Countrywide Care Homes (2) Limited

The Hawthornes Care Home

Inspection report

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Norwich
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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

The Hawthornes Care Home is registered to provide accommodation and personal and nursing care to up to 23 people. Some people living at the home were living with dementia.

This comprehensive inspection took place on 8 September 2016 and was unannounced.
At the time of this inspection care was provided to 21 people.

The provider is required to have a registered manager as one of their conditions of registration.
A registered manager was in post at the time of the inspection and had been registered with the Care Quality Commission (CQC) since 23 March 2016. A registered manager is a person who has registered with the CQC to manage the home. 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 were kept safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were helped to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health and nutritional needs were met.

The CQC is required by law to monitor the Mental Capacity Act 2005 [MCA 2005] and the Deprivation of Liberty Safeguards [DoLS] and to report on what we find. The provider was aware of what they were required to do should any person lack mental capacity. People's mental capacity was assessed and care was provided in their best interests. Staff were trained and knowledgeable about the application of the MCA.

People were looked after by staff who were trained and supported to do their job.

People were treated by kind, respectful staff who enabled them to make choices about how they wanted to live. People and their relatives were given opportunities to be involved on a day-to-day basis about their planned care.

People were supported to be part of the community and they were helped to take part in recreational activities that were important to them. People's care records were reviewed. Staff knew about people's individual needs and they had detailed guidance to ensure that peoples received the care that they needed in a consistent way. There was a process in place so that people's concerns and complaints were listened to. and were acted upon.

The registered manager was supported by a team of management staff and care staff. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action was taken where improvements were identified.

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.

Risks to people had been identified and staff knew how to minimise the risks

People were supported to take their prescribed medicines.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

The provider was acting in accordance with the Mental Capacity Act 2005 legislation to protect people's rights.

Staff were trained and supported to enable them to meet people's individual needs.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People were looked after by kind and attentive staff.

People's rights to independence, privacy and dignity were valued and respected.

People were involved and included in making decisions about what they wanted and liked to do.

Is the service responsive?

Good

The service was responsive.

Staff were aware of people needs and were knowledgeable about the people that they supported.

People were encouraged to maintain hobbies and interests and join in the activities provided at the home and in the community.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

Is the service well-led?

Good

The service was well-led.

People were enabled to make suggestions to improve the quality of their care.

The safety and quality of people's care was monitored and kept under review.

The management of staff ensured that people benefited from safe and appropriate care.

The Hawthornes 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 8 September 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

The provider completed a Provider Information Return (PIR) and sent this to us before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we made contact with a local authority quality assurance manager to help with the planning of the inspection and to gain their views about how people were being looked after.

During the inspection we spoke with 5 people and two relatives. We also spoke with the registered manager, administrator; the activities co-ordinator; one registered nurse; three members of care staff and one member of catering staff.

We looked at three people's care records, medicines administration records and records in relation to the management of staff and management of the service, including audits.

Due to their complex communication needs some people were unable to say to us about their experience of being looked after. Therefore, we observed care to assist us in our understanding of the quality of care people received.

Good

Is the service safe?

Our findings

People told us that they felt safe because of how they were looked after. One person said, "There is always somebody around. I didn't have that at home. The carers are friendly and chatty." One relative told us, "[Family member] is in safe hands. The staff are wonderful and respond as quickly as they can."

Staff we spoke with were aware of their roles and responsibilities and knew how to keep people safe from the risk of harm. Staff received training and were able to describe the types of harm that people might experience. They also told us about the actions they would take in response to any event where a person was at risk of harm. This included reporting the concerns to the management team of the home and to external agencies, which included the local safeguarding team. Members of care staff were also able to demonstrate their knowledge regarding the signs to look out for that people might experience if they were being harmed. A member of care staff said, "There could be bruising. The person behaviour may change." Another member of care staff gave a similar response and added that people may become quiet and withdrawn.

Procedures were in place to keep people safe from the risk of harm. People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw 'repositioning charts' for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. Where there had been an issue and a person was at risk due to their weight loss, staff had made referrals to the relevant healthcare professionals such as dieticians. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

We checked and found that there were recruitment systems in place to vet prospective staff before they were deemed suitable to work to at the home. Staff confirmed that they did not start to work at the home until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they could start work at the home. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work.

