Life Style Care plc

The Hawthorns Care Centre

Inspection report

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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 Hawthorns Care Centre is a nursing home which provides accommodation for 73 people. At the time of our inspection they were providing care for 58 people. There were three floors to the home; two floors were dedicated to people with nursing needs, whilst the other floor offered residential accommodation for people who did not require nursing care.

At the last inspection on 9 and 11 July 2015, the service was rated Good overall and Requires Improvement in the 'caring' domain.

At this inspection we found the service remained Good overall and had made improvements in the 'caring' domain, which is now rated good.

The service had a registered manager. 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.

The registered manager and senior staff carried out a series of audits and checks to help ensure the quality and safety of the service. People told us the registered manager was responsive to feedback and acted quickly to resolve complaints and issues.

The provider had made adaptation to the building to make it suitable for people's needs. This involved making the garden accessible and providing signs to help people find their way around their home.

Staff were caring and understood people's needs. There were sufficient staff available to provide unhurried and personalised care which incorporated a wide range of activities. People's preferences and routines were identified in their care plans. Risks to people's safety, health or wellbeing were assessed and monitored. Staff knew people well and followed these guidelines to meet people's needs.

Staff were aware of safeguarding procedures and the steps required in recognising and reporting abuse. Staff respected people's dignity and privacy and were conscious of respecting people's preferences around their end of life care. Staff understood the importance of respecting people's choice and freedoms and worked within legal guidelines to protect these.

Staff were subject to appropriate recruitment checks and completed training which covered the key aspects of their job. The registered manager provided ongoing support and supervision to help them remain effective in their role.

People had access to healthcare services when required and the service had established a working relationship with a local GP surgery, which meant people maintained regular contact with their doctor.

People followed a diet which was appropriate to their preferences and needs and were supported to take their medicines safely. The service had arrangements in place for safe storage, administration and disposal of medicines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service is now good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

The Hawthorns Care Centre

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 12 and 21 September 2017 and was unannounced. The inspection team consisted of an inspector and two experts by experience: one with a nursing background and one with experience of working with people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed previous inspection reports and notifications the provider had sent us. A notification is information about important events, which the service is required to send us by law. The provider had completed a Provider Information Return prior to this 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.

We spoke with 17 people living at the home or their relatives. We also spoke with the provider's regional manager, the registered manager, the clinical manager, nine nursing or care staff and one domestic assistant, the chef and the activities coordinator. We looked at care plans and associated records for nine people and records relating to the management of the service. These included: staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas and 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.

The service was last inspected in July 2015, where it received an overall rating of good.

Good

Is the service safe?

Our findings

People felt safe living at The Hawthorns Care Centre. One person told us, "Yes. For a start I kept falling at home. I feel really safe here." A second person said, "Yeah I am safe here. I can get out when I want, but feel settled here." A third person commented, "I feel safe here."

People were protected against the risks of potential abuse. All staff received training in safeguarding. This training taught them how to identify different types of abuse and the action staff were required to take in order to help keep people safe. The registered manager also used supervisions and staff meetings to cement learning and promote discussion about how to keep people safe. In one example, staff were shown a documentary about institutional abuse in a care setting and were invited to lead a discussion about characteristics of abuse and how the service could avoid this. One member of staff told us, "Abuse is on our radar, we are so conscious to ensure that no abuse happens here (at the service)."

Risks to people were assessed and managed to reduce risk of harm. Risk assessments completed for people included risks around medicines, pressure injuries, choking, malnutrition, dehydration, falls and mobilising around the home. Staff understood individual risks to people and their role in assessing and monitoring in order to help keep people safe. One person was assessed to require moving to another floor where they could receive a higher level of support due to a recently diagnosed medical condition. Staff had consulted with the person and monitored their needs or a period of time until it was agreed that it was no longer safe for the person to remain on the floor without increased support from staff. People were kept safe from the risk of emergencies in the home. There was a business continuity plan in place. This detailed the steps staff were required to follow in the event of emergencies such as fires, loss of electrical power or loss of water supply. People also had individual evacuation plans. These detailed the support people would require to leave the building in an emergency and the best way to keep them safe.

