

1st Care Limited

# Hawthorne Nursing Home

## Inspection report

School Walk  
Bestwood Village  
Nottingham  
Nottinghamshire  
NG6 8UU

Tel: 01159770331

Date of inspection visit:  
30 April 2019

Date of publication:  
30 May 2019

## 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

About the service: Hawthorne Nursing Home is a residential care home that provides personal and nursing care for up to 36 people. At the time of our inspection 30 people lived in the service.

People's experience of using this service:

The home had made improvements since our last inspection, the people that we spoke to said that Hawthorne Nursing home was a good place to live and that staff treated them with respect and kindness.

People's health and social care needs were managed well by management and the staff team. There were positive relationships with professionals which supported people's overall wellbeing.

Medicine was administered safely and there were clear protocols in place for medicine which taken when required. Records were kept up to date and Medication administration records (MAR) were all correct and checked by nursing staff and the registered manager.

The registered manager showed evidence of ongoing quality monitoring across all aspects of the service. Any concerns raised by residents' relatives or staff were investigated and addressed. This was also used to inform improved practises throughout the home.

People had enough to eat and drink. People were offered choices and had an input into the menu planning. The lunchtime experience was relaxed, and staff were assisting with serving meals and assisting people to eat where necessary.

There were a variety of activities both to keep people occupied and entertain them and physical activities to assist with people's mobility. People were consulted on what they wanted to do giving people choice and control.

Rating at last inspection: At the last inspection Hawthorne Nursing Home was rated as Requires Improvement. The last inspection took place on 10 January 2018.

Why we inspected: This was a planned inspection based on the rating at the last inspection. We saw improvements had been made since our last inspection. The registered manager now has systems and processes in place to respond to complaints and to monitor the quality of the service.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was Safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was Effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was Caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was Responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was Well-Led.	<b>Good</b> ●

# Hawthorne Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 and a specialist advisor (SPA) in nursing. A second inspector attended to carry out a short observations framework for inspection (SOFI).

**Service and service type:** Hawthorne Nursing Home is a residential care home that provides personal and nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

The inspection took place on 30 April 2019

#### What we did:

We reviewed the information we received about the service since the last inspection. This included checking incidents the provider notified us about such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. We assessed information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. We used all of this information to plan our inspection.

During the inspection we spoke with four people who used the service and one person's advocate. We also spoke with one relative who was visiting on the day. We spoke with 12 members of staff including the registered manager and deputy manager, nurses, cook, care staff and the housekeeper.

We reviewed a range of records. This included four people's care plans and medication records. We also looked at five staff files in relation to recruitment, training and supervision records. We reviewed records relating to the management of the home and a broad range of policies and procedures.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- Staff were aware of their responsibilities to keep people safe from abuse and avoidable harm. Staff were confident about going to the registered manager or a senior and reporting anything that they felt was abuse.
- The provider had a safeguarding procedure to follow and staff were trained to understand the signs of abuse and how to report incidents.
- Risk assessments had been completed to assess people's needs and staff had the guidance and support needed to mitigate associated risks. One person had a comprehensive mobility plan which assessed activity and expected outcomes which assessed any risk.
- All staff spoken with had a good knowledge of people's needs and risks. Staff were competent and knowledgeable and showed that they supported people to keep them safe.
- A visiting health professional told us about a fall's reduction training scheme that the home was involved with. The training was developed by the NHS and aimed to educate staff in falls prevention and educate them in what to look out for and who would be at a higher risk.

### Staffing levels

- Staffing levels were calculated according to people's needs. There were enough staff to support people safely and to ensure that people's needs could be met. This included staff support participating in activities and outings. The registered manager told us that they calculated the staff on the needs of people living at the service. Five new members of staff had recently been recruited.
- We saw that staff were recruited safely and all the appropriate checks were carried out to protect them from employing unsuitable staff.
- Staff we spoke to told us that there were enough staff employed at the home for them to be able to meet their needs effectively. They also felt that staff were well trained to do their jobs.

### Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medication records confirmed that they received their medicines as required.
- Where people were prescribed medicines 'as and when required' there were protocols in place to explain when and how the medicine should be taken.
- Topical creams were stored safely and body maps were used to show site of application along with daily monitoring forms.
- Medicines were managed appropriately.. We saw that there were five anticipatory medication packs in the cupboard, these are used for end of life care. None of these had been used but this showed careful thought to detail with a bank holiday approaching at the time of our visit.

### Preventing and controlling infection

- Staff responsible for cleaning the home could tell us which colour bags were used depending on type of waste.
- All staff received training in infection prevention and control and there was information on how to prevent the spread of infection such as handwashing. The home was clean and free from malodour.
- The staff followed good infection control practises and used personal protective equipment to help prevent the spread of healthcare related infections.

#### Learning lessons when things go wrong

- The registered manager openly asked for feedback from people using the service, their relatives and the staff. The information was then collated, and any improvements made in collaboration with those giving feedback. The registered manager dealt with all complaints, action was taken and documented and there was a section stating what lessons had been learned.
- Incidents and accidents were reviewed to identify any learning which may help to prevent reoccurrence
- Care plans and risk assessments were frequently reviewed especially in line with changes in health or decrease in mobility.

# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessment of people's needs was comprehensive and expected outcomes identified. Care and support was regularly reviewed.
- Staff applied learning effectively in line with best practise, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. One relative told us, "Staff here know what they are doing and are caring and kind."
- Staff had completed a comprehensive induction and training programme. They had supervision and appraisals carried out regularly. The registered manager had a good system to identify when training was needed or refresher training required to ensure that staff were up to date with best practise.

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

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us that they enjoyed it.
- The cook told us that they consulted people when menu planning. Allergies and intolerances were clearly identified in care plans and displayed on the kitchen wall.
- Staff helped and encouraged people, chopping up the food when they could see that people were struggling. One person did not want a dinner and was offered several alternatives.

Staff providing consistent, effective, timely care within and across organisations

- We saw a physical instructor delivering chair-based exercise classes for residents. They had many activities including strong links with a local school, children came into the home and do activities and people are taken to the school to watch the children perform in shows.
- People were supported to see healthcare professionals including the GP. During our visit, we witnessed the nursing staff making three separate calls to GP practises to re-assess three people.
- Should people need have the need to move between services, we saw there was a "grab sheet" that could be printed off, so people had the most up to date information on their health care needs. Care planning was electronic which meant that information could easily be updated.

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

- People's rooms were personalised, and they were encouraged to have their own things where they could to make them feel more at home. One person told us, "I like my room and they know what I like to do and where I like to sit, home from home."

- The housekeeper was supporting the registered manager in decorating the corridors and basing them on different themes. This included large images of open countryside which covered the entire wall and small picket fences securely fastened back above the skirting board. This differentiated the different spaces which was more dementia friendly.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of those who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interest 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 interest and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). We checked whether the service was working with the principals of the MCA and whether any conditions on authorisation to deprive the person of their liberty was being met.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure that decisions were taken in people's best interest.
- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and their relatives commented positively about staff and said that they were kind, caring and helpful. They also said that they respected their dignity and privacy. We spoke with a visiting advocate who told us, "The staff are very helpful and professional."
- We heard staff talking people through tasks and were very reassuring and patient. Staff showed good knowledge of individual needs and preferences. One person told us, "Nothing is too much trouble and if I don't want to join in I don't have to."
- We completed a Short Observational Framework for Inspection (SOFI). SOFI is a tool we use to identify how many times people are engaged with and the quality of any engagements in a specified time. The SOFI showed that people received companionship from staff and they interacted in a kind and caring manner.