People were looked after by sufficient numbers of staff although this varied at times. Two members of care staff told us that there was always enough staff in the morning. Staff we spoke with told us that sometimes people had to wait for their needs to be met in the afternoons as there was one less member of staff and a number of people required two staff to support them. One person said, "They [care staff] do take their time to get to you sometimes. There are not enough staff but they are very busy. I sometimes have to wait as the staff are sorting others out and I need a hoist so require two staff." One relative said, "I feel staff are pushed to keep up with demands. Every day seems to vary." Staff we spoke with and our observations showed that there were always two members of care staff to assist people with their moving and handling needs, by

means of a hoist.

Measures were in place to cover staff vacancies or staff absences and to ensure that people received a continuity of care. The registered manager and the staff we spoke with confirmed that they had used agency staff in emergencies but that regular staff would pick up extra shifts. Staff responded to people's call bells in a timely manner and people were looked after by unhurried staff.

People told us that they were satisfied with how their prescribed medicines were managed and received them at the appropriate times during the day. We saw that people were asked if they wanted to take their medicines and were given a reason for them to do so. In addition, people were asked if they needed any of their prescribed medicines to ease any discomfort that they might be experiencing. Protocols were in place for medicine that was given as required. This provided staff the detail of why a person may need to take it. If they were able to ask staff for if or if staff needed to look out for signs and symptoms that this medicines may be required to be administered. People were helped to take their medicines safely by staff who were trained and assessed to be competent with this aspect of people's care. Medicines administration records were completed to show that people had received their medicines as prescribed. Medicines were kept secure so that only authorised staff had access to people's prescribed medicines. This showed that procedures were in place to keep people safe from the risk of unsafe management of their medicines.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in registered services are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made applications to the local appropriate authority when they believed a person was being deprived of their liberty. The applications were based on assessments of people's capacity to make informed decisions. These included, for instance, decisions where they were to live and how they were to be looked after. They had received one authorised application for a person and were awaiting the outcome of other applications that had been submitted to the local authority.

Members of care staff told us that they had attended training in the application of the MCA and demonstrated an awareness of the application of this piece of legislation. A member of staff said, "[The MCA] is to protect people who are deemed not to have [mental] capacity." Another member of staff explained that some of the people were unable to make certain choices because they lacked capacity. However, they were aware that such people were looked after in their 'best interest.' This included, for example, administering people's medication.

People were having their needs met by staff who were trained to do so. One relative said, "The staff know what they are doing and they know [family member] and what they need." Staff told us that they had attended training in a range of topics. One member of care staff described their induction training and this included working alongside more experienced staff members. One member of care staff said, "During my induction I was shown around the home, introduced to the residents [people who live at the home] and I observed staff [at work]." They also, told us that their induction training included fire safety, safeguarding and moving and handling. On-going training included caring for people living with dementia and health and safety training and infection control. The registered manager confirmed and staff training records showed that all of the staff had attended the provider's required training.

People were being looked after by staff who were supported to do their job. One person told us, "They [staff] enjoy their job they are always smiling. Nothing is too much trouble." Members of care staff told us that they had the support to do their job, which they said they enjoyed doing. They told us that they worked well as a team and had support from the management team. This support included informal and one-to-one support. The one-to-one support included discussions about staff training needs and the standard of their

work performance. The nurse said, "Training needs are picked up at supervisions. We can also ask for training that we think is relevant and this is usually arranged if its possible."

We checked and found that people were helped to maintain their nutritional health. Although the kitchen was out of action for four days whilst it was being refurbished, this was being well managed by the kitchen staff and the registered manager. People told us that they had enough to eat and drink and we saw that they chose when and where they wanted to eat although this was limited by the dining room being used as a temporary kitchen. People had positive comments about the quality of the food. One person said, "I love the food. It is varied and tasty. They do a great job. I look forward to every meal." One person said, "This week has been a bit unusual as the kitchen has been out of action. We have not starved and the kitchen staff have kept us well fed." People told us they had been informed of the refurbishment and the arrangements that were being put in place. People were helped with eating and drinking if they were not able to do this for themselves. People's individual dietary needs were catered for which included soft and pureed diets. Information about people's food and drink allergies was obtained and shared with the catering staff. This was so that they were able to prepare meals and snacks according to people's individual dietary needs. We saw that people were offered drinks and snacks, which included biscuits, crisps and a choice of fruit, during the day.

