

## Barchester Healthcare Homes Limited

# The Hawthorns

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

The Hawthorns is a residential care home providing nursing and personal care to up to 105 people. The service provides support to people with a range of needs including neurological rehabilitation, general nursing and some living with a dementia. At the time of inspection 84 people were using the service.

### People's experience of using this service

People who lived at the service received extremely high-quality, personalised support from a well-led service. Feedback received from people, relatives, staff and professionals about the support provided to people was extremely positive.

People were fully integrated into the local community. People had access to an abundance of activities which enhanced their wellbeing and sense of purpose. The staff were extremely passionate and continuously looked for new activities or events for people to be part of to minimise social isolation.

Staff were fully committed to providing a truly person-centred service. Staff were very proud to work for the service and said they felt supported by the whole management team. People said staff were undoubtedly caring and knew their needs very well. People were treated with the utmost respect by compassionate and kind staff.

There was an exceptionally strong and visible person-centred culture. The genuinely welcoming and inclusive conduct of staff meant people felt relaxed and respected.

Staff demonstrated effective skills in communication. Recruitment checks were in place to ensure staff were suitable to work at the service. Staff had received training and support to enable them to carry out their role.

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

The Hawthorns has extremely strong links with the local community, due to their passion and dedication they have built-up long-standing relationships with members of the public as well as leading on numerous charitable initiatives.

Staff were committed to improving people's quality of life and promoting their independence through rehabilitation.

Staff provided an abundance of therapeutic and social activities for people that were tailored to their own preferences and aspirational goals.

People received their medicines safely and on time and their health was well managed. Staff had positive links with health care professionals which promoted people's wellbeing.

The registered manager provided strong leadership and proactively considered how they could enhance the service. There was a positive staff culture and staff were empowered to achieve the best outcomes for people through adopting a supportive teamwork approach to their work. Complaints procedures were in place, but people told us they have never needed to raise a complaint.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 15 May 2020) and there were breaches of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors carried out this inspection.

#### Service and service type

The Hawthorns is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Hawthorns is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

### During the inspection

We spoke with the managing director, the deputy manager, the activities lead co-ordinator, 7 care workers, 1 nurse, 5 people and 4 relatives. We looked at 8 people's care records in full, this included people's medication administration records and a selection of documentation about the management and running of the service. We looked at recruitment information for 10 members of staff, staff training records, policies and procedures, feedback surveys from people and staff and records of compliments and complaints.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made immediately after the last inspection, so the provider is no longer in breach of regulation 17.

- Staff understood and recognised potential risks to people and fully assessed these. Care plans and risk assessments contained explanations of the control measures for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence.
- Personal emergency evacuation plans (PEEPs) up to date. They had clear guidance for staff to follow to ensure the person remained safe.
- Accidents and incidents were reported appropriately. These were monitored and the provider was able to describe how they considered lessons learnt and implemented changes where necessary.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow.
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse.
- People felt safe when receiving their care. One person told us, "I feel very safe here, the staff are just wonderful."

### Staffing and recruitment

- Staff were recruited safely and there was enough staff to safely support people.
- The provider operated effective and safe recruitment practices when employing new staff.
- During the inspection we saw that where people needed support this was provided by staff straight away.

### Using medicines safely

- Medicines were managed safely. The registered manager carried out regular checks on people's medicines to make sure they were being administered in line with national best practice, the provider's policy and prescribing instructions.
- Staff had received training in administering medicines and had their competencies assessed regularly.

One staff member told us, "The training is really good here, management really keep on top of it."

- People and relatives told us that they were confident in the medicine's management within the service. One relative said, "[Person] is on a variety of medication and there's never been any problems, we're very happy with the staff's abilities."
- Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Medicines were safely stored in locked cupboards or lockable fridges if required.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives were encouraged to visit people at the home and people were supported to visit relatives and the local community.

#### Learning lessons when things go wrong

- Accidents and incidents were fully investigated, outcomes and learning from these were shared with staff to prevent similar incidents occurring.
- We reviewed the incident and accident reports and found that steps had been taken to reduce risks to people. For example, where people had falls, they were referred to the appropriate health care professionals and the provider had updated their internal policies as a result.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to have effective systems in place to monitor and identify gaps in training. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made since the last inspection, so the provider is no longer in breach of regulation 17.

