

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## The Hawthorns

O'Neill Drive, North Blunts, Peterlee, SR8 5UP

Tel: 01915871251

Date of Inspection: 02 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Barchester Healthcare Homes Limited
Registered Manager	Ms. Julia Atherton
Overview of the service	The Hawthorns provides care and support for up to one hundred and five people with in three different categories of care, neurological rehabilitation, dementia care and general nursing. It is located in a residential setting in Peterlee in County Durham. Nursing care is provided to all the people who use the service.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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People expressed their views and were involved in making decisions about their care and treatment. We spoke with several people who used the service and their relatives. One person said "I have been invited to a planned review meeting to discuss my husbands care"

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spent time talking with several people, and watched how staff gave them support and care. People were very happy with the care provided. Comments included "Staff are marvellous" "The staff talk to me"

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care and treatment.

We spoke with several people who used the service and their relatives. One person said "I have been invited to a planned review meeting to discuss my husbands care"

Staff told us people were provided with a pack containing information about the home. The information included an overview of the service, a service user guide and other services available to people within the home. This information was provided to people before they decided to live at The Hawthorns. This meant people were given appropriate information on what the home could offer them.

We spent time observing how staff supported people living at the home. We found staff were very respectful in their approach, treating people with dignity and courtesy. For example we saw staff supporting people with dementia in a range of daily activities.

Relatives were very welcome in the home. One person told us she visited her husband every day and could have lunch with him in a dining area away from the unit in which he stayed. Another relative told us she came in at lunch time as she liked to feed her husband his lunch. All the relatives told us they were welcome to visit at anytime and staff always kept them informed about any changes.

We saw peoples' bedrooms were decorated with their own keepsakes, and some had furniture from their own homes. People told us they decided how they wanted their room decorated. One person said "We choose this quilt cover as he is a Sunderland fan"

We looked at people's care plans and we could see these had been written in an individual way for each person. They included information on how to care for peoples' individual needs. Staff were knowledgeable about people and were able to explain, with examples, about how they would promote people's independence and choice.

All of these measures showed people were treated with respect and involved in making decisions about their care.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

When we visited the home there were 94 people living there, in three separate units. We spent time talking with several people, and watched how staff gave them support and care. People were very happy with the care provided. Comments included "Staff are marvellous" "The staff talk to me"

We looked at eight care records to see how people's care was planned, monitored and coordinated. The assessments, care plans and daily notes generally guided staff in how to support each individual in the way they preferred. Where people were at risk, there were assessments which described the actions staff were to take to reduce the possibility of harm. We found risk assessments were completed and reviewed on a regular basis. This meant the risk of people receiving unsafe or inappropriate care was reduced.

Care plans included communications records, these showed details of appointments with and visits by health and social care professionals, such as the GP, physiotherapists and opticians. This ensured people's wider needs were supported. We also saw evidence of appropriate referrals being made to various health care professionals when assessments had identified risks to people's welfare.

On the neurology rehabilitation unit there was a weekly visit by a consultant neurologist and every four weeks a specialist registrar changed the ventilation sets for those people using ventilators. On the dementia care unit a consultant psychiatrist visited each week to review people's care and treatment. This meant care and treatment was planned and delivered to meet people's individual needs.

We saw on the neurology rehabilitation unit, as well as qualified nurses, there was a team of physiotherapists and an occupational therapist to provide care and support for the complex needs of people on the unit.

**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

There were company policies and local procedures that informed staff of how to deal with adverse incidents and events. The deputy manager was able to describe a recent incident where these procedures had been followed. It was evident that the service had taken steps to manage the provision in order to prevent a recurrence.

Staff told us they would have no hesitation in reporting anything they saw which they felt uncomfortable with. They were also clear about who they should report abuse to. We saw from our records the manager had reported safeguarding concerns appropriately. In these ways we saw how people who used the service benefited from staff who knew how to report and respond to suspected abuse.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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The deputy manager told us about staff training and development within the service. New staff completed the induction training standards along with in house training. Each new member of staff had a mentor assigned to work with them until they could work unsupervised.

The deputy manager told us all staff received an annual appraisal and regular supervision. These were formal meetings where staff could discuss work related matters, such as training and their work performance. The records we saw confirmed this. Staff were encouraged to discuss any concerns they had without delay or waiting for a formal session.

Records showed all required training was up to date. Staff we spoke with told us there was lots of training available to them, including specific training in how to support people who required ventilation. We saw staff had completed detailed training and competency assessments on the use of each different piece of ventilation equipment. A nurse from the Hawthorns worked with the hospital home ventilation team prior to the persons discharge from hospital to ensure staff well fully trained. This meant people were safe and their health and welfare needs met by competent staff.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

There were systems in place for auditing and monitoring the service. These included auditing records and the way the service was provided. The provider had a cycle of audits which were completed every month and we saw actions were completed as a result of these audits.

The quality assurance process included visits to the service and observation of the care process. Every month the regional operations manager for the area made an unannounced monitoring visit to check the quality of care. We saw copies of these monthly reports which identified if any improvements were required.

Risk assessments were in place to identify any hazards for the people living in the service or visitors. These identified the steps taken to minimise any risks without compromising the opportunities for people to live active lives.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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