Appropriate diets were provided to people who required them and people were referred to a dietician when needed. For example, we saw that some people's diets included "nourishing drinks". This showed that people at an increased risk of malnutrition or dehydration were provided with nutritional supplements which supported their health and well-being. We noted that where people's intake of food or fluid was being monitored, the records were completed accurately. This was to help identify any change in people's food and fluid intake.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, a dietician and physiotherapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being. One relative told us "If [family member] needs a doctor the girls [staff] are quick to sort it out. They're so on top of it". One person told us "The chiropodist does my toe nails; they come on a regular basis". Staff told us that a mobile optometrist visited the service. One person said, "My eyes were checked here at the home and I got a new pair of glasses."

Good

Is the service caring?

Our findings

People were being looked after by kind and caring staff. People and their relatives had positive comments about their experience of the home. One person said, "I am very happy here. It is homely and comfortable. I really do feel like it is home. Staff are very caring." Another person told us, "The staff are lovely so caring. Couldn't be better." One relative said, "They [staff] definitely show respect. They are very good kind and patient." A member of staff said, "If you don't care, you shouldn't be doing the job. I love my job and its residents who come first. What they want they should get."

People's choices of how they wanted to be looked after were valued by staff. This included choices in relation to their medicines and what they liked to eat and where to eat. Members of care staff were aware of people's rights in making choices. A member of staff said, "I always give people a choice. It's about getting to know the person over time. We can then help them make choices from what they used to like. Especially where someone has forgotten what they liked."

People's right to independence were promoted and maintained. One member of care staff went on to explain how some people needed time to do things for themselves. "We can sometimes do it for them as it's quicker but then that's not maintaining people's independence." Another member of staff said, "You have to give the residents time to do things for themselves. We just need to be there if they require any extra help." Provision of equipment and encouragement from staff maintained people's independence as much as possible.

People's rights to privacy were upheld and maintained. There were lounge areas and people had the privacy of their own room. One person said, "It's great here. There is always someone around if you want to have a chat. You can also be on your own. Staff are very good at leaving you if you want some peace and quiet." All people's bedrooms were used for single occupancy on the day of the inspection. Communal bathrooms and toilets had overriding locks provided on the doors. People were helped to wear clothing that protected their privacy and dignity.

People were allowed to receive their visitors when and where they wanted. Visitors we spoke with confirmed they were welcome to visit at any time. They told us they were always made to feel welcome and were offered hospitality.

We saw staff knocked on the doors to the rooms and waited for a response before entering. Staff then checked and asked for the person's permission. One person told us, "The staff always ask me what help I need before helping me. Staff respect that I like to spend time on my own. Although they do pop in and check that I am alright and if I need anything. They [staff] are all very good." We also saw staff ensured the doors to rooms and areas where personal care was being provided were closed when people needed any additional help with their personal care. People's rooms had been personalised, with ornaments, pictures and some small pieces of furniture people had chosen to bring in with them.

During lunch time we saw people were able to be as independent as possible with eating and drinking.

People had access to aids such as straws to help them to drink as much as they wanted and utensils and plate guards in order to assist them eat their food in the way they wished and at their own pace. Staff regularly checked that people were enjoying their meals and offered additional help whenever they felt this might be needed. The meal time was unhurried and staff sat next to people they were providing support to. Some people chose to eat their meals in their rooms and this was respected. We saw staff had also ensured people in their rooms had the same access to utensils to help them eat and drink independently and that they also had access to condiments.

The registered manager and staff we spoke with told us about the importance of respecting personal information that people had shared with them in confidence. One person told us, "The staff are very respectful and keep anything I tell them to themselves I don't want everyone to know my business." Staff confirmed that the provider had a policy and guidance in place for confidentiality. They were also able to demonstrate how they put it in to practise. We saw that peoples' care records were stored securely. These arrangements helped ensure people could be assured that their personal information remained confidential.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

People, and their relatives, said that staff met people's care needs. One relative said, "Absolutely. They take great care of [family member]. Another relative said, "The staff are always around. I come most days and I see them looking after [family member] really well. I'm here a lot, I know they do". Overall, we saw that people were happy with lots of smiles and laughter and people confirmed they were well looked after. One person said, "I am well looked after and the girls [staff] come quite quickly when I call. Couldn't be better."

