated records were completed correctly. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation.

At a previous inspection we identified a concern relating to cleanliness and infection control. During this inspection we saw that improvements had been made and sustained. For example, new dining tables had been purchased which had an easy to clean surface. We also saw that new carpets had been fitted in a number of rooms. We were shown evidence of a robust approach to the management of hygiene and infection control. We were told that further improvements would be generated as part of the home's refurbishment plan. On the day of the inspection we found the home to be clean and free from strong odours. The home had achieved a score of 98.07% in an inspection of infection control systems and practices in March 2015.

We saw that staff provided care in a safe manner and were vigilant in monitoring risk. Staff were able to explain how they helped keep people safe and made appropriate reference to training, monitoring and safeguarding procedures. We asked people living at the home what they would do if they were being treated unfairly or unkindly. They each said that they would complain to the registered manager or another member

of staff. Relatives and visitors also told us that they would speak to the registered manager if they had any concerns. The training records showed that all staff had received recent training in adult safeguarding. Staff knew how to recognise abuse and discrimination. The provider maintained a file with details of safeguarding referrals. The file detailed the nature of the incident, subsequent investigations and actions taken.

We saw evidence in care records that risk was assessed and regularly reviewed for each person living at the home. Risk was assessed in relation to; nutrition, falls, emotional health and pressure care. Accidents and incidents were accurately recorded and were subject to assessment to identify patterns and triggers. Records were sufficiently detailed and included reference to actions taken following accidents and incidents.

The home had produced a personal emergency evacuation plan (PEEP) for each person living at the home and had conducted regular fire drills and fire alarm testing. Fire safety equipment was tested by external contractors annually and by the home on a regular basis. Other essential safety checks, for example, gas safety and electrical safety were completed annually. Moving and handling equipment was serviced and inspected in accordance with the appropriate schedule. The home had a 'grab file' which contained important information to be used in the event of an emergency evacuation.

Staffing numbers were adequate to meet the needs of people living at the home. A minimum of two care staff were deployed on each shift and the registered manager or joint manager was available between the hours of 9:00am and 5:00pm seven days per week. The home also employed a domestic for 20 hours per week and a cook. We saw evidence that additional care staff were deployed to support people at other times. For example to attend a medical appointment. The provider based staffing allocation on the completion of a dependency tool. The dependency tool recorded that a significant proportion of the people currently living at the home did not require high levels of direct care.

Staff were recruited following a robust procedure. Staff records contained two references which were obtained and verified for each person. There were Disclosure and Barring Service (DBS) numbers and proof of identification on each file. DBS checks are completed to ensure that new staff are suited to working with vulnerable adults. The proprietor told us that DBS checks were scheduled to be renewed every three years. There was also evidence of photo identification and a record of induction in each of the four records that we looked at.

Requires Improvement

Is the service effective?

Our findings

People told us that they felt the staff were competent to deliver their care. One person said, "Staff know what they're doing. " While another person living at the home told us, "Staff seem to be very good at everything they do. People also told us that they enjoyed the food at Hawthorne Lodge. Comments included; "I like the food. It's lovely" and "I've got no complaints at all about the food. I'm a fussy eater. They [staff] normally say you can have 'A' or 'B' but if I had to complain they'd just change it."

Staff were suitably trained and skilled to meet the needs of the majority of people living at the home. However, the home had recently accepted two short-term referrals for younger people with specific health conditions. These health conditions were significantly different to other people living at the home. Both people were receiving input and monitoring from external professionals and there was no indication that their care and support were not being delivered safely or effectively. However, some staff told us that they did not feel confident in their ability to understand the specific needs of these people and provide effective care although they said that they had not reported these concerns to either of the managers. We spoke with the registered manager and joint manager about this and were told that an assessment was carried-out prior to each person being offered a service. They said that they were confident that Hawthorne Lodge could safely and effectively meet the needs of each person, but acknowledged that the home specialised in the care of older people. They told us that training and support would be reviewed to ensure that staff were competent and confident to deliver care until the two people found alternative accommodation. They also said that they would review staff training and the home's specialisms in anticipation of more complex referrals in the future. It was agreed that the home's statement of purpose would be reviewed to ensure that it reflected any changes.

We recommend that the home reviews its arrangements for staff training and pre-admission assessment to ensure that staff are suitably skilled and competent to deliver safe, effective care for people with specific care needs.

With the exception identified previously, the staff we spoke with confirmed that they felt equipped for their role. One member of staff said, "The training is refreshed every few months or so." Another member of staff said, "I get good training and support." The training records and staff certificates showed that the majority of training required by the provider was in date.