- People were supported by staff who were competent and had received appropriate training and support.
- The provider's training matrix showed a high level of compliance with training for all staff in topics such as manual handling, palliative care and tissue viability.
- Staff felt supported by the registered manager. Spot checks and supervisions were carried out. One staff member said, "Oh yes I feel supported, we get our supervisions and I'm happy talking to the registered manager if I have any problems."
- Staff were empowered to provide a higher standard of care; staff within the service had won multiple awards for their work including National Learner of the year 2021, National Activities Co-ordinator of the year 2021 and Divisional Administrator of the year 2022.
- Staff were involved in group meetings where they contributed to care planning and could provide insight into people's changing care needs.

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

- People had their needs fully assessed and care plans reflected their choices and best practice guidance.
- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to delivering care. The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.
- Care plans contained positive behaviour support information; this included identifying triggers which impacted on people's wellbeing and behaviours, as well as techniques for staff to use to reduce any behaviours which may challenge.
- Staff used recognised good practice and national tools to ensure that people's care was provided appropriately. For example, staff used a 'Waterlow pressure ulcer risk-assessment tool' to review the risk of developing pressure ulcers. There was evidence in care plans that they used NICE guidance to assist them with care for example, in relation to moving and handling.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Staff monitored people's food and fluid intake and if there were any concerns, specialist advice was sought from the person's GP or from the speech and language therapists (SALT).
- Staff were aware of people that were nutritionally at risk and took steps to address this. For example, some people had their food and fluid monitored and others were provided with high calorie snacks.
- We saw during lunchtime that people were offered a visual choice of meals and some people were supported to eat their meals by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with health care professionals to provide the most effective care. There was regular contact with people's GPs and mental health teams where necessary. One health care professional told us, "We've built up some great relationships and there is good communication between The Hawthorns and consultants."
- People were supported to access other healthcare professionals and services; care workers accompanied people or arranged visits to hospitals and appointments with GPs.
- Care records included details about people's medical history and ongoing health needs. A record of appointments was kept and there was evidence of collaborative working with healthcare services.

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

- The environment was set up to meet the needs of people living with dementia. The building was well-designed and nicely decorated. It was bright with wide corridors for people to access easily. There were several rooms including a private dining room and areas on each of the floors that people could use to spend time with their families.
- The flooring of the communal areas and the hallways were plain in colour to reduce the risks of people becoming confused when walking. There was appropriate signage on the bathrooms and toilets.
- The provider had a project to further improve the environment for those living with dementia. A range of sensory items were placed around the corridors and musical instruments attached to a wall for people to engage with independently.
- Staff had built a bar in one of the downstairs communal rooms for people to enjoy; people listened to music, held parties and played games. This room was locked when not in use to maintain people's safety.

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 MCA 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

- Staff were working within the principles of the MCA. Records showed that when people lacked mental

capacity to make specific decisions, a best interests decision meeting had taken place.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- There was an exceptionally strong and visible person-centred culture. The genuinely welcoming and inclusive conduct of staff meant people felt relaxed and respected. One person told us, "[Staff member] is amazing towards all the residents and constantly goes above and beyond. It was because of [Staff member] that I began coming out of my room more, all of the carers here are amazing but they just have that extra sparkle."
- Staff cared deeply about people's quality of life and were supportive of their aspirations. One person joined a social media platform of their choice after coming to The Hawthorns and had amassed a following of over 3 million people. With the help and support from staff their mental wellbeing had improved dramatically. They told us, "I love how much the Hawthorns have supported me throughout. They have thrown parties for certain milestones, helped me set up for videos I wanted to make and even got involved in some of the videos."
- People were also encouraged to be independent as much as possible. For example, one person wanted to make their own food, so the provider had a brand-new accessible kitchen built, this included a retractable bench for easy access and a new fridge. The person was also involved in the design process which helped to promote their independence. One staff member said, "This is their home and they should be able to do as much as possible for themselves and feel comfortable doing it."

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

- Staff went the extra mile to ensure people received caring support. For example, some people going through neurological rehabilitation would spend a lot of time in bed so staff enlarged pictures of family members to put on the ceiling so that people would feel a constant connection.
- The atmosphere was very homely, we observed nothing but positive interactions between people and staff. It was clear staff treated people with kindness and affection. Staff were extremely passionate about people's needs; they listened and respected their choices. One relative told us, "It really is a home away from home, staff just go above and beyond to support people and relatives, it's amazing."
- It was important to staff that people were treated as individuals and they respected their diversities. People, with the support of staff, decorated the entire home and held a party to acknowledge Silver Pride, this celebrated those over 55 years of age in the LGBTQ community. There was an overwhelming sense of togetherness and people's wellbeing and confidence was directly improved because of this.
- Staff extended their emotional support to people's loved ones. Relatives and friends were encouraged to maintain relationships with people. One relative told us, "Whenever we visit, we are always made to feel so welcome, we are given access to personal space, and staff have supported us to be able to take [Person]

out. Given we live over 2 hours away this is so valuable to be given private family time."

