Hawksbury House Limited

# Hawksbury House

## Inspection report

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Date of inspection visit:
18 November 2019

Date of publication:
19 December 2019

## 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
Hawksbury House accommodates 35 older people across two floors in one adapted building. Some of the people were living with dementia. At the time of our inspection visit there were 34 people using the service.

People's experience of using this service and what we found
People felt at home, comfortable, safe and well cared for by staff who knew them well. There was a welcoming atmosphere and a person-centred approach to care evident at all levels of staffing. People, relatives and long-term volunteers were involved in the planning of activities and the running of the home.

Medicines, the premises, utilities and safety equipment were all managed safely. There was a focus and commitment to learn lessons when incidents occurred, and to be an adopter of best practice across a range of contexts.

Feedback about the registered manager and staff from a range of external professionals was positive. All had confidence in their ability to ensure the service continued providing a high standard of care. There was clear oversight of all aspects of the service, with the registered manager and deputy manager providing hands-on support to staff. Training was comprehensive and had regard to best practice.

People's capacity was assumed unless there were reasons to consider otherwise, and staff acted in line with the Mental Capacity Act 2005. 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.

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 3 June 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 reinspection 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?**

Good

The service was safe

Details are in our Safe findings below.

**Is the service effective?**

Good

The service was 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.

# Hawksbury House

**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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
One inspector and one Expert by Experience completed the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Hawksbury House is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed all the information we held about the service, including notification of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams. We reviewed the service's previous inspection reports. We used all of this information to plan our inspection.

During the inspection
We spent time speaking with nine people who used the service and seven relatives. We spent time observing interactions between staff and people who used the service. We spoke with nine members of staff: the

registered manager, deputy manager, assistant deputy manager, four care staff, the cook and one domestic assistant.  We spoke with three visiting healthcare professionals.

We looked at four people's care plans, risk assessments and medicines records. We reviewed staff training information, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records.

Following the inspection
We contacted three further health and social care professionals via email and telephone.

Good

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- Staff understood safeguarding procedures. They been appropriately trained in line with the local authority's expectations.
- Staff reacted promptly to any increased concerns about people's wellbeing and sought advice.
- People told us they felt safe, relaxed and at home. One said, "I feel so safe and have stopped worrying I have come home." Another said, "I can sit and talk or watch TV. It is really cosy and homely and if I fall again I will be helped."

Learning lessons when things go wrong
- The registered manager had ensured lessons were learned from incidents or near misses. For instance, where there was a near miss involving an unsuitable lock on a kitchen door, they used this as an opportunity to review and improve other doors that may present similar risks.
- The registered manager ensured effective processes were in place to document and analyse accidents, incidents, complaints or safeguarding incidents. Personalised emergency evacuation plans (PEEPs) we saw were up to date and detailed.

Staffing and recruitment
- Staffing levels were reviewed regularly. They were appropriate to the needs of people's personal care and social needs. The service did not use agency staff and staff confirmed others would always cover a shift if needed. People agreed there were always sufficient staff to support them.
- Processes were in place to ensure prospective staff underwent suitability checks.

Assessing risk, safety monitoring and management; Preventing and controlling infection
- Risk assessments were in place and regularly reviewed. Staff were aware of the risks people faced and how to minimise them.
- Staff calmly redirected people who were beginning to feel anxious. This was done though sensitive and subtle distraction techniques.
- Emergency, utilities and other equipment were regularly serviced. There was a regular maintenance member of staff who ensured the premises were in a good state of repair.
- The service was clean throughout. There was an infection control champion in place, effective cleaning rotas and appropriate cleaning equipment and supplies.

Using medicines safely
- Medicines were managed safely. Staff demonstrated an extensive knowledge of people's medicinal needs.

Where people were prescribed medicines 'when required' this was supported by a detailed protocol for staff to follow. Patches and creams were stored and administered in line with best practice.

● Auditing and stock checks of medicines ensured errors were acted on and minimised. Oversight was effective and there was a positive, open relationship with the pharmacy and commissioning team.

● The registered manager had moved the treatment room to a new location. This meant there was ample space for storing people's medicines as well as having a private space where visiting healthcare professionals could treat people.

