Inspection Report

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: 03 February 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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. At the time of our inspection the registered manager named on this report had applied to remove their registration, and this was being processed by CQC. A new manager was in the process of applying for registration.
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

Contents

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'.

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and were accompanied by a specialist advisor.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

The majority of people we spoke with were satisfied with the care and treatment. For example people told us, "They look after me well"; "Everything is OK"; "They look after me brilliantly, I am off my medication and I am going home soon to my family"; and, "My care is spot on, there are no problems at all, the food is spot on and hot."

As some people who used the service had complex communication needs, they were not able to share with us their experiences. Therefore, during the inspection we observed the quality of interaction between staff and people on the unit where people with dementia were accommodated.

During our observation, we saw staff offered people eye contact and took time to communicate clearly. We saw staff were attentive and responsive to people's different needs. We saw they took time to help people eat, drink and with their care needs and asked people before intervening with care tasks. We observed staff used eye contact, touch and appropriate humour to provide care with compassion. Where necessary, staff offered re-assurance and diversion when people became unsettled or agitated.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Care and treatment was planned and delivered in a way that was intended to ensure

people's safety and welfare. The needs of people who used the service were assessed, where necessary care plans developed, and interventions and progress was monitored and reviewed.

We looked around the home and its environment. We saw that it was decorated to a good standard and was well maintained across all three units. There was no evidence of malodour and the environment, furniture and fittings appeared clean. The decorative finish was suitable for the needs of people using the service. People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

The provider had carried out appropriate pre-employment checks to ensure the suitability of staff. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

People were made aware of the complaints system. We found people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. Also people's complaints were fully investigated and resolved, where possible, to their satisfaction.

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

More information about the provider

Please see our website 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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with 14 people who used the service, and the relatives of six people. The majority of people we spoke with were satisfied with the care and treatment they received. People told us they received pain relief when they needed it. People told us that their relatives were involved in making decisions about their care and treatment. People told us they were supported to make their own decisions where ever possible. For example, comments included, "I like to be independent and the staff respect this and let me do as much as possible for myself. They respect my privacy and close the door when seeing to me"; and, "I can choose to eat where I like"

As some people who used the service had complex communication needs, they were not able to share with us their experiences. Therefore, during the inspection we observed the interaction between staff and people who used the service on the unit where people with dementia were accommodated.

During our observation, we saw staff offered people eye contact and took time to communicate clearly. Staff explained their intentions and sought consent before offering care or activities, such as manual handling, hairdressing or crafts.

Staff were able to describe people's needs, how consent was obtained and the extent to which people had capacity to make decisions about their care.

Where people lacked capacity staff were able to tell us the people who would be involved in making 'best interest' decisions. For example, we asked about people who needed help with their medicines. Staff told us about a person who regularly refused their medication, but that this would potentially place them at a high risk of harm. Staff therefore involved family members and care professionals, such as the GP and Psychiatric Nurses in a 'best interest' decision to give medicines in liquid form. This is a decision which is made on

behalf of the person, in their best interests. The decision is normally taken by people who know the person well, either personally (such as family members or friends) or professionally (such as care workers, nurses, doctors or social workers).

Records were available to record consent or to detail relevant people involved in best interest decision making, including relatives and care professionals. We saw where 'best interest' decisions had been made, an assessment of capacity had been undertaken. Relevant care plans guided staff to seek people's consent and to clearly explain care interventions to people receiving care.

Staff told us that no one who used the service at the time of our inspection had accessed advocacy services. However, they gave us examples of when people had accessed this service in the past, and how this had supported them to make important decisions about their care and treatment. For example, one person had been supported to make a decision by an advocate about whether it was in their best interest to have an operation.

No one was subject to a deprivation of liberty safeguard at the time of our inspection. We found staff were able to clearly explain when it might be appropriate for someone to be subject to a deprivation of liberty safeguard and how to do this. These safeguards make sure that a care home or hospital only restricts someone's liberty safely and correctly, and that this is done only when there is no other way to take care of that person safely.