- There were multiple comment cards from family members all describing the caring nature of the staff team. People and staff were taking part in a sponsored dementia walk and there were pictures of those who had participated promoting what they had achieved.
- Equality and diversity policies were implemented to make sure everyone was treated fairly, regardless of their age, sex, race, disability or religious belief and staff followed these policies in practice.
- Care plans included information about people's diverse needs, such as religious and cultural needs, where relevant. The home had excellent links with a vicar who visited regularly providing support.

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

- Open and honest relationships had been developed to enable people to truly express their views. One person told us, "If I ever have a problem, I feel confident in going to one of the carers, nurses, housekeeping maintenance or managers and it always gets looked at and a resolution is found. Every member of staff here is approachable and friendly."
- We saw examples during the inspection where staff promoted people's choices; people were asked whether they wanted to participate in activities or what they would prefer to do and what type of food or drink they wanted. There were always options provided and if the options weren't preferred then staff would do everything, they could to accommodate any requests.
- People's choices and preferences about how they wanted to be cared for were recorded in their care plans. They also included people's skills and what they're able to do for themselves.
- Relatives confirmed people were asked for choices around their care. A relative commented, "For the first time since their varying health conditions arose, [Person] now feels in control of their therapy and is treated with kindness, dignity and compassion. Staff at Hawthorns offer encouragement and [Person] feels totally at the centre of their goals setting."

## Is the service responsive?

### Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff provided an exceptionally personalised service for individual people that met their specific preferences and wishes. People's preferred routines, personal hygiene (including oral hygiene), medicine, health, dietary needs, activities, emotional and behavioural issues and mobility were documented in care records and transferred into care planning.
- There was a clear emphasis on promoting people's choices where possible. Staff were exceptional at helping people to express their views, so they and others understood their preferences, wishes and choices, and helped put them into action. One person told us, "I am an extremely picky eater and have many allergies, but the staff listened to my wishes that I wanted to try to be more independent and make my own food. They even built a brand-new accessible kitchen for me."
- Visiting professionals told us staff were relentlessly focused on providing person-centred care. One healthcare professional told us, "Staff at Hawthorns have a lot of experience in dealing with complex healthcare needs, they make a real effort to get things right."
- People described the success of the rehabilitation service as "fantastic" and "supportive". One relative told us, "Hawthorns have been an absolute godsend and they have given [Person] their life back, they are once again confident and feeling they have a future."
- Staff were committed to improving people's quality of life and promoting their independence through rehabilitation. One person with a neurological condition had lost various physical functions prior to living at the Hawthorns, with the encouragement and rehabilitation techniques used by staff they are able to hold items in their hands again and take part in activities. Family members confirmed how this had also improved their mental health and sense of self-worth.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider worked within the AIS requirements. Information was made available in alternative formats or languages to meet individual needs. All information was available in large print and easy read. Staff talked through all information in a language people understood.

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

- Staff provided an abundance of therapeutic and social activities for people that were tailored to their own preferences and aspirational goals. These included a physiotherapy room, baking, flower arranging, hairdressing, candle-making, arts and crafts and walking in the local community.
- Risks associated with activities were carefully considered and staff were effective in managing medical conditions; where applicable staff would obtain nurses sign off before participation. Staff enabled people to pursue their interests; for example, those who were involved in maintaining the gardens were often taken to local garden centres and heritage parks.
- Staff were extremely responsive to people's social needs. People were supported to make links in the wider community and there was a great focus on community-based activities. During Christmas 2021 people sent boxes of presents to a deprived youth centre in London, in return children had sent thank you cards in response. This was heart-warming and gave a deep sense of community spirit to everyone.
- Staff empowered people to get involved in projects throughout the community; with the help of Peterlee Council and the public, people started a Packed Lunch appeal, Christmas Wish appeal for local children and food banks. This has been exceptional for promoting people's independence and improving self-worth.
- Staff actively went above and beyond what was expected when supporting people to follow their interests and engage in social activities. Staff proactively organised fundraising activities in their own time on behalf of the service. They worked with local businesses to secure donations and in one instance equipment was donated to a person to enable them to remain socially included and carry out their favourite activities.
- Staff were innovative and understood the needs of different people within the service, they were able to support people in a way that promoted equality. Examples of this were celebrating the LGBTQ communities Silver Pride or supporting people to make their own crafts to sell in the services Harvest Festivals both of which have been at the heart of the service for giving a sense of empowerment back to the people.

