

Regal Care Trading Ltd

# Hawthorn Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Hawthorn Lodge is a residential care home providing personal and nursing care to 47 people at the time of the inspection. The service is registered with CQC for up to 60 people, however following changes, the registered manager informed us the service can now only support up to 52 people. We advised them to submit a new Statement of Purpose to CQC.

People were accommodated in one large building over two floors. Some of the accommodation was en-suite rooms, others were flats. There were communal areas and a garden for people to relax.

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

On the previous four inspections the service has been rated requires improvement. At this inspection there continued to be a lack of high-quality sustained improvements in place across the service.

The service was not clean and hygienic. Cleaning schedules had not been completed and cleaning audits were not up to date.

Infection control standards were poor due to the lack of effective cleaning and practice was not in line with current guidance. Staff and visitors did not always apply masks before entering the building. There was a lack of environmental checks in place.

Medicines management was not always safe. Medicines were not stored safely. There was a lack of guidance in place for 'as required' medicines. Two staff had out of date training in medicines. Bottles were not always labelled when opened.

Incidents and accidents were not always reported in a timely way. It was not clear if there was up to date analysis of incidents to identify patterns to learn lessons and prevent reoccurrence.

There was not enough staff. There were staffing vacancies and recruitment was ongoing. Staff and people living in the home told us there were not enough staff to spend time with people.

Staff meetings did not take place regularly, staff supervision and appraisals were not in place on a regular basis, this meant poor performance was not recognised and managed.

Care plans and risk assessments were not up to date, this meant staff may not have the latest up to date information to support people safely.

There were gaps across all staff training. Some mandatory staff training was not up to date, safeguarding, fire safety and manual handling. We asked for further clarification on training levels, but this was not received in a timely way.

Quality monitoring processes and systems were not up to date and there was a lack of oversight to allow ongoing improvements to be driven.

Processes to monitor people's standards of care were not clear and we found gaps in recording that had not been addressed.

The registered manager worked with other organisations to support people; however, this support was not always consistent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 12 April 2019). There was a breach of Regulation 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last four consecutive inspections.

#### Why we inspected

We received concerns in relation to infection control and a missing person. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Requires Improvement to Inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

During the inspection the registered manager and nominated individual agreed to take immediate action to mitigate some of the concerns we found.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hawthorn Lodge Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 12 Safe Care and Treatment, Regulation 13 Safeguarding from abuse, Regulation 17 Good Governance and Regulation 18 Staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not Safe.

Details are in our Safe findings below.

### Is the service well-led?

Inadequate ●

The service was not Well-Led.

Details are in our Well-Led findings below.

# Hawthorn Lodge 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 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was conducted by two inspectors and an Expert by Experience. 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

Hawthorn Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is 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 used all this information to plan our inspection.

During the inspection-

We spoke with five people living at the service and ten relatives about their experience of the care provided. We spoke with 12 staff including the registered manager, deputy manager, the nominated individual, the administrator, team leaders, senior carers, care staff, kitchen staff and housekeeping. We spoke with three healthcare professionals visiting the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 could not talk with us.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke to three health care professionals who were visiting the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and minutes of meetings.

# 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 Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risk assessments were not in place or up to date. We reviewed one person's care plan and there were no risk assessments in place at all. We asked the registered manager and deputy manager why there were no risk assessments in place, they told us it may be due to a transfer of information from one system to another. However, this meant staff would not know how to reduce the risk and this put them at risk of receiving unsafe care.
- One person who was diabetic had no instructions in their care plan as to what staff should do if the person's condition deteriorated. Another person did not have a risk assessment for their epilepsy in place. The registered manager told us one person had a pressure sore, this had not been updated in their care plan and it stated no skin integrity issues. This meant staff would not know how to support them safely.
- Staff confirmed that risk assessments were not up to date and they did not have time to read them. The management team told us they were swapping records between two different systems however this meant people's care plans and risk assessments were not up to date or had information missing.
- One person was at high risk of skin damage, we found gaps in their repositioning records. Another person was at risk of weight loss, we found gaps in the recording of their weekly weights. Another person at risk of weight loss had gaps in their diet and fluid records. Gaps in the records for these people put them at risk of harm of skin damage, and malnutrition.
- One person needed to wear a protective cover on their head. We observed them taking this off in the dining room. When we reviewed the notes there was no mention of the protective cover or instructions for staff to follow.
- Environmental walk-round checks on health and safety were not up to date. Two keypads for doors leading to the stairs were broken, the registered manager told us they had assessed the risk to people who were mobile, but unsafe using stairs and were addressing the repair as a matter of urgency.
- Some mandatory training was not up to date, such as safeguarding and fire training. There were gaps across the training record. There were people living with diabetes and epilepsy, however not all staff had training in these conditions. Not all staff had training in pressure sore prevention to support people's needs.
- We observed one person being supported to move in a way that was not up to date with current training and manual handling training was not up to date.
- It was not clear if lessons were always learnt when incidents happened. Not all incidents were recorded within the home and they were not always reported to external organisations. This meant opportunities to learn lessons and improve practice were missed.