There were sufficient staff to meet people's needs. One person said, "There are plenty of staff around." Another person told us, "I never have to worry about whether somebody comes when I ring my call bell." The registered manager told us, "We staff each floor to high dependency. That way, there are always lots of staff around to help and spend time with people". People were well attended to on all floors of the service. Staff appeared unhurried and were able to spend time talking to people or engaging them in activities.

Safe recruitment procedures ensured that staff with the appropriate experience and character supported people. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

Suitable arrangements were in place for obtaining, storing, administering and disposing of medicines. The level of support people required with their medicines was clearly identified in their care plans. For example, one person preferred to take their medicines with a fruit juice and their care plan clearly identified this preference which staff were aware of. Where people required medicines for pain, clear guidelines were in

place for staff to follow, including monitoring people who were not able to express verbally that they were in pain for signs they required medicines. A local pharmacy had recently completed an audit of the service's systems to manage people's medicines. The service had completed all actions recommended from the audit after minor recommendations were made about modifying the services arrangements for medicines which required refrigerated storage.

Good

Is the service effective?

Our findings

People told us that staff were competent and skilled in their role. One person said, "The staff here are really good, they know what they are doing and take good care of me." Another person commented, "No complaints about staff at all, they always help me by creaming my feet and give me my medicines."

Staff completed a training and induction programme which covered the key areas in their role. Training included: fire safety; food hygiene; moving and handling; safeguarding; health and safety; infection control; nutrition and hydration; dementia care; end of life care; The Mental Capacity Act; dignity; first aid and challenging behaviour. Staff also followed a structured induction to the service. This included an introduction to the home covering fire procedures, working responsibilities and how to report concerns. The registered manager assessed and reviewed staff performance through regular supervision, observation of working practice and team meetings. Staff had the opportunity to feed back about their role, identify training needs and set developmental goals through supervision. Nursing staff were supported to maintain their professional registrations and attend external training relevant to their roles.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that The Hawthorns Care Centre were meeting these legal requirements. Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with copies of authorisations.

People were supported with a diet appropriate to their needs and preferences. One person told us, "I didn't fancy what was on the menu today, so they did me a bacon sandwich instead." Another person said, "There is a wide range of food available, I can choose alternatives if I want." A relative told us, "[My relative] is eating ten times better here. They love the food. If they don't like what's on the menu they can ask for something else." The chef and staff were aware of people's dietary needs and provided support as appropriate. Staff, in line with dietary recommendations, supported people who required modified food or drinks appropriately. People's care plans clearly identified people who required assistance or encouragement when eating. People were encouraged to eat and drink as independently as possible. Where needed, specialist equipment such as adapted cups, plates and cutlery were available to make it easier for people to use.

People had access to healthcare services when required. The registered manager had arranged for doctors from a local surgery to visit the service three times a week. This benefitted people as they had regular contact with doctors who were aware of their needs. One person told us, "There is a doctor on call all the time." A second person remarked, "There's always a doctor on hand." People also each had a 'hospital passport'. This was a document that contained information about a person medicines and medical conditions. It was taken to hospital with people so medical professionals would have information about people's needs.

The service had adapted the environment to make it suitable for people's needs. The middle floor which

accommodated people living with dementia had been adapted to include people's pictures on their bedroom doors and clearly signposted bathrooms and toilets. This helped people to walk around using these familiar sights as points of reference. Walls in communal areas were decorated with pictures and props from the era people were familiar with when they were younger. This helped stimulate conversation by making people feel comfortable within familiar surroundings. There were a range of communal lounges available for people's use. Some were larger and could be used for activities, whilst others were quieter which enabled people more privacy if they choose. People from all floors were enabled access to garden and outside space. There were a range of raised plant beds and paved walkways in the garden to make them more accessible for people to use. One person told us, "The accommodation is brilliant."

Good

Is the service caring?

Our findings

People told us that staff were friendly, cheerful and caring. One person said, "We have some wonderful staff here." Another person remarked, "It's a warm friendly atmosphere with some lovely staff." A third person joked, "[Staff member] is always winding me up and pulling my leg. I get my own back sometimes too." One person's relative commented, "Staff are all very friendly, they ask how [my relative] is, they interact with them, including when we are here."