Good

# 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 remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager or deputy manager assessed people's needs prior to using the service. People's needs were reviewed on a regular basis. They were trialling a new means recording people's core health information. This was already helping to inform decisions about how best to meet people's changing health needs.
- The registered manager was aware of recent developments in best practice. This included 'Smiling Matters: Oral Health Care in Care Homes'. People had an oral health care plan in line with this guidance and staff received oral healthcare training.
- The registered manager had improved daily recording information. They ensured staff entered more specific information in people's daily notes, where previously staff had sometimes written, for example, '[Person] fine today.' This had a demonstrable impact on how external healthcare professionals were able to understand and assess people's needs.
- People and relatives had confidence in staff knowledge. They received good health and wellbeing outcomes. One relative said, "They really do have attention to detail. Things have improved a lot here in terms of their health."

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

- Menus were on a four-week cycle and there was a focus on comfort food. The cook demonstrated a strong understanding of people's individual intolerances, needs and preferences.
- There were three dining areas and ample space for people. The mealtime experiences we observed were relatively quiet and without music or significant interaction between staff and people. The registered manager assured us there was often music to accompany people at mealtimes. They assured us they would review mealtime experiences and consider whether any improvements could be made.
- Feedback about meals was consistently positive. People said, "Compliments to the chef!" and, "Our food is good home cooking and we always have a choice."
- People's weights were monitored for risks of malnutrition. Appropriate measures, such as additional supplements, were put in place when people needed.

Staff support: induction, training, skills and experience

- Staff received training relevant to their roles and people's needs. The registered manager used local partnership working arrangements well to find a range of useful courses for staff. One external healthcare professional said, "They really take an interest and relish external learning opportunities."
- Staff told us they were well supported. They confirmed they had regular supervision meetings and also that the registered manager and deputy were always available.

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

● The registered manager had strong working relationships with local health and social care professionals. One told us, "Staff always give us a good update. I think [registered manager] has made some improvements in terms of recording and consistency."

● People had regular access to primary healthcare professionals. This included chiropody and dentistry. Their needs were clearly documented in the care records.

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

● The registered manager had identified people with increased mobility needs, as well as the associated risks to staff in terms of moving and handling. They sourced several high/low profiling beds to ensure people were better able to get in and out of bed. This increased people's independence and reduced risk.

● The premises were spacious, with a number of downstairs communal spaces. The garden area was well maintained and secure. There was a map of the world where people could chart their previous travels - this provided a useful point of conversation and distraction for people and staff.

● People knew their way around the home well. There were some elements of dementia-friendly environment planning in place, such as meaningful photographs and signs to orientate people. The registered manager planned to do more, such as decorating the upstairs corridor with a reminiscence mural.

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.

● The registered manager demonstrated a sound understanding of MCA and DoLS considerations. This included best interest decision making.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good. This meant 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 and their relatives gave consistently positive feedback about the patience, humour and dedication of staff. One person said, "They are always so calm and patient." One relative said, "Walking into the home is like having a big hug." Another said, "People are looked after as though they were relatives and family of the staff."
- The majority of staff had worked at the service for several years. Agency staff were never used. People and their relatives told us the continuity of care had a positive impact on their wellbeing. One said, "It does make a difference, when they're somewhere new anyway, somewhere that could be a shock. That they see the same faces all the time absolutely helps." Several relatives described the service as 'homely' and found the atmosphere welcoming and relaxed.
- Staff regularly volunteered to attend social events on their days off, such as a Christmas fayre and trips out. They respected and supported people's independence. One person said, "I always try and do things myself but I like to know I can call for help if needed."

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

- Staff demonstrated a good knowledge people's religious and spiritual needs and preferences. There were a range of means by which people could follow their faith, for example regular communion and mass services held in the home, as well as a visit to a church for those who wanted to.
- External professionals we spoke with all confirmed they had observed staff to be extremely patient and sensitive with people who needed support. We observed numerous instances of this during the inspection. Staff also used humour, where appropriate, to improve morale and to bring people in to conversations. Staff enabled people to celebrate relationships and birthdays.
- Staff demonstrated a sound knowledge of people's preferences and interests. They used these to ensure people were at ease, for instance recalling favourite memories and pastimes when diverting a conversation from a topic that may make people anxious. Staff were confident and skilled in this area.

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

- People felt at home and included in the running of the service.
- There was a long established 'Friends of Hawksbury' group, which met regularly. This comprised of relatives, relatives of people who had previously used the service and other volunteers. The members brought ideas regarding how the service could be improved and also enabled more community links.
- Residents' meetings also took place every eight weeks. Feedback from these was used to plan activities, menus and outings.

Good

# 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 has remained good. This meant people's needs were met through good organisation and delivery.

