1st Care Limited

Hawthorne Nursing Home

Inspection report

School Walk
Bestwood Village
Nottingham
Nottinghamshire
NG6 8UU
Tel: 0115 977 0331
Website: www.example.com

Date of inspection visit: 19 November 2014
Date of publication: 19/03/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 19 November 2014 and was unannounced.

Accommodation for up to 36 people is provided in the home over two floors. The service is designed to meet the needs of older people.

There is a registered manager and she was available throughout the inspection. 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.

People and their relatives told us they felt safe in the home. Systems were in place for staff to identify and manage risks and the premises and equipment were safely maintained. People had mixed views on whether sufficient staff were on duty, however, we saw that people

Summary of findings

received prompt care when requesting assistance. Staff were recruited through safe recruitment practices and people told us they received medicines when they needed them.

A person told us that staff knew what they were doing and we saw that staff received appropriate induction, supervision and training. We saw that people's rights were protected under the Mental Capacity Act (MCA) 2005, however not all staff understood the requirements of the MCA. People were happy with the food provided at the home, however, we saw that improvements could be made so that mealtimes were a more pleasurable experience. A person told us they could see the GP when they needed to and we found that the home involved outside professionals in people's care as appropriate.

People had mixed views on whether all staff treated them with kindness, however, we observed interactions between staff and people living in the home and staff were kind and respectful to people when they supported them. However, we did not see evidence of people being involved in their care planning and staff members did not always use terms which respected the people they were supporting.

Information was available to support staff to meet people's personalised needs, however, this was not consistent for all people and we did not see many people being supported to follow hobbies or interests they enjoyed. People who used the service told us they knew who to complain to if they needed to and we saw that complaints had been handled appropriately by the home.

People and their relatives could raise issues at meetings, by completing questionnaires or raising them directly with staff and we saw that the registered manager responded appropriately to them. There were systems in place to monitor and improve the quality of the service provided.

Summary of findings

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults procedures.

Assessments were undertaken of risks to people who used the service and staff and written plans were generally in place to manage these risks. There were processes for recording accidents and incidents and appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were appropriate staffing levels to meet the needs of people who used the service and staff were recruited by safe recruitment procedures. Safe medicines management procedures were followed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff generally had the skills and knowledge to meet people's needs. Staff received induction, supervision and training to ensure they had up to date information to undertake their roles and responsibilities. However, staff knowledge of the requirements of the Mental Capacity Act 2005 required improvement.

People were generally supported to eat and drink. However, improvements could be made to ensure that the mealtime experience was more pleasurable. Staff involved other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were compassionate and kind. However, people were not consistently involved in making decisions about their care and the support they received.

We saw people's privacy was respected. However, staff members sometimes used language that did not respect people's dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans were in place outlining people's care and support needs, however, not all care records contained sufficient information to provide a personalised service. People were not consistently supported to maintain hobbies and interests.

Summary of findings

People were listened to if they had complaints and appropriate responses were given.

Is the service well-led?

Good

The service was well-led.

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on. Staff were supported by their manager.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Hawthorne Nursing 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 19 November 2014 and was unannounced.

The inspection team consisted of two inspectors and a specialist nursing advisor.

Before the inspection the registered manager completed a Provider Information Return (PIR) on behalf of the provider. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home, including the notifications we had received about incidents. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and health and social care professionals in regular contact with the home to obtain their views about the care provided in the home.

During the inspection we spoke with eight people who used the service, two relatives, two care staff, one nurse, the registered manager and the nominated individual for the registered provider. We looked at the relevant parts of the care records of 11 people, the staff records of three care staff and other records relating to the management of the home. 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.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe in the home. A relative said, "[My relative] is definitely safe here." A healthcare professional told us the person they visited was safe in the home. Staff told us that people were safe and were able to tell us how they would respond to allegations or incidents of abuse. We saw that the safeguarding policy and procedure contained contact details for the local authority. We saw that safeguarding concerns had been responded to appropriately. Staff told us they had received training in safeguarding adults and records confirmed this. We saw that safeguarding information was displayed on noticeboards so that people who used the service and their relatives could contact the local authority safeguarding team if they had any concerns.

We observed that people were supported safely by staff when equipment, such as a hoist, was being used. A hoist is a piece of equipment that staff use to move people safely. However, we observed that one staff member lifted a person under their arms which put the person at risk of injury. We raised this issue with the manager who told us they would address this issue immediately.

We saw that the premises and equipment were maintained and safe. Environmental risk assessments, fire safety records and maintenance certificates were in place for the premises and equipment. However, we saw that five buzzers used to call for assistance were disconnected. We raised this with the manager who emailed the following morning to confirm that they had checked every nurse call was plugged in before they went off duty the previous evening. They also told us that they have put arrangements in place so that staff are prompted to check them every morning and at night time to ensure they are plugged in.