Pre admission assessments were undertaken by the registered manager. This helped in identifying people's support needs. Care plans were developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, input from people's families, other professionals, and people's historical information was used to assist with people's care planning.

Care plans that we looked at provided detailed information on how people's care needs were to be met by staff. Staff we spoke with were knowledgeable about the care and support that people required on a day to day basis. Where plans had been reviewed and changed these had been signed and dated so we were clear when the changes had taken place.

There were information on a notice board showing the regular activities that took place. These included games, a quiz, music, bingo and a regular singer. People were having their nails painted and hand massages on the day of the inspection. People told us that they had enjoyed the giant snakes and ladders game that they had played the day before. One relative told us, "The staff encourage [family member] to come to the lounge and take part in the activities. Sometimes they just watch what is going on. Other times they will join in. There is always a lot happening." People told us that the activity co-ordinator was always asking them what they would like to do.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings. This was to help people to be comfortable and feel their room was personal to them.

Relatives we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no complaints and would tell the staff." A relative told us, "If I've got any issues or concerns they answer them straight away". Another relative said, "We (any member of the family) go to the office and talk to them. We all know the [registered] manager and they'll tell us 'we'll sort that out' and they do". Another comment from a relative said, "I've only got to call at the office and they'll deal with it straight away."

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time living at the home. There was a complaints procedure which was available in the main reception area of the home for people to access if needed. We looked at the last complaint and saw that action had been taken. Complaints were discussed at staff meetings to discuss any

action taken and any learning that could be put in to place for other people. This was especially around people's care and support needs.

Good

Is the service well-led?

Our findings

There was a registered manager in post and they were available throughout the inspection. People and relatives knew who the registered manager was and every one told us that they regularly saw them walking around the home. One person said, "[Name of registered manager] speaks to me and [they] ask me if I'm alright. I'm comfortable." People and relatives told us the registered manager was friendly and approachable, We received other positive comments from members of staff about the leadership style of the registered manager. We often heard them describe them as "approachable" and "supportive". Members of staff also added that the registered manager would help them provide people with care and this would also be supporting the staff team. We saw that the registered manager came out at lunchtime to support people to eat. People confirmed that this always happened.

There were clear management arrangements in the home so that staff knew who to escalate concerns to. The registered manager had put together a comprehensive action plan that looked at improvements that were being made to the quality of the care provided at the home. This allowed them to continually reflect on the action that was needed to make further improvements to the home.

The registered manager had made sure that that they had submitted notifications as required which demonstrated that they had an understanding of their legal responsibilities as a registered person.

When we asked a relative about the culture in the home they said, "It's very open, the registered manager is personally involved and always available. Staff communication is good and they keep you well informed." They told us they were aware that the kitchen was going to be out of action for a few days. Another relative told us, "The staff I think are really well looked after. The relationship between staff and managers is so good".

People were provided with opportunities to tell the provider their views about their experience of the service. This included during meetings and by completing an annual survey.

Members of staff were enabled to make suggestions and comments during staff meetings. They said that they felt they were able to make suggestions, which included activities and environment. Minutes of the July 2016 staff meeting demonstrated that staff were reminded of their roles and responsibilities in providing people with safe care. This included, for example, changes to break times and training.

The provider information return [PIR] was submitted when we required this. The information held in the PIR showed that the provider aimed to continually improve the quality of people's care and experience of living at the home. This included, for example, continued training and the introduction of a Dementia Care Programme and they are working on achieving the bronze award in the next year.

There were effective quality assurance systems in place that monitored people's care. We saw that the registered manager completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as care planning, medicines and health and safety.

We saw that the issues we had noted in care planning had been identified in the action plan. Where action had been identified these were followed up and recorded when completed to ensure people's safety. We found that some areas of the home required some refurbishment. The registered manager advised us that audits had identified these areas for improvement. Action had been taken to the proposed re-decoration and they were waiting for the provider to approve the redecoration.

Members of care staff were aware of the whistle blowing procedure and said that they would have no reservations in using this. A member of staff told us, "Whistle blowing is where you report any concerns you have if you think someone is being harmed or neglected and you feel nothing is being done."

The aim of people's support and care was to value their rights to make choices, decisions and independence. In addition to this, people were effectively supported to be integrated into the community. This was by taking part in practising their religious beliefs and taking part in recreational activities.