

Croftwood Care UK Limited

The Hawthorns

Inspection report

The Hawthorns
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

The Hawthorns is a 'care home' and is located in a residential area of Wilmslow. The Hawthorns provides accommodation and personal care for up to 39 people. Accommodation was found over two floors; bedrooms were spacious, there was an accessible passenger lift and a communal garden area for people to enjoy. At the time of the inspection 32 people were living at The Hawthorns.

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

Quality assurance measures were not always effectively in place. Although we received positive feedback about the newly recruited manager, areas of governance required improvement as a measure of monitoring and reviewing the quality and safety of care people received.

Medicine management procedures were in place. However, we did note that some areas of practice did not comply with the providers medication administration policy. We have made a recommendation regarding this.

People's level of risk was assessed from the outset. Support measures were implemented although we did note that some areas of risk were not always being reviewed or monitored accordingly.

Safeguarding and whistleblowing procedures were in place; staff knew how to raise their concerns and the importance of keeping people safe.

Staff were appropriately recruited, and staffing levels were routinely analysed. People told us that staff were responsive to their needs and provided support in a timely and effective manner.

Staff were observed providing person-centred care. It was evident during the inspection that staff knew people well and provided the tailored level of care that was needed.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We received positive feedback about the variety of different activities that were scheduled. We were told that the area of 'activities' had improved, and people were encouraged to participate in activities that were fun, stimulating and engaging.

The provider had an up to date complaints policy in place. Complaints were monitored and reviewed and responded to in line with company policy.

People had the opportunity to share their thoughts, views and opinions about the provision of care being

delivered during regular 'resident meetings'. New quality questionnaires were being devised and circulated as a measure of establishing feedback from people, staff, external professionals and relatives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was 'good' (published 17 August 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous ratings to inform our planning and decisions about the rating at this inspection. At this inspection, the service has been rated 'requires improvement.'

Why we inspected

The inspection was prompted in part due to concerns received about risk management, staffing levels and overall governance of the service. A decision was made for us to inspect earlier and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the 'safe' and 'well-led' sections of this full report.

Enforcement

We have identified a breach in relation to 'good governance' at this inspection. Please see the action we have told the provider to take at the end of this report

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our 'Safe' findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our 'Effective' findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our 'Caring' findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our 'Responsive' findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our 'Well-led' findings below.

Requires Improvement ●

The Hawthorns

Detailed findings

Background to this inspection

The 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 checked whether the registered 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.

Inspection team:

The inspection was carried out by one inspector, one assistant inspector, one 'Expert by Experience' and a 'Specialist Advisor'. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service. A 'Specialist Advisor' is a person who has professional experience and knowledge of the care which is being provided.

Service and service type:

The Hawthorns is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a manager registered with CQC. The registered manager and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided. Following the inspection, the manager who had been recruited received confirmation from CQC that they had successfully been appointed as the registered manager.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the

provider sent us in the 'provider information return'. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection:

We spoke with the area manager, manager, six members of staff, one external professional, one kitchen assistant, five people who were living at The Hawthorns and one relative who was visiting at the time of the inspection.

We looked at care records of four people receiving support, four staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At this inspection this key question was rated 'requires improvement'. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People received a safe level of care in relation to medication support. However, we identified that the providers medication administration policy was not always being complied with.
- Medicines were found in locked medication rooms but were not always stored in locked cabinets.
- Medication room and fridge temperature checks were not routinely completed.
- Medication audits were not always identifying areas of improvement that were required in relation to medication management. For instance, 'as and when' (PRN) medication protocol paperwork was not always thoroughly completed.

We recommend that the provider reviews the medication procedures ensuring the policy is being complied with and processes are being followed accordingly.

- Staff received appropriate medication administration training. At the time of the inspection, staff were also in the process of having their competency levels checked.
- People received support with their medicines as per instruction. People had the appropriate medication care plans and risk assessments in place.

Assessing risk, safety monitoring and management

- During the inspection, we raised concerns with the manager about the high temperatures of the home.
- The temperature was not regularly reviewed and there were no measures in place to assess this area of risk. The concerns were immediately responded to and measures were put in place to monitor and assess this area of safe care.
- People's level of risk was assessed and established from the outset. The majority of care records we checked indicated that risk was regularly reviewed and monitored although this was not consistent across all care records. For instance, one person who suffered two separate falls did not have their mobility risk assessment reviewed or updated.
- Each person had an up to date personal emergency evacuation plan (PEEP) in the event an emergency evacuation had to take place.
- People were asked if they felt safe, one person told us "Yes I do feel safe especially under the new management, it's a different home completely." One relative also said, "Yes [relative] is safe here and well supported."
- We saw that all health and safety regulatory compliance checks and certificates were in place.