Risk assessments were in place, reviewed regularly and guidance was available to enable staff to manage most risks. However, we saw that one person was at risk of falls and no guidance was in place to support staff to minimise this risk though we did observe that staff were aware of this risk. Another person was identified as having the potential to display behaviours that challenge people around them but no guidance was in place to support staff to minimise this risk. However, staff had a good knowledge of both people and were able to explain the actions they would take to reduce risks. We saw that equipment was also used to reduce identified risks such as pressure-relieving mattresses and cushions. People had individualised evacuation plans in case of emergency. We saw that incidents and accidents had been appropriately investigated and documented by staff and the manager checked the reports to see whether any actions had to be taken in response to them.

People had mixed views on the amount of staff on duty. One person told us there were enough staff on duty. Another person said, "The staff are fine. They help you when you need their help." One person told us there weren't enough staff on duty at night or in the morning. They said, "You have to decide whether you want to go to bed early or stay up… if you decide to stay up longer then you have to wait until the night time staff have time to help you to bed and that can be 11pm or later." They also said, "They don't wash you very well in the morning. They help you but they haven't got time and are always in a hurry." A relative told us that there enough staff on duty. A healthcare professional told us there was always a staff member available for them to talk to. We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were easily accessible throughout the day.

Staff told us that there were enough staff on duty. One staff member said, "If we don't have enough staff then we use agency staff." The registered manager told us that people's dependency levels were monitored and they asked staff and people who used the service their views on staffing levels to ensure that sufficient staff were on duty to meet people's needs. They told us they were recruiting additional staff as they currently had vacancies. They told us staff sickness was covered by regular staff or agency staff.

There were safe recruitment and selection processes in place. We looked at three recruitment files for staff recently employed by the service. The files contained all relevant information and the service had carried out all appropriate checks before a staff member started work.

People were happy with how their medicines were managed and one person told us they got their medicines when they needed them. A relative told us they had no concerns with how medicines were managed. A healthcare professional told us they had no concerns about how medicines were managed in the home. We observed that people received their medicines safely. Medicines were stored safely and administration charts were fully completed. Staff had received training. Covert medicines

Good

Is the service safe?

were authorised by the GP, however, the pharmacy had not been contacted to confirm that medicines could be administered covertly without compromising their effectiveness. Covert medicines are medicines given to a person without their knowing. The registered manager confirmed that she was in the process of obtaining this advice.

Requires Improvement

Is the service effective?

Our findings

One person said, "Staff are very good, they know what they are doing." A healthcare professional told us that staff were, "On the ball." We observed that staff were generally confident and competently supported people; however, we did observe that one new staff member carried out an unsafe moving and handling practice.

Staff told us that they had had an induction and received sufficient training and supervision. They told us they felt well supported by the registered manager. We looked at the home's overview of training and saw training was well attended. We looked at three staff files which showed that staff received regular supervision. However, the manager confirmed that staff did not receive an annual appraisal.

A person told us that their choices were respected by staff and they didn't do anything they didn't want to do. They told us they could walk around if they wanted to. We saw staff provided explanation and asked people's consent before providing care. A relative told us that their relative was supported to make choices by staff and staff respected those choices. They said, "Staff do what they are asked to do."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. The service was following the MCA and making sure that the people who may lack mental capacity in some areas were protected. Appropriate assessments were contained in the care plans. We saw a DOLS application had been made for one person and did not see that any other people were being restricted. However, we saw that one person was restless and tried to get out of their chair repeatedly and staff did not try to find out why the person was attempting to get out of their chair, they kept telling the person to, "Sit down." Staff had received MCA and DoLS training and showed an understanding of the DoLS, however, two of the three staff did not have an understanding of the MCA.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were not always in place where appropriate and when in place, were not always fully completed or reviewed. However, DNACPR forms were generally supported by MCA and best interests' documentation when required.

People told us they were happy with the meals provided at the home. One person said, "I think the food is good, I'm happy with it. There's always enough to eat and I have juice and tea to drink." However they told us they did not have a choice about what they ate. Another person said, "Very good food. You get what you like and there's a good choice of meals. You get drinks when you need them." A relative told us that food was good and that their relative was offered the drinks that they liked.

We observed lunchtime and saw that people were not consistently effectively supported. Most staff were patient, encouraging people to be independent where appropriate, offered people drinks and were sitting at the same level as the people they were assisting to eat. However, we observed that staff did not always explain to people what the food was and not all chatted with people as they were supporting them. Condiments were not available and the dining tables did not have place mats and napkins in order to make the mealtime experience a more pleasurable social occasion to encourage people to eat and drink. We also observed teatime in one lounge and saw that the food did not look appetising and was not hot.

We saw that people's weights were monitored regularly to identify whether they were gaining or losing weight. We saw that a person was receiving their nutrition through a tube passed into their stomach. This form of nutritional support is used when a person's oral nutritional intake is not sufficient. We saw that this person was receiving nutrition in line with the guidance provided by the dietician.

One person said, "I see the GP when necessary." A relative said, "The nursing care has been great. [My relative's health] has really improved since they came here." We saw that staff were monitoring a person's blood sugar levels and taking action where appropriate. We saw that a person who had been identified as at risk of skin damage was being supported by staff to regularly change their position in line with guidance.

