



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	The Hawthorns
Address:	O`Neill Drive North Blunts Peterlee Durham SR8 5UQ

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Susan Lowther	1 0 0 6 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Hawthorns
Address:	O`Neill Drive North Blunts Peterlee Durham SR8 5UQ
Telephone number:	01915871251
Fax number:	01915866779
Email address:	
Provider web address:	

Name of registered provider(s):	Barchester Healthcare Homes Ltd
Type of registration:	care home
Number of places registered:	105

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	30	0
mental disorder, excluding learning disability or dementia	6	0
old age, not falling within any other category	0	49
physical disability	75	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 105		
The registered person may provide the following category of service only: Care home with nursing - Code N To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP, maximum number of places: 49 Dementia - Code DE, maximum number of places: 30 Mental disorder, excluding learning disability or dementia - Code MD, maximum number of places: 6 Physical disability - Code PD, maximum number of places: 75		
Date of last inspection		

Brief description of the care home

The Hawthorns Care Home was opened in 1996. It is situated on the outskirts of Peterlee, adjacent to the community hospital and is conveniently located for access to all local amenities.

Barchester Healthcare became the owners of the home in 2006. The company changed to Barchester Healthcare Limited in February 2007. This is the first inspection since Barchester Healthcare Limited came into being.

The home is a two-storey building that is serviced by passenger lifts. There are three separate units within the service. The general unit for older persons, which caters for people with predominantly nursing needs, is located on two floors. The mental health unit is located on the ground floor and caters in the main for people with dementia. The rehabilitation unit is for people between the ages of 18 and 65 years who require help to maximise their independence.

This unit is also located on two floors and the people accommodated upstairs generally have intensive nursing needs.

There are a mixture of single and double rooms within the home, some of which have en suite facilities. There are sufficient and suitable additional bathrooms and toilets located throughout the home. Each unit also has a range of sitting and dining areas available. The garden areas are accessible and pleasant. Car parking facilities are available at both the front and rear of the building.

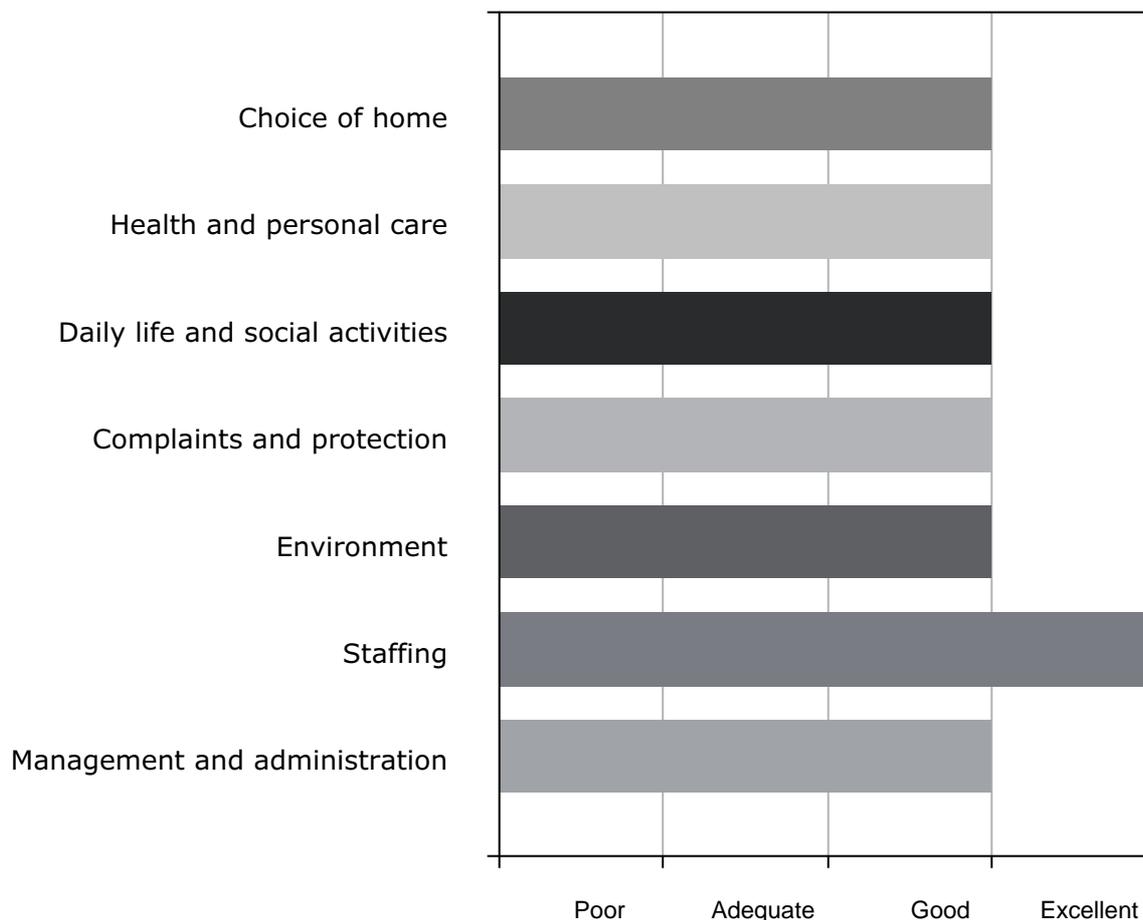
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 2 star. This means the people who use this service experience good quality outcomes.