Preventing and controlling infection

- Some aspects of the home required attention. For instance, a cupboard door that contained bed linen had visible damp stains and daily medication room cleaning schedules were not being completed. These areas were brought to the attention of the manager during the inspection.
- There was an up to date infection control policy in place and an infection control lead was being appointed at the home.
- Staff were provided with personal protective equipment (PPE) as a measure of prevention and controlling the spread of infection.

Systems and processes to safeguard people from risk of abuse

- Safeguarding and whistleblowing procedures were in place; staff knew the importance of keeping people safe and the processes that needed to be followed.
- Staff knew the importance of recognising signs of abuse and received the necessary safeguarding training.
- At the time of the inspection, an alleged safeguarding incident had occurred; this needed to be reported to CQC and the Local Authority. A statutory notification was submitted following the inspection.

Staffing and recruitment

- We received generally positive feedback about staffing levels across the course of the inspection.
- People told us that staffing levels had started to improve and the use of agency staff had begun to reduce.
- Staff also told us that staffing levels had improved and people were receiving support from consistent members of staff who were familiar with people's support needs.
- Safe recruitment procedures were in place. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.

Learning lessons when things go wrong

- The manager maintained a good level of oversight in relation to all accidents, incidents and events that occurred at The Hawthorns.
- A 'Falls' summary report was generated each month; this helped to establish if any trends were occurring and how risk could be further managed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At this inspection this key question was rated 'good.' This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Service design and facilities met the needs of the people who lived at The Hawthorns. We did note that people did not have access to one of the shower rooms on the ground floor. This was followed up during the inspection and the problem was being addressed.
- Aspects of the home required some attention. For instance, some areas of the home required re-decoration. This was in the process of being discussed and agreed.
- People had access to a communal garden area and a new communal activities room was in the process of being completed.
- The internal environment offered adequate lighting, a variety of different communal areas and assisted equipment for people who required extra support.

Staff support: induction, training, skills and experience

- Staff told us that training, learning and development opportunities had begun to improve. Staff were receiving regular one to one supervision and supported to complete different training courses.
- Training compliance was being managed by the manager; at the time of the inspection mandatory training for all staff was up to date.
- New employees received an induction and were supported to complete 'The Care Certificate'. This is an agreed set of standards that staff within the health and social care sector are expected to complete.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were appropriately assessed prior to admission. Pre-admission assessments helped to establish the level of support people required.
- Where possible, people helped to develop their individual care plans and risk assessment that needed to be followed.
- Through regular monitoring and assessment, staff made the appropriate referrals to other external professionals. For instance, people received support from speech and language therapists, local GP's and district nurses.
- One healthcare professional told us, "There's been big improvements here, staff are familiar with the people they're supporting, guidance is followed and referrals are made when they need to be made."

Supporting people to eat and drink enough with choice in a balanced diet

- Pictorial menus were available for people to refer to; although we noted that three different menus were

visible during the inspection which could've caused some confusion for people.

- People's nutrition and hydration support needs were assessed from the outset; care records contained guidance that needed to be followed.
- People were encouraged to make decisions around their meal choices and staff were familiar with people's likes and dislikes.
- A variety of food and drink options were available during meal times. People also told us, "The food has changed now thank goodness", "They [staff] will always bring what I want" and "The food is brilliant, first class, we have two good chefs now."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered provider was complying with the principles of the Mental Capacity Act, 2005.
- People had their levels of capacity assessed and people (where possible) were involved in the decisions that needed to be made around the care and support they required.
- People who lacked capacity did not have their liberty unlawfully restricted; 'best interest' meetings were arranged, decisions were made, and the appropriate applications were submitted to the Local Authority.
- Any conditions which needed to be complied with as part of the person's DoLS were being appropriately managed by the manager.
- Care record documentation clearly indicated that the person receiving support had provided 'consent' to receive the care and support being provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At this inspection this key question was rated 'good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were observed providing respectful, kind and considerate care.
- We received positive feedback about the caring approach of staff throughout the course of the inspection. People told us, "They [staff] always pop in for a chat" and "Staff are always polite and respectful." One relative also told us, "They [staff] encourage [person] to walk which keeps up [their] independence."
- We were told that the use of agency staff had reduced, People were beginning to receive continuity of care by staff who were familiar with their support needs.
- Staff knew people's preferences and the tailored level of care people needed.
- Equality and diversity support needs were established from the outset. Appropriate support measures were put in place to ensure people received the correct level of care.

Supporting people to express their views and be involved in making decisions about their care

- Care records indicated that people were involved in the care planning process and were asked questions around their preference and wishes.
- One care record we checked stated, 'I like to be independent and attend to my own personal care needs.'
- There were two 'service user' representatives at the home; people told us they would happily speak to the representatives or raise any feedback during 'resident meetings'.
- Resident meeting minutes were visible in the home and we could see that any action points had been responded to and followed up on.