Requires Improvement

Is the service effective?

Health and social care professionals told us that staff at the home contacted them for advice and followed guidance given to them. Care records showed that other health and social care professionals were involved in people's care as appropriate.

Requires Improvement

Is the service caring?

Our findings

People's views were mixed on whether staff treated them with kindness. A person said, "When I am poorly staff really look after me. Staff treat me well." Another person said, "Staff are very kind and nice." However, another person said, "Most of the staff are lovely but there are one or two who can be a bit sharp sometimes." The person did not tell us who these staff were. A relative said, "It's not posh but [staff] are kind and the care is good." Another relative said, "Staff are kind."

We saw the staff provided people with support and reassurance and knew the people they cared for well. Staff responded to people's needs promptly and in a friendly manner. A social care professional told us that staff were caring.

A person told us that they were not interested in looking at their care plans but told staff what they wanted. We did not see evidence of people's involvement in their care records though we did see that relatives were involved in discussions regarding their relative's care. We saw that information regarding advocacy services was displayed in the home.

A person told us that they were treated with dignity and a relative told us that staff treated their relative with dignity and respect. We saw staff treated people with dignity and respect. We saw staff knocking and waiting before entering people's bedrooms and maintaining people's privacy when assisting them to the toilet. Staff were able to explain how they maintained people's privacy and dignity at all times and taking particular care when providing personal care. We saw that some staff had been identified as dignity champions for the home. A dignity champion is a person who promotes the importance of people being treated with dignity at all times. Staff had not received privacy and dignity training and we heard staff use some terms of language which did not respect people's dignity. We raised this with the manager who told us they would discuss this with staff.

We saw staff supported people to be independent and there was an activities room which people could use for private meetings if they wanted privacy.

People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends. A person said, "[My relative] can visit whenever they want."

Requires Improvement

Is the service responsive?

Our findings

We asked a person whether they could follow the hobbies and interests that they enjoyed. They said, "I like reading and can do that here." A relative told us that their relative enjoyed the activities that took place in the home and described some recent activities that their relative had been involved in. A health care professional told us that they felt there could be more stimulating activity for the person they visited in the home.

There was an activities coordinator working on the day of the inspection, however, they were taking people to and from the hairdresser and we did not see any organised activities taking place. We did see two people reading and some people were looking at the television but most people were sitting in their chairs looking into space or sleeping. We did not see people being consistently supported to follow the hobbies and interests they enjoyed.

We discussed the preferences of people who used the service with care staff. Staff had a good knowledge of people's likes and dislikes. We saw that people's diverse needs were recorded in care records and one person was visited by representatives from the local church to support their religious needs. We observed a handover taking place and clear information on people's changing needs were communicated between staff. Some people's care records were detailed and included their personal history and individual preferences and interests. We saw that people's preferences had been incorporated into their care plans which were reviewed regularly. However, some people's care records lacked detail regarding preferences which meant that there was a greater risk that the service would not be responsive to those people's individual needs.

A person told us they would speak to the manager if they needed to complain and would talk to staff if they had any concerns. A relative told us that they would happy to raise any complaints with the nurse or manager and said, "They will always talk with you." The complaints procedure was displayed in the main reception so that people and their relatives had accessible information on how to make a complaint if they needed to.

We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We looked at recent complaints and saw that they had been responded to appropriately. Staff were able to describe the action they would take to resolve and report complaints if someone raised concerns with them.

Good

Is the service well-led?

Our findings

A relative said, “I have been to relatives’ meetings but tend not to go now as I don’t feel the need.” They told us this was because they were pleased and happy with the care their relative was receiving at the home. Another relative said, “Staff are always asking if everything is ok.” The registered manager told us that there was an annual meeting of people and their relatives and we saw minutes from these meetings. They also told us that a questionnaire was sent to people and their relatives. We saw the results and actions had been identified and completed to address issues.

We saw minutes from staff meetings and saw that they discussed a range of issues identifying where staff practice could improve. There was a whistleblowing policy in place which set out how staff could raise concerns. Staff told us they were aware of how and who to raise concerns with.

The service had a residents' charter which set out what a person’s rights were as a user of the service. This information was in the guide for people who used the service. The guide also included the philosophy of care being provided at the home.

A registered manager was in post and she clearly explained her responsibilities and how she worked with the staff to deliver good care in the home. The registered manager told us that she had raised permanent staffing as a concern with the provider who had then supported them with recruitment. We saw that all conditions of registration with the CQC were being met and the registered manager had sent notifications to us where required. A health care professional said, “Staff seem to be well organised.”

The home had systems in place to monitor the safety and quality of the service. We saw that the registered manager observed care and supported staff where improvements were required. We saw that audits were taking place, actions were identified and then generally completed. However, we saw that some of actions identified by a care plan audit had not been completed. The registered provider visited the home on the day of our inspection and told us that they visited the home monthly and spoke with staff and people who used the service, checked records and looked at the home’s environment. We saw examples of their reports. The manager told us that link staff had specific responsibility for identifying and sharing good practice in areas like tissue viability and continence.