This unannounced inspection of this home took place on the 10th June 2009. Records were examined and a tour of the building took place. Time was spent talking to staff, the people who live in the home and their relatives.

The manager supplied some written information to the CQC before the inspection. The inspection focused on key standard outcomes for people who live in the home and to check whether requirements from the previous report had been met.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

The fees charged at the time of this inspection were between 553 pounds and 47 pence and 2225 pounds per week. This does not include the cost of hairdressing, chiropody, personal newspapers and toiletries.

What the care home does well:

The Manager and staff at the home create a warm and welcoming atmosphere where relatives and friends of people that use the service are encouraged to visit at any time.

People who use the service are well looked after. Staff working at the home know the people they are providing care to extremely well and receive lots of training.

People who use the service are happy with the care that they receive. Comments made from people during the inspection included,

'Everything is good, especially the food. Couldn't find better anywhere'.

'This is a wonderful place with very caring staff'.

'It's marvellous. The staff on the rehabilitation unit have got me going. I hope to be going home soon'.

Food provided is of a good standard and beautifully presented. Menus are well balanced, varied and appealing.

The recruitment of staff is good, appropriate checks are carried on staff before they start work to ensure safety of people using the service.

What has improved since the last inspection?

The care plans are now reviewed on a regular basis. Those seen at this inspection were up to date with the care people were receiving.

Staffing levels have been reviewed and are kept at adequate levels to meet the needs of the people who live in the home.

People have been consulted about activities and all of the people spoken with during the inspection and those who returned surveys confirmed that they are appropriate.

People spoken with and those who returned surveys confirmed that they are aware of the procedure to follow should they wish to make a complaint.

What they could do better:

Out of date medications should be disposed of as soon as possible after the expiry date. When as required medications have not been used for several months, staff should ask the doctor to reassess the person to make sure the prescription is still appropriate.

The social interests and spiritual and cultural needs of people should be addressed separately to ensure that each area is fully considered.

The home should consider the use of the internet to make it easier for people to keep in touch with family and friends and what is going on in the community.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Sufficient information is available for people to decide whether they would like to live in the home. Assessment procedures are in place to ensure that the home can meet all of the needs of the people who go to live there.

Evidence:

People are only admitted after a full assessment of need is carried out by an appropriately trained person. This is to make sure that the home can meet the care needs of the people who go to live there. The family of one person who had recently gone to live in the home confirmed that they had looked around the home and had been supplied with all of the information they needed to make a decision about whether or not their relative would like to live there. All of the people who responded to the survey said that they had received enough information about the home before they went to live there.

Evidence:

The home have a unit dedicated to rehabilitation. The staff team is multi-disciplinary and includes nurses, physiotherapists, occupational therapist, care staff and other support staff. Specialist facilities are available within this unit. This makes sure that people are supported in maintaining their independence and are encouraged to return home where possible.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Good systems are in place to ensure that health care needs of the people who live in the home are met.

Evidence:

The inspector looked at the care plans for two people who live in each unit of the home. She also spoke to four people who live in the home and three relatives who were visiting it on the day of the inspection. Each plan checked was based on a full assessment of the person's health and social care needs. They included a recently updated assessment of the risks involved in providing care and instructions about how these risks should be minimised. For example, when a risk has been identified that a person may not be getting enough nutrition, meals are provided on a coloured tray to remind staff to encourage people to eat and monitor what is eaten.