Using medicines safely



- Medicines were not always managed safely. We observed the medicines trolley left in the dining room unsupervised for long periods of a time on both days of our inspection, this meant the temperature of the medicines was not being monitored and it was not being stored securely in a locked room.
- Medicines charts for topical creams were kept in the office and were not up to date. The registered manager told us they would be incorporated into the electronic care plan in the future.
- We checked opened bottles of liquid medicine and not all were dated when opened.
- Two staff had medicines competencies that were out of date, the registered manager took immediate action to ensure staff updated.
- There was a lack of 'as required' medicine's protocols in place for everyone, this meant staff did not have guidance on how to safely administer the medicine..

### Preventing and controlling infection

- We were not assured the provider was facilitating visits for people living in the home in accordance with the current guidance. We were not assured that the provider was preventing visitors from catching and spreading infections.
- Checks on visitors entering the building were not in place. We observed visitors being allowed to enter the building and access a communal lounge before being asked to wear a mask. Guidance in reception was not clear and was out of date.
- We were not assured that staff were using personal protective equipment (PPE) effectively and safely. The registered manager told us that staff entered the building without wearing a mask. Foot operated pedal bins were not available, and bins used to dispose of PPE did not have the correct bin liner in place. This increased the risk of cross infection and cross contamination.
- We were not assured that the provider was promoting safety through the hygiene practices of the premises. The home was not clean, there was debris on the floor, equipment was not clean. A member of staff told us, "There is not enough cleaning, it is not clean." The outside space was not tidy and there was rubbish outside the home.
- The kitchen was not clean; the kitchen cleaning schedule was not completed. We reported this to the registered manager, when we returned on the second day of the inspection, the registered manager had taken action, and the kitchen had been cleaned.
- The service was displaying an out of date food hygiene rating which was higher than the new rating. We have also signposted the provider to resources to develop their approach.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines charts and medicines checks were in place. Medicines audits were performed on a regular basis. Problems had been identified in audits over a three-month period with one person who ran out of medicines, the registered manager had addressed this with the GP to ensure it did not reoccur.

### Systems and processes to safeguard people from the risk of abuse

- Not all incidents were reported to the local authority safeguarding team in a timely way, this put people at risk. One person who for safety reasons was not able to leave the home unaccompanied, had left the building unnoticed at night. This had not been reported to safeguarding or CQC by the registered manager. There was no incident report or investigation in place following this incident.
- After the inspection we asked the registered manager for reports and investigations into three incidents at the service, however these were not received in a timely way.

- Two people told us that they did not like the way one member of staff spoke to them this was reported to the registered manager who agreed to look into the concern we raised.
- There was a lack of oversight of people's weight being recorded; repositioning to prevent skin damage and food and fluid recording, this put people at risk of neglect.
- Staff did not have up to date safeguarding training, this meant they may not be able to recognise signs of abuse or neglect.