Staff received regular supervision and appraisal from the registered manager. We saw evidence that these meetings had taken place and that important information had been shared. We also saw records of 'Coffee Moments' where staff chatted with the registered manager or joint manager and reflected on their own performance and other issues relating to the home.

The home had not recruited any staff recently and so we were unable to assess their compliance with the principles of the Care Certificate (CC). The CC requires new staff to complete a programme of training, be observed in practice and then signed-off as competent by a senior colleague. We spoke with the registered manager and joint manager about the CC and were assured that the principles would be adhered to when

inducting new staff.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some staff did not have a clear understanding of the MCA or the implications of DoLS for people living at the home. We saw evidence that decisions had been made in some people's best-interest regarding their admission to the home, but records relating to other people were inconsistent. We subsequently contacted the local authority and were able to confirm that nine assessments were undertaken as part of a general re-assessment process in March 2016. We spoke with the registered manager and joint manager and were assured that appropriate assessments had been undertaken for each person living at the home. They confirmed that they would review documentation in relation to mental capacity assessments and best-interest decisions to ensure that it was accurate and complete.

Meals were prepared in a recently re-fitted kitchen and for the majority of people, served in a well presented dining room. Other people chose to eat their meals in their bedrooms. The home had achieved a five star rating for food hygiene in February 2016. Tables were laid out with serviettes, crockery and cutlery. Staff were attentive but busy serving and monitoring people. Staff wore personal protective equipment (PPE) in-line with good practice for food hygiene. We sampled the food and spoke with people while they ate their lunch. The food was well presented and nutritionally balanced. One person told us, "I love the home-made chips." People's preferences, allergies and health needs were recorded and used in the preparation of meals, snacks and drinks. People spoke positively about the food and the choice that was offered. The home operated a four week rolling menu with a choice for each course. However, the menu was not displayed. People were asked each day about their preference by the cook of a member of the care staff. Each of the people that we spoke with confirmed that they could ask for an alternative. We spoke with the registered manager and joint manager about choice of food. They said that they would ensure that menus were clearly displayed. People told us that they were offered plenty of drinks throughout the day. We saw people being offered hot and cold drinks with their meals and throughout the course of the inspection.

The people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. For those people who did not understand the provider had identified a named relative to communicate with. We asked people if they could see health professionals when necessary. One person said, "Staff make sure that I see my own doctor." We were told that they saw doctors, chiropodists, opticians and other healthcare professionals when they needed. We saw records of these visits on care files. For example, a GP was contacted when one person reported pain. Staff supported the person to secure a formal diagnosis and establish a course of treatment. A visiting district nurse spoke positively about the actions of the staff in following plans of care and communication. They said, "The [staff] have always been very nice and helpful."

Good

Is the service caring?

Our findings

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used positive, encouraging language. Staff took time to listen to people and responded to comments and requests. We saw that staff had time to speak with people as well as completing their care tasks. Throughout the inspection we saw people laughing and joking with staff. Staff at all levels demonstrated that they knew the people living at the home and accommodated their needs in the provision of care. All of the people living at the home we spoke with said that staff listened to them. One person told us, "I couldn't fault them [staff]. I consider them diligent and quick to respond. They use respectful language. I've never heard any of them swear." Another person said, "Staff are kind, but not soppy. We have our little chats." A visitor told us, "Staff are very nice. We [visitors] get looked after as well."

People living at the home that we spoke with said that they were encouraged and supported to be as independent as possible. One person said, "I'm working with my doctor to get back to my flat." We spoke with staff about this and they were able to confirm that this was the intention once the person's health had improved. We saw that people declined care at various times during the inspection and that staff respected their views. One person told us, "I can stay in my room if I want. I've got the choice." In another example a person told us that they liked to go to the sink in their room to get washed, but were prone to falls. They said that two staff would walk with them and support them while they washed their hands and face rather than wash them from a bowl while they were seated.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care. People living at the home had access to their own room with washing facilities for the provision of personal care if required. The home also had shared bathing and showering facilities. We were told that people had a bath or a shower twice per week or on request. There was evidence of regular bathing and showering in care records. Staff were attentive to people's appearance and supported them to wipe their hands, face and clothing when they had finished their meal. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care.

We spoke with visitors and relatives at various points throughout the inspection. They told us that they were free to visit at any time. People living at the home confirmed that this was the case. One person commented, "I've got three main visitors. They can come any time." Relatives made use of the communal areas, but could also access people's bedrooms and a visitors' room for greater privacy.

The home had information about independent advocacy services. However, we were told that none of the people currently living at the home were making use of the services. We saw from care records that people were able to advocate for themselves or had a nominated family member to act on their behalf.

Good

Is the service responsive?