Care plans also addressed people's spiritual and cultural needs, and this includes meeting the dietary requirements of their religion or belief systems. They set out in detail the tasks that care staff are required to carry out to meet the individual's needs

Evidence:

in the way that he or she prefers.

The plans included contributions from the different professionals who work with each individual in the home. These include physiotherapists and speech and language therapists. Staff from the home accompany people to hospital and outpatient appointments. Records of these appointments provide clear information about each area of need and the treatment and advice given. The files showed that these care plans are reviewed regularly. People's relatives are given the opportunity to contribute to the plans to provide a full picture of the person, their backgrounds, interests, important relationships, likes and dislikes. This is good because it reminds the staff that they are supporting a whole person and helping them to achieve the best quality of life possible and not just meeting their care needs. One health care professional wrote on a survey, 'The care service manage good symptom control, emotional support to both patients and their families as well as communicating well with health care professionals'. Another wrote, 'Individual needs are usually accommodated well' and 'Excellent physical and emotional care for the patient and their relatives'.

One person said 'Without a doubt I could not be in a better place. I am well looked after.' A relative said 'I am thrilled with the care my relative is getting. I am confident that they will get him better.'

The home has policies and procedures for the safe administration of medication and these are followed by trained staff. People are enabled to manage their own medication when it is safe and what they want. A snapshot audit of medications took place. In one unit out of date medications had not been destroyed in a timely manner. In another a medication which was to be used on an 'as required basis' had not been used for several months. In these instances staff should ask the doctor to reassess the person to make sure the prescription is still appropriate.

Four people who live in the home talked to the inspector about the care and help they receive. They were all very satisfied and said that they are treated with respect. One person said 'We are all treated as individuals and I appreciate that.' There was evidence in the care plans that people's rights are upheld and that the staff enabled people to have as much choice as possible.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The activities are varied and provide recreation for most of the people living in the home. Family and friends can visit the home at any time and are made to feel welcome. The meals are of a good standard. Menus are varied and people are given a choice.

Evidence:

Each unit of the home provides a programme of activities that suit the needs and interests of the individuals and each person's file contained a daily activity record. The home employs an activities organiser who works mainly in the nursing unit. She organises group activities, social events and outings. She also spends time with individuals on table top activities. There are two part time staff who work in the dementia unit. They are currently working on a 'memory lane project', which involves entertainment and art and craft work to interest and stimulate people, based on their own past experiences and local history. Relatives and visitors are encouraged to contribute. The nursing and therapy staff in the rehabilitation unit provide a programme of activities, to engage individuals and help promote their recovery. The people who were interviewed said that the home gives them a choice about whether they join in group activities. One person prefers to spend most of her time in he room

Evidence:

and the art therapist provides her with materials to follow her interests in drawing and painting. She said 'its up to me what I do'. One person described how he is busy everyday. He spends time with the art therapist and in a music therapy group and has been taken on individual outings by the physiotherapy staff. Another person said 'We get trips out as well. They ask us where we want to go. I've been to Alnwick and the Railway Museum'. A visitor said 'there is always plenty going on.' People who live in the home also produce a regular newsletter. This gives people information and includes activities and puzzles. There is a section on the home's own assessment document that addresses social interests, spiritual and cultural needs and the involvement of family and friends. These areas should be addressed separately to ensure that each area is fully considered.

The home encourages people to keep in touch with their family and friends. Relatives said that they are always made to feel welcome and that they can make themselves a drink. People visiting the rehabilitation often travel some distance, so cannot visit as often as people who live locally. They said that the home is good at keeping them informed about their relative. People are invited to attend social events at the home. These are advertised on the notice board. Some relatives would prefer to receive advanced notice of these events, by letter or email. This would enable them to plan ahead to ensure that their visits coincide with them. The home should make more use of the internet and email. It would make it easier for some people to keep in touch with families and friends and what is going on in the local and wider community. It would also help people with special needs or less common interests or from minority communities, to socialise and communicate with like-minded people.

The home provides a choice of meals, which can be eaten in its own hotel style dining room where people are waited on. People can eat in their own rooms if they prefer. The inspector talked to the chef who explained that they offer a choice of traditional meals and internationally influenced cuisine. On the day of the inspection the choice for lunch was braising steak or a Caribbean curry. People can also asked for an individual alternative if they prefer. The chef said 'We like to cater for all tastes and individuals'. The chef also gets ideas from a book of recipes that are the favourites from other homes. Special diets are catered for , as well as diverse beliefs. One person has meat provided by a certified Hal Al butcher. The catering staff also contribute to the social activities programme, by providing meals and buffet for themed events and celebrations, like 'Ascot' day and the fourth of July. People said that they like the meals. A visitor said 'The food is good, my relative is eating more since he came in here.' Staff who were assisting people were observed to be doing so in a discreet and dignified manner. Evidence was seen in care plans to confirm that nutritional needs are assessed and other professionals consulted if required.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Policies and procedures are in place which should ensure that complaints are dealt with appropriately and people are protected from abuse.