All of these measures showed where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

The provider may find it useful to note that some care staff we spoke with reported to us that they had not had training in the Mental Capacity Act and there was little awareness of Human Rights legislation and how this linked to mental capacity and care.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The majority of people we spoke with were satisfied with the care and treatment. For example, one person told us they were happy with the care provided, saying "I am clean and warm." Other comments included, "They look after me well"; "Everything is OK"; "They look after me brilliantly, I am off my medication and I am going home soon to my family"; and, "My care is spot on, there are no problems at all, the food is spot on and hot."

We looked at the care records for 13 people who used the service. We found that the home had assessed people's needs to determine if any risks were present. These assessments had been used to develop detailed person centred care plans for people. This means they described the person's abilities and how they preferred their care needs to be met. Care plans covered all people's needs, including physical, social and mental health needs. Staff had completed all the necessary risk assessments. For example, we saw people's risk of malnutrition was assessed, where necessary care plans developed, and interventions and progress was monitored and reviewed.

There was clear evidence documented to show the involvement of other healthcare professionals, such as GP's and dieticians.

These measures showed how care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

During our observations on the unit where people with dementia were accommodated we saw staff were attentive and responsive to people's different needs. We saw they took time to help people eat, drink and with their care needs and asked people before intervening with care tasks. We observed staff used eye contact, touch and appropriate humour to provide care with compassion. Where necessary, staff offered re-assurance and diversion when people became unsettled or agitated. We observed staff undertake a manual handling task and saw this followed currently accepted safe practice. Staff also ensured footrests were used when mobilising people in wheelchairs, thereby ensuring the risk of foot entrapment injuries were minimised.

We found that the dementia unit had several staff, including night shift workers, who were trained in emergency first aid. This meant there were arrangements in place to deal with

foreseeable emergencies.

We found people who used the neurological rehabilitation service had access to occupational therapy (OT) services. An occupational therapy group was in progress on the morning of our inspection. We found evidence that OT staff worked flexibly to allow some activities to take place on evenings and weekends. This ensured the service was meeting people's needs across the week, not just during core hours.

We observed the way that staff interacted with people on the neurological rehabilitation service and found them to be supportive and courteous to people who used the service. The four staff we spoke with on this unit told us that they felt there was a positive culture that supported multi-disciplinary working. We saw evidence in care records that staff across the multi-disciplinary team contributed to assessments. This ensured qualified staff were involved in assessing the needs of people who used the service and their input informed the care plans for people.

We spoke with people about the day time activities delivered by the service. Most people said they were not interested in joining in group activities. Comments included, "The Activity lady will ask me what I would like to do but I am happy not doing anything"; "The mobile library comes and I can choose books, but I do not do anything else other than watch TV." and, "I am not interested in activities." On the day of our visit, people were being supported to access the hairdressing service.

During our inspection we saw that staff were organising an activity to celebrate Chinese New Year. We saw evidence in care records that people's day time activities needs were considered as part of the care planning process. Activity coordinators working in the home regularly reviewed what activities people had been involved with. We saw that there was a variety of activities available each day for people to choose from. We saw that care records included information about people's likes' dislikes and preferences about activities. All of these measures contributed towards peoples' wellbeing.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We looked around the home and its environment. We saw that it was decorated to a good standard and was well maintained across all three units. There was no evidence of malodour and the environment, furniture and fittings appeared clean. The decorative finish was suitable for the needs of people using the service. For example, wall decorations were bright and age appropriate for people who used the service.

We looked around the dementia unit and found it had been adapted to meet the needs of the people living there. The provider had adapted the building to help meet people's needs, including the use of memory boxes, colour coded doors and clear signage to help people with dementia to find their way around. Areas that might pose a risk to people, such as sluice rooms and cleaners cupboards containing chemicals, were locked.

