

# Review of compliance

## Barchester Healthcare Homes Limited The Hawthorns

<b>Region:</b>	North East
<b>Location address:</b>	O'Neill Drive North Blunts Peterlee Co Durham SR8 5UP
<b>Type of service:</b>	Rehabilitation services Care home service with nursing
<b>Date of Publication:</b>	January 2012
<b>Overview of the service:</b>	<p>The Hawthorns is set in a quiet residential area of Peterlee and is a modern, purpose-built care home.</p> <p>The home provides 24-hour nursing care alongside care for those with a dementia as well as a neurological rehabilitation service for younger adults. The home also caters for respite stays.</p>

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**The Hawthorns was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 09 - Management of medicines

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 25 October 2011, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

We visited this location on a weekday and were able to talk to five people who used the service. Comments made were that individuals 'like living here', that 'staff often chat', knew how to complain and that there is 'loads of food'.

### What we found about the standards we reviewed and how well The Hawthorns was meeting them

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

Service users received effective and appropriate care, treatment and support that met their needs and protected their rights. Overall, we found that the provider was meeting this essential standard.

#### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

People who used services were protected against the risks of unsafe use or management of medicines. Overall, we found that the provider was meeting this essential standard.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We visited this location on a weekday and were able to talk to five people who used the service. Comments made were that individuals 'like living here', that 'staff often chat', knew how to complain and that there is 'loads of food'.

##### Other evidence

The manager told us that the home assessed, planned and delivered care that met people's individual needs. The manager completed audits and internal inspections on a regular basis (at least monthly) to ensure that this happened.

All referrals were discussed before admission and any equipment needed was ordered prior to admission. In addition she told us that all people who used services were assessed and had a care plan carried out prior to them being admitted. She also told us that the needs of people who used services were discussed daily during handovers to ensure good continuity of care.

During our visit, we examined care records of three people who lived at the home. The records showed that a range of assessments were completed to reflect people's current and ongoing needs. The records confirmed that a person's care had been regularly reviewed through individual sessions and through multi disciplinary team meetings. The manager also confirmed that ongoing care planning was fully discussed with those who used the service and their relatives.

We saw the most recent care plan audit for September 2011. This showed where good

practice had been observed and also identified areas for improvements. The manager told us that these areas were discussed with all staff as a means of improving all care plans.

Care plans contained risk assessments completed on admission and updated when needed. Each person had a full review of their care by a multi disciplinary team at least once every three to six months or more frequently if required. We were told by the manager that any risks identified in relation to an individual were recorded on the risk management plan and signed by the person who used the service and the manager.

All visits and reviews by professional staff were clearly documented in the care records.

**Our judgement**

Service users received effective and appropriate care, treatment and support that met their needs and protected their rights. Overall, we found that the provider was meeting this essential standard.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

We did not speak to people using the service about this essential standard.

##### Other evidence

A specific concern had been received that an inappropriate administration of medication had taken place at the home.

When we visited the home, we looked at the medication records held on behalf of people living at the home. We found that all recordings were accurate and found no records which showed that staff had made mistakes.

We checked to see if good medication practices had been carried out and found, for example that handwritten entries on the medicine administration records were signed for correctly and that unusual events were also recorded, for example where people did not receive medication because they were asleep.

A check of the Medication Administration Records (MAR's) found no gaps, with clear recording. There was a list of staff with signatures that were authorised to administer medication.

Records were available to show when medication was ordered, received and disposed of. We looked at whether controlled drugs held were stored correctly and were accounted for when checked.

Medication storage was appropriate.

The manager informed us that audits of medication administration were carried out on a monthly basis and we checked that these had been carried out.

Staff told us that they had received medication accredited training including training in the medication administration system used at the home, the organisations policy and procedures, and specific training from the homes pharmacist about the medicines given. We examined the medications policy (issue date September 2010; review date September 2013) in effect at the home and this was appropriate for the needs of the people using the service.

**Our judgement**

People who used services were protected against the risks of unsafe use or management of medicines. Overall, we found that the provider was meeting this essential standard.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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