Staff interacted with people in a friendly and caring manner. Staff had time to spend sitting and interacting with people. Staff were attentive to people's needs and knew when people wanted interaction, distraction or quiet to time to relax. Staff were aware of people's personal histories and made an effort to engage people in conversation about their families and past. People appeared comfortable and relaxed in the company of staff.

Staff kept people informed about their relative's welfare. People's relatives told us that staff would contact them if there were concerns about their relative's health or wellbeing. One relative said, " [Staff] are very reassuring, they are very good. [My relative] had a fall and they called straight away." People's relatives told us they were made to feel welcome in the service. One relative said, "It's nice that I am so welcomed by staff, if we want a bit of privacy, the staff let us use one of the quiet lounges to talk, that's lovely."

People were involved in making decisions about their care and were consulted about changes at the service. Regular residents and relatives meetings were held, where updates about the service were shared and people had the opportunity to make suggestions for improvements. One person told us, "Yes, we can put forward our views. It's interesting; they ask you if there is anything you want bringing up. It's quite nice." Recent residents' meetings included updates about the recruitment of more permanent staff and some discussions about how people would like to use the activities budget. This resulted in the booking of a popular local entertainer to perform at the service. The registered manager also produced a monthly newsletter to provide updates and photographs about events at the home. This also detailed upcoming events so people were able to plan their participation or volunteer to help with events.

Staff worked to promote people's privacy and dignity. Staff ensured that people were supported discreetly with their personal care away from communal areas. If they chose to have quiet time in their room, staff supported them away from communal areas. Some people had requested gates across their bedroom doors to avoid people coming into their room if they were disoriented. One person told us, "There are a few residents with dementia who kept on popping in my room, so I asked for the gate to be put on my door. This works out well because I can keep my door open, but don't have to worry about anybody coming in". There were appropriate risk assessments in place for these gates. A designated member of staff also completed a regular dignity audit and attended a dignity forum which was organised by the local authority. The dignity audit requested services to rate themselves against four key dignity criteria; people's involvement, privacy, communication and promoting individual needs. In the July 2017 dignity audit, it was identified that not all staff were wearing name badges which made it difficult for people to identify them. As a result the registered manager addressed this with staff in a group supervision to ensure that staff were aware of the importance

of wearing name badges.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Staff had undertaken training and qualifications in end of life care. They accessed the 'Six Steps Programme'. The Skills for Care "National end of life qualifications and six steps guidance" describes the six steps programme as, 'The qualifications developed are for those working in social care and can equip workers not only to recognise end of life situations but to manage them more effectively."

There were many examples of how this training had influenced the service's provision of end of life care. In one example, if people were expected to pass away and family were present, if agreed staff would not call the emergency call bell to alert other staff. This would avoid a loud noise and multiple staff rushing into the room to assist. The registered manager told us, "We don't want people's last moments or their families memories to be noisy and distressful. We want to help make those moments as dignified and peaceful as possible." In another example, the service had a 'remembrance tree' where relatives and friends could share memories of people who had passed away by leaving written messages. The registered manager held a memorial gathering every six months in order to honour people who had passed away and celebrate their life. This was optional for people and relatives to attend if they wished. The service considered people's individual needs and wishes to provide personalised care at the end of their life.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person said, "The staff here are wonderful, they cannot do enough for you." Another person remarked, "I really enjoy living here. The staff are great. Anything you need from them, they are here to help."

The service used a computer based recording system to monitor people's health and wellbeing. This helped staff monitor and respond to people's changing needs. Staff recorded key details about people's health and wellbeing on mobile phones provided by the service used exclusively for work purposes within the service. This included details about; what drinks and food had been offered and taken, personal care received, people's daily routines, behaviour or incidents, medicines, and any support to prevent pressure injuries. The registered manager or senior staff monitored these recordings and were alerted if any planned activities such as medicines administration had not been recorded by staff as having taken place. This enabled the registered manager to monitor the care that people reviewed on a real time basis. It also enabled the registered manager to monitor people's health and wellbeing by providing reports for healthcare professionals when required.