Procedures and processes to prevent, record, report and investigate abuse and neglect were not followed. This placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- People told us there were not enough staff. Staff also told us there were not enough staff and sickness levels were high. The staffing dependency tool in use identified that the service was short of staff. The registered manager told us they had been recruiting and hoped to increase staffing levels.
- The registered manager told us they did not use agency and staff covered extra shifts.
- One person living at Hawthorn Lodge told us, "I have seen people have accidents when there are not enough staff to take them to the toilet quickly enough".
- A member of staff told us, "If there is sickness it is hard to cover. It's a constant rush we don't get time for the residents, and people have to wait."
- We observed there were not enough staff to assist people at mealtimes. We observed five people at lunch who required assistance from staff to ensure they ate their food before it was cold, who were not assisted.
- The deputy manager was performing some of the basic maintenance tasks which meant they could not perform their other duties.

There were not enough staff to support people safely. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was meeting the regulation regarding vaccinations as a condition of employment.
- People had personal evacuation plans in place in the event of an emergency requiring them to leave the building.
- Recruitment processes were safe to ensure suitable people were employed to work at the service.
- Most families told us they thought their relatives were safe and staff were kind and supportive.

# 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 Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

This is the fifth inspection of the service where we have identified a lack of sustained improvements. At our last inspection the provider's quality auditing systems did not always highlight the concerns we found at inspection. This had not improved at this inspection. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Measures to monitor the quality of the care provided were not up to date, this meant that the registered manager did not have full oversight of issues at the service to drive improvements.
- We identified several concerns including, gaps in repositioning, gaps in weekly weights and food and fluid charts. We identified a poor dining experience for some people which had not been addressed. Issues with cleaning, infection control procedures, training compliance, confidentiality of documents, medicines management, incident reporting, handover and staff performance that should have been identified.
- There was a deputy manager at the service, however during the inspection they were performing basic maintenance due to a lack of maintenance staff. This meant they were not performing their other duties overseeing risk assessments and care plans or monitoring the quality of the service.
- There was no schedule for quality monitoring in place, however, during the inspection a rota for audits was put in place by the nominated individual.
- The Nominated individual was responsible for quality monitoring however, they had not identified that the Statement of Purpose was out of date and it was not clear that actions identified had been completed.
- The management team were not proactive about making improvements to the service and responded in a reactive way to all the concerns we found.

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

- There was no audit in place of call bells, this meant the registered manager could not tell us if people were supported in a timely way.
- There was a lack of spot checks on staff and staff performance was not managed effectively. The registered manager had not taken action when issues were discovered. For example, the registered manager told us that staff entered the building without putting masks on, although we did not observe this practice on the inspection, there had been a failure to address this with staff.
- People's records were not stored confidentially; on the second day we visited the service a laptop was left in a communal area with people's confidential information on display.

- The registered manager told us they were aware that staff did not record all the repositioning they did and would address this.
- Some care plans were detailed, and patient centred however they did not always contain up to date risk assessments.

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

- One relative told us their family member had fallen and they had not been informed at the time what had happened.
- We identified several incidents that had not been reported to the correct authorities.
- We requested information from the registered manager, however it was not received in a timely way and we have still not received all the information we asked for.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff told us meetings were infrequent, communication was poor and they did not get regular supervision or appraisals to monitor their performance. The supervision matrix we saw did not match what staff told us.
- There had been a survey of resident's views and a recent staff survey however not many staff had responded.
- Staff told us they did not always feel supported. A staff member told us, "Support is inconsistent, we are not listened to and not treated equally."
- Another staff member told us, "There is haphazard feedback to us, communication is poor, when I come back from days off, I have no idea what has been happening, handover information is poor." The registered manager told us they would look at how to improve this.

Working in partnership with others

- Staff at the service worked with different organisations to support people. However, when we spoke with three visiting health care professionals, they told us that staff did not always consistently follow the guidance they left.
- We discussed this with the registered manager who agreed to look at ways to improve the communication to ensure staff received the correct instructions to follow and this was updated in the care plan.

We found no evidence that people had been harmed however, due to poor governance people were placed at risk of harm. Systems and processes to monitor the quality of care and monitor staff were not being followed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they had recently interviewed for a new activity coordinator and a person living at the service had been involved in the interview.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Procedures and processes to prevent, record, report and investigate abuse and neglect were not followed. This placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, due to poor governance people were placed at risk of harm. Systems and processes to monitor the quality of care and monitor staff were not being followed. This placed people at risk of harm. This was a</p>

breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There were not enough staff to support people safely. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.