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

- Activities were varied and well planned. One person said, "The activities here are mixed and they have some good things lined up for the rest of the year." There was no specific activities coordinator role and staff took accountability for planning and delivering a vibrant array of meaningful and interesting activities. The culture was proactive and centred on people's preferences and interests.
- Local connections were strong. They enabled people to gain access to more activities, as well as reducing social isolation. For instance, the registered manager arranged for toddlers from a local nursery to visit regularly. This was extremely popular with people playing an active role. One person said, "When the school children come in and sing it is so magical."
- Pupils from a local school also came to learn practical life skills. People who used the service enjoyed taking part in these sessions. The registered manager planned to introduce a 'pen pal' scheme with a local school and had already set up a 'free postcard' scheme to encourage relatives on holiday to write to people. People took part in the 'Hen Power' scheme, which helps combat social isolation (and increase confidence) through caring for hens.
- Staff confirmed they had sufficient time to spend on a one-to-one basis with people to ensure they did not feel isolated. There was a vibrant atmosphere and relatives contributed to activity planning and delivery, for instance through helping with fundraising events for the residents' fund. These activities were well documented, reflected on and celebrated.

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

- Care plans were sufficiently detailed and contained appropriate levels of information. For instance, 'This is Me' documents setting out life histories, and care plans with individual preferences noted. Staff knew people well and demonstrated a sound knowledge of these needs and preferences.
- Healthcare professionals agreed that were skilled in communicating with people sensitively and consistently, whatever their needs.

End of life care and support

- End of life care training was in place. The registered manager planned to review how they broached initial conversations with people and their relatives, as they acknowledged this could at times be difficult.
- Care plans contained information about where and how people wanted to be supported at the end of their lives.

Improving care quality in response to complaints or concerns

● There had been one minor complaint recently, which was handled in accordance with the provider's policy. Systems were in place to respond to and analyse the contents of complaints if received. People and their relatives confirmed they knew how to raise any concerns should they need to. One said, "I prefer to discuss a problem and sort it out rather let it become a big issue. All the staff have that approach and appreciate knowing about any little niggles before they become a problem."

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.

● The registered manager acted in line with the AIS. For instance, they ensured the complaints policy was accessible to all, including large print and 'emoji' easy read copies.

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.

At the last inspection this key question was rated as good. At this inspection the key question has remained good. This meant 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; Continuous learning and improving care

- The registered manager had relevant experience and expertise. They worked well with other leaders and staff across the service. Staff and relatives consistently told us they felt the registered manager had made improvements to the service. One relative said, "It comes from the top, the atmosphere and the culture – they make sure staff know what they're doing and that staff have the time to care for people properly."
- The registered manager and deputy worked well together to ensure high standards of care were maintained and to consider ways to improve areas of practice. Staff worked hard and respected the leadership team. One said, "They've made a few changes – nothing over the top and they've made sure people understand why. I think they have brought a fresh pair of eyes to some things."
- Staff were clear about their roles. There were champions in place for dementia, end of life care, oral care and infection control. The registered manager and deputy acknowledged there was scope to better share the knowledge of senior care staff to ensure the service was flexible and better prepared longer term.
- The registered manager had sent in appropriate notifications to CQC. They were aware of related guidance and requirements.
- There was a focus on continuous learning through reflecting on experiences. The registered manager was keen to roll out new areas of best practice and demonstrated where they had done this successfully previously.

Working in partnership with others

- The registered manager and other staff worked well with a range of external professionals. All health and social care professionals we spoke with gave positive feedback about the approachability, receptiveness to advice and person-centred approach of staff. One said, "We know they always do what they can to do the right thing for that person – it's about seeing if they can meet their needs in the best way and they come to us if they need help with that."
- There were strong community links in place. These helped people continue to feel a part of the community and opened up new opportunities in terms of activities and friendships.

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

- Staff morale was good and turnover low. All staff had a shared understanding of the strengths of the service and ensured people felt at home. We observed respectful and person-centred approaches by staff

throughout the inspection.
● The majority of staff had worked at the service for several years and there was a strong, inclusive culture. Staff were well regarded by people, relatives and external professionals.
● Relatives told us they could be raise any issues openly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff had regard to people's protected characteristics. One relative told us, "They always make those extra steps so having a physical disability doesn't get in the way of being able to take part."
● Where had particular religious beliefs, these were set out clearly in their care planning and staff were aware.  Staff had received equality and diversity training.