Respecting and promoting people's privacy, dignity and independence

- Confidential information was safely stored away or protected in line with General Data Protection Regulations (GDPR).
- People's privacy and dignity was maintained and promoted.
- Care records we checked indicated that people were supported to remain as independent as possible.
- One person told us, "I was in a wheelchair when I came here, now I walk everywhere thanks to their help."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At this inspection this key question was rated 'good'. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- We received positive feedback about the variety of activities that were arranged for people living at The Hawthorns. One person told us, "There are plenty of activities. I enjoyed the yoga, slept like a log that night."
- Dedicated activities co-ordinators were employed at the home; people were encouraged to participate in hobbies and interests that were fun, stimulating and engaging.
- A variety of different internal and external activities were scheduled, and good links had also been established with two local schools.
- Activities helped to reduce the level of social isolation, encouraged people to engage with other people living at the home and helped people remain active.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care that was tailored around their individual support needs.
- Staff told us they were able to familiarise themselves with people they supported and developed a good level of knowledge around their likes, dislikes and preferences.
- Care records contained a good level of person-centred information; this area of responsive care was being further developed. New paperwork was being implemented that focused on people's social history, hobbies and interests.
- People were receiving care and support that was relevant, up to date and consistent with their current health care needs.
- People were actively encouraged to have choice and control over the level of care they received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Alternative methods of communication could be provided on request.
- Pictorial menus and 'easy read' material was available for people to refer to and care records indicated that the area of 'communication' was discussed and assessed from the outset.

Improving care quality in response to complaints or concerns

- There was an up to date complaints procedure in place.
- People (and relatives) were familiar with the complaints procedure and who to raise their complaints with.

- Complaints were appropriately managed, investigated and responded to in line with organisational policy.
- At the time of the inspection, no complaints were being responded to.

End of life care and support

- Some care records we checked contained 'end of life' care and support information.
- Staff had access to 'End of life' training and people received the appropriate support that was tailored around their wishes and preferences.
- Staff understood the importance of providing dignified, compassionate and respectful 'end of life' care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At this inspection this key question was rated 'requires improvement'. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to monitor the quality and safety of care people received were not always effective. For instance, medication audits did not identify areas of non-compliance and routine care plan audits did not identify areas of risk that needed to be reviewed and monitored.
- Some of the concerns we raised during the inspection were not identified during routine provider audits and checks that were being completed. For instance, daily medication room cleaning schedules were not being completed and an inaccessible ground floor shower room was followed up after we raised this as a concern.
- It was not always clear how areas of improvement that had been identified were being addressed. For instance, the high temperature of the home had been raised during a 'maintenance and gardens' audit but there was no evidence to suggest this area of risk was being monitored. This was addressed once we raised it as an area of concern.
- Monthly monitoring visits were conducted and an 'electronic monitoring portal' was in place; however, it was clear that these areas of quality assurance need to be further reviewed and strengthened.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of submitting statutory notifications to CQC.
- The registered provider had a variety of up to date policies and procedures in place. Staff explained the importance of complying with different policies and where they could be accessed.

Continuous learning and improving care

- Quality assurance processes were not always effectively assessing or identifying areas of improvement.
- The provision of care needed to be consistently assessed and improvements needed to be robustly managed.
- The manager reviewed all accidents, incidents and events that occurred at the home. 'Trend analysis' was also completed to establish if any themes were emerging and if further support measures needed to be implemented

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

- People received a tailored level of care that was centred around their needs, wishes, choices and preferences.
- The manager wanted to enhance the experiences of people living at The Hawthorns and was committed to making the necessary improvements required. For instance, the manager had introduced a variety of different quality assurance questionnaires as a measure of gathering people's thoughts, views and suggestions around the provision of care being delivered.
- We received positive feedback about the positive changes that had recently taken place at the home. People told us, "[Manager] makes such a difference, [manager] is all about the people, that's how it should be" and "Communication is much better now."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their legal responsibilities, the importance of investigating incidents/events that occurred as well as complying with duty of candour responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Equality characteristics were assessed and determined from the outset.
- The manager was in the process of implementing new quality questionnaires as a way of involving people who lived at The Hawthorns, the public and staff.
- People and relatives had opportunities to share their thoughts, views and suggestions about the provision of care being delivered; there was an accessible 'suggestions box' in the main foyer of the home and two service user representatives were available at the home.
- Staff meetings were taking place; these helped staff to feel informed and involved in the provision of care being delivered.
- People living at The Hawthorns and their relatives had the opportunity to attend regular 'resident meetings'. This was a forum designed around the needs, ideas and suggestions of people living at the home.

Working in partnership with others

- The Hawthorns worked closely with other healthcare professionals., This meant that people received a holistic level of care tailored around their support and healthcare needs.
- The manager and activities team had developed positive working relationships with two local schools as a way of developing positive community links and encouraging positive life experiences.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality and safety of care being provided was not always effectively monitored or assessed.