The dementia unit was situated on the ground floor, and there was easy access to a central, secure garden area.

We saw one unlocked bathroom, which was not in use. This was being used for excess storage. This was pointed out to staff and the area was secured during our inspection.

At the time of our inspection work was underway in the reception area to create a space for people to access the internet.

We spoke with people about the home environment. People told us, "He has got everything he needs here, I bought a little fridge for him" and "It is a lovely room he can see out, who comes and goes."

One person raised concerns about the storage of continence pads in their bedroom, which made it difficult to manoeuvre in their wheelchair. We spoke with the manager about this. They told us all continence pads were custom ordered and were stored in people's rooms. However, they were in the process of buying boxes to improve the storage facilities for these supplies.

We noted that a number of call bells on the general nursing unit were not in reach for people who used the service who were in bed or using wheel chairs. One person said, "If I

ask them to put the bell where I can reach they do it with a disgruntled attitude." We spoke with the manager about this, and she said she would investigate and take action to address this.

We spoke with the person employed by the provider to monitor and maintain the environment. They told us in detail about the checks and audits carried out across the home, to ensure the premises were well maintained, safe and met the needs of people who used the service. We looked at the records they completed. This demonstrated that regular checks were made of the environment and any remedial work required was completed quickly to make sure the premises were well maintained.

We looked at the five year plan for the maintenance of the premises. We saw this considered the life span of fittings and equipment to ensure they continued to meet the needs of people who used the service. There were plans to maintain or replace fittings and equipment over their life span.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the recruitment files of five members of staff. We found that each of the files had a curriculum vitae or an application form on record. The provider had recorded a full assessment of applicants at interview, had checked for any gaps in employment and the applicants reason for leaving previous posts. The provider had obtained appropriate references prior to appointing staff members.

We saw all staff had a Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) check before starting to work with service users. These checks identified whether a person had been convicted of any criminal offences, to enable the provider to determine whether the person was suitable for the job role. These measures showed that the provider had carried out appropriate pre-employment checks to ensure the suitability of staff.

We saw evidence in all staff files that the provider had checked proof of identity prior to employing someone. They did this by checking the birth certificate, driving licence or passport for the person. All these measures ensured the provider had a robust recruitment procedure in place to protect the people who used the service.

Most people spoke positively about the staff employed by the service. Comments included, "The atmosphere is happy like a big family and the lads are great with my husband"; "I moved him here from somewhere else which was poor, it is so much better here"; and, "I am well looked after here."

However some people on the general nursing unit said that some staff were not always respectful in the way they speak to them. They gave examples of staff saying things like "Oh it's you again" and "What do you want now."

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw information was provided to people who used the service and their representatives about how to make a complaint. This was included in the provider's pre-admission information for people considering using the service. We also saw posters displayed detailing the complaints process. However, the provider may find it useful to note that the print size of these were very small, making them difficult to read.

We also looked at the meeting notes from the last three resident's and relatives meeting. We saw complaints, compliments and suggestions was a standing agenda item. Therefore, we found people were made aware of the complaints system.

We spoke with 14 people who used the service, and the relatives of six people. The majority of people told us that they were satisfied with the care provided, and had not had cause to make a complaint. People told us if they had a complaint they would go to either the unit managers or the home manager.

One person told us about the complaint he has raised and what the service had done to address this. They said they had made a further complaint and were waiting for a response. Several people raised concerns about the standard of food with us. We could see that this issue had been discussed several times during resident and relatives meeting, and the provider was taking steps to address this.

We spoke with the home manager about the complaints process. They talked us through the process and how, as a provider, they ensured they learnt from complaints and other feedback from people who used the service. They showed us the complaints and feedback they had received over the last year. The service had received three formal complaints. They showed us what they had done as a result, and the responses provided to the complainants. We found people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. Also people's complaints were fully investigated and resolved, where possible, to their satisfaction.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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

Essential standard

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)

Regulated activity

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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