People received care which was in line with their preferred routines and preferences. People's likes and dislikes were identified in their care plans and they told us staff supported them to follow these routines. One person enjoyed having a cigarette, but required staff help to get to the designated smoking area in the service. The person's care plan clearly identified the times of the day they would like to smoke and staff provided appropriate support at these times to facilitate this. The person told us, "I go outside for a cigarette. The staff downstairs make me feel very welcome." Another person preferred to have a shower in the morning and shave once a week. This was clearly defined in the person's care plan and the person's care records indicated they were supported in line with this preference.

There were a range of activities available for people. One person said, "There is a lot to do here. I enjoy spending time in the garden. Staff help me to go there every day and we even had a gardening club." A second person said, "I have just been down to the poetry club. If you told me 10 years ago I would enjoy going to a poetry club, I would have said you are crackers, but, it's a great place to socialise with other people." A third person recalled, "A couple of the staff took me down to watch the cricket the other day, that was fantastic." A fourth person commented, "They have different activities downstairs which I like, like quizzes and we went to Victoria Country Park, it was lovely." There were a team of staff dedicated to providing activities for people seven days a week. People attended activities both inside the home and in the local community. Events included a sports days at the service, visits to ice cream parlours and attending local knitting clubs.

There was a complaints policy in place and people told us they knew how and who to make a complaint to. One person said, "If I had a complaint I would speak to [staff member] or go to the main office." Records of complaints made to the service showed that the registered manager had acted upon feedback and investigated concerns thoroughly. As a result of some complaints about laundry services provided, the registered manager had worked alongside domestic staff to devise a more efficient system to manage

people's laundry. This had resulted in a significant reduction is lost or damaged clothing at the service.

Good

Is the service well-led?

Our findings

People told us that the registered manger was kind and competent in their role. One person said, "The manager is very nice. Any problems and she sorts them." A second person commented that the registered manager had a, "good sense of humour and always has time for you, she does." A third person reflected, "Very nice, she makes you feel at ease."

The registered manager was committed to their role and kept themselves updated with latest guidance and legislation through a combination of local providers' groups, updates from professional bodies and internal support and training from the provider. They also regularly worked with people and alongside staff, which helped to ensure they had first-hand knowledge of people's needs and staff skills. One member of staff told us, "When there was a problem with the laundry, the registered manger met with staff and even worked in the laundry for a few days to help us get the problems sorted out, that was brilliant."

There was a clear management structure in place which included the registered manager, the clinical lead and senior staff. A regional manager from the provider also visited the service weekly. During these visits they met with the registered manager, carried out audits about the quality of the service and accessed the electronic care monitoring system to check that people were receiving an appropriate level of care. In addition to this, the provider's internal auditor carried out regular audits of the service in relation to how, safe, effective, caring, responsive and well led the service was. Any areas which required improvement were forwarded to the manager in the form of an action plan.

The registered manager had other quality assurance systems in place to monitor the quality of the service being delivered and the running of the home. These audits included; medicines, health and safety, infection control, dignity, kitchen hygiene and analysis of key information about people's health and wellbeing. This helped to assess and maintain quality and safety in the home.

Action taken by staff after accidents and incidents ensured people's safety. Where people had falls, they received medical assistance and staff reviewed their risk assessments around mobility. Some people had had been assessed to use mobility equipment such as walking frames after falls in order to enable them to safely mobilise around the building. There was an open and transparent culture within the home. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the service had met the requirements of this regulation.

Team meetings were regularly held where staff were asked for feedback and ideas to improve the service and to share updates around policies and procedures. In recent team meetings, staff knowledge about The Mental Capacity Act (2005) was checked through a group discussion. In another meeting effective nonverbal communication such as hand gestures were discussed in order to aid improved communication with people. This helped staff review their working practice and improve their skills in their role. Clinical staff also regularly met to discuss people's needs. This helped to monitor changes in people's health and wellbeing enabling staff to adjust their care plans accordingly.

The service worked in partnership with other organisations, making strong links to the local community to provide positive outcomes for people. The registered manager had organised working relationships with local schools, libraries and churches to provide resources and activities for people both inside and outside the home. The home also held open days which invited members of the local community to visit the home to raise money for people to participate in further activities.