Evidence:

Information about complaints, how and who to make them to, is made available to the people who live in the home and their families through information displayed in the entrance to the home and in the Service Users Guide. There have been four complaints recorded since the last inspection. All of these were investigated by the home.

The home had a comprehensive adult protection procedure. This gives staff the support they need to make a referral should this be required. The staff spoken to during the inspection were asked about abuse and what they would do if they saw or heard anything inappropriate. All said that they would tell someone, for example the manager, or make a referral themselves if this was more appropriate. Training is provided for all staff in adult protection.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is clean and well maintained. It is decorated and furnished to a good standard and provides a homely environment for the people who live there.

Evidence:

During a tour of the building the inspector saw that many of the rooms are decorated to the persons own taste and there was evidence to confirm that people can take in some personal items when they go to live there. This includes pieces of furniture as well as photographs and ornaments. A high standard of decor and furniture is provided throughout the home. When asked about her room one person said, 'I love my room. It feels just like home. When I came in staff encouraged me to bring in my own possessions. Although the flooring in the rehabilitation unit is not totally domestic, it is accepted that this is what is required for the service that is offered.

There was a range of equipment seen around the home to support people with bathing and mobility.

The inspector found the building to be clean, tidy and free from offensive odours.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff are appropriately recruited and trained. There are sufficient staff on duty to meet the needs of the people who live in the home.

Evidence:

From the rota supplied at the inspection there was sufficient care staff on duty to meet the assessed care needs of the people who were using the service. People said that staff were usually around and answered the call bells quickly. One person said, 'The staff come quickly when I need them'. The home had staff files in place, which provided evidence that the appointment of a new staff member is in the main made through proper recruitment processes. This includes the vetting of staff through the use of references, POVA first checks and Criminal Record Bureau (CRB) checks. There is a commitment at the home to having a trained workforce with most of the staff having an NVQ at level 2 or above. As well as mandatory training, recent training has also taken place in adult protection and health and safety. Staff said that they are also supported with regard to personal training needs. Staff comments in this area were positive. Comments included 'There is always plenty of training going on and you can ask for additional training if you want to'. Another said, 'I have regular supervision with the manager where personal training needs are discussed'.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be assured that the home is well managed and they are given the opportunity to comment on how the home is run. Policies and procedures are in place to safeguard their health, safety and wellbeing.

Evidence:

The manager is qualified and competent to run the home. She is a qualified nurse and has an appropriate management qualification. There was an open and friendly culture between the management team and staff working at the home.

There was evidence in staff files to show that supervision was taking place and that the staff were being appraised. Staff confirmed that supervision takes place on a regular basis and that they are well supported.

People living at the home and visitors who were spoken to during the inspection confirmed that the manager is approachable and that they would go to her if they had

Evidence:

any concerns. Staff also confirmed this to be the case.

Regular meetings are held and there are a number of systems in place to consult with people living at the home. Relatives and the people who live in the home can approach the staff at any time. The company carries out regular audits covering all environmental and care aspects which result in improvements being made where possible.

The home does not hold money on behalf of the people who live in the home. The home will purchase items and pay bills such as hairdressing and newspapers. These costs will then be itemised on a monthly basis along with the fees due. The total amount will then be requested from the person who is in control of the money for example a family member.

Staff said that they receive regular supervision. In this home it is called a 'job chat'. This gives staff the opportunity to discuss any concerns and areas where they feel they may need further training.

The manager confirmed that all equipment in the home is regularly checked. The maintenance certificates that were seen at this inspection were found to be in order. Health and Safety checks are carried out regularly to safeguard people living and working at the home.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	9	Out of date medications should be disposed of as soon as possible after the expiry date.
2	9	Where as required medications have not been used for several months, staff should ask the doctor to reassess the person to make sure the prescription is still appropriate.
3	12	The social interests and spiritual and cultural needs of people should be addressed separately to ensure that each area is fully considered.
4	12	The home should consider the use of the internet to make it easier for people to keep in touch with family and friends and what is going on in the community.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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