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

- People told us that they were involved in decisions about their care planning and how they liked things to be done. One relative told us, "We are consulted about different aspects of care and informed if anything changes."
- People's needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People had access to advocates who represent the interests of people who may find it difficult to be heard or speak out for themselves.
- Relatives were encouraged to visit at any time, they were made to feel welcome by the staff and one relative told us that they would talk to the registered manager or any staff if they had any concerns.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern about people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives. Staff were keen to offer opportunities for people to spend time as they chose and where they wanted. We observed staff patiently encouraging people when it came to mobilise so that they could continue to walk independently. One person told us, "Staff are very caring and take their time."
- People's information was stored and managed securely which protected their confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At our previous inspection we found that the provider did not take appropriate action to respond to a complaint. There have been improvements made and different systems and processes in place to respond to complaints and concerns.
- The registered manager was pro-active regarding acting on any complaints or concerns. We looked at the complaints file and there were no recent complaints but an old one showed that the complaint had been acknowledged, investigated and responded to.
- The registered manager was keen to listen to any concerns or feedback and acts as soon as possible to rectify matters. We observed that the registered manager had an excellent relationship with people and their relatives and people told us that they felt confident that they would work hard to find a solution. One person told us, "If I wanted to complain I would speak to the manager as I think she would listen".

Personalised care

- Staff knew people's dislikes and preferences. They used information that they had by talking to people and then using the information to plan care. For example, details of how people liked to receive personal care, what they liked to do themselves and what they would like support with.
- Three activities co-ordinators were employed at the service, this ensured that different activities and outings could be offered regularly.
- The registered manager was working to meet the accessible information standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.
- People were supported to live meaningful and active lives with staff emphasising what people could do and not what they could not do. Staff were passionate about the people living at the service and genuinely cared about their health and wellbeing.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practise and guidance on end of life care, and respected people's religious beliefs and preferences.
- Preparation was made for end of life care sympathetically and with the aim of people being supported to have a pain free and dignified death. At the time of our visit there were not yet at end of life, but the staff had worked with professionals to ensure that they had appropriate medication should circumstances change.

## Is the service well-led?

### Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection we found that the quality of care was not effectively monitored. This has improved and there were not effective systems in place to monitor and assess all aspects of the service. There was also an ethos of continuous improvement from the registered manager and through the staff team.
- The service was well run. People at all levels understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. They were held to account for their performance where required.
- The quality assurance system was robust and included lots of checks in all aspects of the service delivery.
- All audits and Health and Safety checks had been carried out and the manager ensured that there were robust systems in place to monitor this.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- Care plans were reviewed regularly, and they were updated as needs changed. The risk assessments were reviewed and had clear information on mitigating risk.
- The registered manager demonstrated a commitment to providing high quality, person centred care by engaging with everyone using the service and stakeholders.
- The registered manager positively encouraged feedback and acted on it to continually review the service. One person told us, "The manager is lovely, not afraid to muck in." A member of staff told us, "Staff morale is good, and I would recommend this as a place to work."
- The service is required by law to send us notifications about significant events at the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. The registered manager had fulfilled their responsibilities in relation to this obligation.

Engaging and involving people using the service, the public and staff

- The registered manager and the staff encouraged people to visit the service and to forge relationships with other organisations. The local schools regularly visited and did activities with people. People were also invited to the school to watch shows performed by the children.
- People were asked their opinions in all aspects of their lives. Staff and the registered manager involved people and their relatives in decision making from decisions about care and activities to decisions about improvements to the home.

- The registered manager had a very clear vision and strategy which involved improvements to the décor establishing better differentiation of the spaces for those suffering with dementia.

Continuous learning and improving care

- The registered manager made efforts to learn from mistakes and keep staff informed of any changes that could affect people's care. Staff attended meetings with the registered manager and were able to air their views.

- The registered manager took people's views seriously and was open to suggestion for improvements to the home and the care they provided.

Working in partnership with others

- We saw evidence that people were supported to access health and social care services required. They had regular visits from healthcare professionals who people told us had a good relationship with the home.

- The home had a good relationship with the local school and invite the children in to do different activities. People told us that they enjoyed the young people coming in and the activities they did, they especially enjoyed the dance and music sessions.