Improving care quality in response to complaints or concerns

- Systems were in place to log and respond to concerns or complaints. Any concerns raised to the registered manager had been fully investigated following the provider's process and outcomes were shared with people, relatives and staff. Lessons learned from concerns had been shared with staff via meetings and learning groups.
- People knew how to raise concerns or complaints. Family and friends felt equally confident if they complained, they would be taken seriously, and their complaint or concern would be explored thoroughly and responded to in good time. One person said, "I never had any complaints, I know they would be taken seriously but I'm very happy."

End of life care and support

- Staff were committed to ensuring people's wishes at the end of their lives were respected and that people were able to die with dignity and amongst people who they knew and who knew them well. We saw staff worked with local hospitals and the district nursing team to ensure, where possible, people who wanted to return home or to The Hawthorns were supported to do so.
- The provider had an end of life policy and staff had received training around this as part of their induction.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the service did not maintain an accurate and complete record of people's care and treatment and did not have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made since the last inspection, so the provider is no longer in breach of regulation 17.

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

- The provider promoted a person-centred approach, people were empowered and their wellbeing was always a priority. One staff member told us, "When we started the Harvest Festival and food banks people couldn't get enough, they wanted to do more and more, these projects gave them a new lease on life, giving back to the community means so much to them and to help them achieve that means everything to us."
- It was clear staff respected and celebrated diversity. People were empowered to follow their religious and social wishes; staff were openly supportive and found meaningful and creative ways of showing this.
- The provider had a clear vision and their values were embedded in the service, staff were well trained and took pride in achieving good outcomes for people living in the service.

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

- Effective quality and assurance systems were fully embedded within the service; the registered manager undertook a range of audits to assess care quality and safety such as care plans, environmental risk assessments, rostering and welfare checks on a monthly basis.
- The management team promoted excellence through consultation and reflective practice. There was a good framework of accountability to monitor performance and risk. The provider carried out its own internal inspections which led to quality improvements across the service.
- The provider had a duty of candour policy and understood their responsibility to be open and honest if something went wrong. Staff we spoke to told us it was important to use incidents to reflect, learn and improve.
- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to CQC for significant events that had occurred at the service, for example accidents



and incidents.

- The management team led by example, they were highly visible and known to staff and relatives. One relative commented, "As a family if we have ever had concerns, we have found the management team extremely helpful and supportive. We have been included in regular progress meetings."

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

- The registered manager understood the importance of involving people to improve the service; People had the opportunity to discuss things that were important to them and give feedback through family meetings, social media groups and coffee mornings.
- It was clear people's opinions were valued within the service, staff respected people's choices and made them feel like they mattered. One person said, "They treat you with so much respect, they always ask you if they can do things before, they do them."
- There was a strong focus on developing engagement within the service, the provider had recently introduced Speak Up Champions. Champions were chosen by people and staff with the purpose of supporting people to raise concerns and highlight areas for improvement.
- The residents survey results from 2021 were positive. The provider acted upon suggestions immediately showing that people's needs were listened to.

Continuous learning and improving care

- There was a strong focus on continuous learning and improvement and keeping up-to-date with best practice to ensure people's needs could be met.
- The registered manager promoted continuous learning and this was evident for staff and people to see; National Activities Coordinator of the Year 2021 and National Learner of the Year 2021 were amongst numerous awards placed in the reception area, this gave staff a clear sense of pride and they felt the recognition of their hard work and dedication only motivated them to improve further.
- The registered manager was proactive in sharing good practice with others, their success in helping people achieve outcomes was shared with other managers within the provider organisation to help improve people's health and care outcomes in other services. They attended internal forums to share this practice.
- The provider was committed to staff improvement; the employee of the month programme was in place which had boosted staff morale, one staff member said, "It's great to have hard work recognised."

Working in partnership with others

- The management team and staff worked closely with local authorities and health care professionals to achieve excellent outcomes for people and ensured people were receiving the support they needed. One healthcare professional said, "The staff have a great deal of experience, there are some complex decisions that have to be made but the staff are fantastic, they always rise to the challenge."
- The Hawthorns had very strong established links with the local community, due to their passion and dedication they had built-up long-standing relationships with members of the public as well as leading on numerous charitable initiatives.
- People's care records showed involvement from other agencies and staff had used the advice and guidance provided to help with people's care planning.