Our findings

We asked people if they had been involved in their care planning and if they were able to make decisions about their care. Some people were unsure what this meant but had family members to represent them. Other people explained how they had been involved and what changes had been made as a result. We saw that some people had signed documents indicating their involvement in care planning and reviews. One person told us, "I feel involved and included in conversations." Another person said, "They [staff] will ask me if there's anything that I want." The registered manager said, "I review care plans every month." We saw evidence in care records that the schedule of review had been adhered to.

All of the people living at the home that we spoke with told us they received care that was personalised to their needs. People's rooms were filled with personal items and family photographs. We saw from care records that people's personal histories and preferences were recorded. We saw that staff used personal knowledge in conversations with people. For example, one member of staff discussed favourite football teams with a group and was able to recall which person supported which team. In another example a different member of staff talked about people's favourite singers and songs which were then played in the lounge.

We observed that care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required. We asked people living at the home if they had a choice about who provides their care. None of the people that we spoke with expressed concern about their choice of carers. One person told us, "I don't mind if it's a man or a woman who helps me [provides personal care], but I'm sure I could choose.

Regular meetings were held for people living at the home where important information was shared and people's views sought. Records indicated that people had been asked for their views on the redecoration, menus and activities. Recent meetings had been well attended and showed that people's views had been acted on. For example, a meeting earlier in the year recorded a discussion about a barbeque. Subsequent meetings recorded that the barbeque had been organised and had been enjoyed by people living at the home and their families. There was also positive feedback recorded about Christmas activities and Easter events.

We saw a schedule of activities for each month which included; pamper day, exercise sessions, games and quizzes. On the morning of the inspection a karaoke session was taking place. An additional staff member was available to facilitate the activity. We saw that people joined in throughout the session. Staff were honest about the difficulty they had in motivating some people to join-in the activities. Some of the people that we spoke with told that they preferred to stay in their rooms, chat or access community facilities.

The home circulated regular surveys to people living at the home and visitors covering; menus, treatment by staff, cleanliness and other subjects. The majority of the responses were recorded as good or very good. A blank survey was available in the reception area for visitors to complete.

Information regarding compliments and complaints was displayed and the registered manager showed us evidence of addressing complaints in a systematic manner. We saw that one complaint was recorded in 2016. The complaint had been responded to in accordance with the home's policy. All of the people that we spoke with said that they knew what to do if they wanted to make a complaint. The staff that we spoke with knew who to contact if they received a complaint.

Good

Is the service well-led?

Our findings

A registered manager was in post. The registered manager was supported by a joint manager who was in the process of applying to become registered. We spoke extensively with both managers throughout the inspection. It was clear that they knew each person living at the home and their care needs well. They demonstrated an awareness of the day-to day culture of the home and provided practical care and support as required. The joint manager described the function of the home as, "Providing care and safety" adding "If they [people living at the home] are happy, I'm happy." The registered manager understood their responsibilities in relation to the management of the home and their registration. They told us that they felt supported by the proprietor of the home. The proprietor was present to support the registered manager and the inspection process at various points throughout the day.

People spoke positively about the managers, their approachability and the quality of communication within the home. One person living at the home said, "The manager is always around." The registered manager facilitated regular staff meetings and staff told us that they were confident about speaking out and making suggestions. A member of staff said, "We have staff meetings. I get to know what's going on. Communication is good." Another member of staff said, "We get told what's happening and we get asked for suggestions."

The registered manager and the joint manager dealt with the questions and issues arising out of the inspection process openly and honestly. They were able to provide information and evidence on request and facilitated meetings with people living at the home and visitors throughout the inspection. Both managers actively supported staff and provided care as required. The proprietor told us, "I don't want my managers to be based in the office. I want them working as part of the team."

Staff understood what was expected of them and were motivated to provide good quality care. We saw that staff were relaxed, positive and encouraging in their approach to people throughout the inspection. One member of staff said, "I enjoy my job." When referring to their work clothes another member of staff told us, "This is my uniform and I'm proud to wear it."

The home had an extensive set of policies and procedures which had been recently reviewed. Policies included; administration of medicines, adult safeguarding, MCA and person-centred care. Policies were detailed and offered staff clear guidance regarding expectations, standards and important information. The home also had a business continuity plan which detailed how staff and managers should respond in the event of an emergency. The plan contained guidance and important contact numbers.

At the last inspection we saw that the provider had made the required improvements to quality and safety audit processes. During this inspection we saw that these improvements had been sustained. The registered manager completed regular audits which included information that was fed-back to the staff team regarding; hazards, care plans, medicines and other relevant information. The records that we saw indicated that all audits had been completed in accordance with the provider's schedule. The provider also completed audits of safety and quality based on regular visits and observations around the home.

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.