

The Hawthorns Lodge Limited

Hawthorns Lodge Limited

Inspection report

8 High Street
Loftus
Saltburn By The Sea
Cleveland
TS13 4HW

Tel: 01287641508

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hawthorns Lodge is a care home providing accommodation and personal care to up to 20 people in one purpose-built building. The service provides support to older people, including people who may live with dementia or a dementia related condition. At the time of our inspection there were 16 people using the service.

People's experience of using this service and what we found

A quality assurance system was in place, but it needed to become more robust to assess the standards of care in the service. Improvements were needed to the running of the service to ensure people were encouraged to be involved and they received person-centred care.

Care was task-centred rather than person-centred. Due to staff being busy they did not have time to spend with people. Throughout our observations some people sat silently or were not engaged or stimulated. There were limited activities and entertainment. A relative commented, "There is nothing to do, no entertainment, apart from at Christmas."

Improvements were required to records to ensure people received safe and person-centred care. Risks were not always assessed and mitigated to keep people safe. Staff recruitment was carried out safely and effectively. Medicines were mostly managed safely. Medicines records required more information for the use of 'when required' medicines. There was evidence of collaborative working and communication with other professionals to help meet people's needs.

Improvements were needed to the environment to ensure it was appropriately designed to meet people's needs, to keep people orientated as they moved around.

People and relatives were complimentary about the direct care provided by support staff. They trusted the workers who supported them. They said staff were kind, caring and supportive of people and their families.

Improvements were needed to give people control in their lives and involve them in decision making. People were not supported to have maximum choice and control of their lives and staff had not supported them in the least restrictive way possible and in their best interests; the policies and systems in the service had not supported this practice.

Improvements to systems and accessible information was needed to promote people's involvement in decision making about their lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 16 December 2023).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined those risks.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive, well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hawthorns Lodge on our website at www.cqc.org.uk

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, person-centred care and good governance at this inspection.

We have made the following recommendations:

Staffing levels and staff deployment to be kept under review.

Information should be made accessible to meet people's needs.

Systems to communicate with relatives to be strengthened to ensure people and relatives are involved in the running of the home and to gather their feedback.

Improvements to be made to people's dining experience.

Improvements to be made to activities and outings to keep people engaged and occupied, as they choose.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hawthorns Lodge Limited

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.

Inspection team

The inspection was carried out by 2 inspectors and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hawthorns Lodge 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. Hawthorns Lodge is a care home without 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

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. 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 used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 5 people who used the service and 7 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak, therefore they gave us permission to speak with their relatives on the telephone. We spoke with 6 members of staff including the registered manager, 1 deputy manager, 3 care workers, including 1 senior care worker and 1 domestic staff member.

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

We reviewed a range of records. This included 4 people's care records and multiple medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Some improvements were needed to the management of risk to ensure people's safety.
- Most risk assessments were in place. Risk assessments were generic and not all person-specific, detailing action to take to mitigate any identified risks to the individual.
- Care plans contained some explanations of the measures for staff to follow to keep people safe, including how to respond when people became distressed. We discussed care plans should contain more guidance for staff about how to de-escalate and reassure a person if they became upset, and when to use 'when required' medicines, where prescribed, as a last resort.
- There was a system of review of accidents and incidents, to prevent re-occurrence of incidents. However, there needed to be more robust analysis, showing themes and trends, lessons learned and how reflections took place with staff.

Robust systems were not all in place to manage risks to people's safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Using medicines safely

- Medicines were not always managed safely.
- Person-specific medicines risk assessments and associated care plans were not all in place.
- Protocols for the use of 'when required' medicines, where they had been prescribed, were not person-specific, with guidance for staff about when to use 'when required' medicines, as a last resort. For example, when someone was anxious and distressed.

Systems were not robust enough to demonstrate the safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff had received training with regard to the safe handling of medicines. Audits identified where improvements were required.

Staffing and recruitment

- Staff were not appropriately deployed to support people in a timely and person-centred way.

- Care was task-centred rather than person-centred. People were not offered opportunities to remain engaged or stimulated, throughout the day. Staff did not have time to spend with people other than when they provided support. More independent people sat on their own in the dining room at lunchtime, and staff were not available to provide prompts or encouragement to people eat their meal and to help provide a sociable dining experience.
- We discussed the staffing arrangements after 2pm when ancillary staff went off duty and this meant care staff took over ancillary tasks, which detracted from the care available to people as fewer staff were available to provide direct care and support. The registered manager told us a dependency tool was used to calculate the number of staff required. However, throughout the day staff appeared busy, and did not have time to interact with people, except when they provided care.
- We were informed after the inspection some ancillary hours had been increased.

We recommend the provider continues to keep staffing levels and staff deployment under review to ensure people receive timely and person-centred care.

- The provider had processes in place to ensure the safe recruitment of staff and these had been correctly followed.

Preventing and controlling infection

- An infection control system was in place. However, not all areas of the home were clean, the lounge carpet was marked, and some paintwork was showing signs of wear and tear. The registered manager told us this would be addressed.
- Staff had received training in infection control practices and used personal protective equipment (PPE) effectively and safely.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Mental capacity assessments were completed as required.
- Staff followed the principles of the MCA, using best interest decision making. However, where people lacked capacity, they were not supported to remain involved in making their own decisions about their daily living requirements. See the responsive and well-led domains.
- People's legal rights were upheld. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. A relative commented, "[Name] is absolutely safe, I feel 100% happy they are here"

- Staff understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the registered manager would respond appropriately.
- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse."

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 requires improvement. This meant people's needs were not always met.

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

- Care records did not all reflect people's care and support requirements, with guidance so consistent and person-centred care was provided, but staff we spoke with knew people's needs. Social care plans were not in place developed with people, to help keep people socially active and occupied if they wished.
- People's care records detailed most of their care requirements. However, all identified risks, had not been transferred to care plans. Care plans were not broken down to detail how people wished and needed to be supported.
- Some information was available in people's care records which documented how people communicated, however further information was needed, including where people may not communicate verbally, so non-regular staff recognised any signs, facial expressions people may display if they were feeling upset, in pain, discomfort or needing some assistance.
- Records were completed to document any staff intervention with a person. For example, for monitoring a person's nutrition and hydration. However, fluid charts recorded input but did not record the daily target of fluid or total for the person to assist with monitoring their hydration.
- There was a system of evaluation of care plans and risk assessments. We discussed that evaluations of these records should be detailed, to monitor the effectiveness of the person's care and support.

Records did not provide guidance for all staff to provide safe, person-centred and consistent care to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 was aware of the Accessible Information Standard. However, improvements were needed to ensure information was available for all people in a format they understood and to keep them informed and involved in daily decision making.
- Pictorial information, or other accessible formats such as large print and easy read was not available such as for menus and activities to help keep people informed when they no longer understood the written word.

We recommend the provider ensures information is made available in an accessible format to meet individual need to keep people informed and involved in decision making.

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

- There were limited activities, entertainment and opportunities for engagement for people, including people who lived with dementia. A person told us, "I am bored." A relative commented, "There is little stimulation apart from special occasion events, nobody is doing much."
- An activities organiser was being recruited. However, improvements were needed to keep people engaged and occupied, if they wished. During the day we observed people were not kept engaged. A relative commented, "I am pushing for [Name] to go out, no one goes out, this would improve [Name]'s quality of life, if they had more to do."

We recommend that an activities schedule is created in consultation with people, and with information from people's social care plans, to keep people occupied and engaged if they choose.

End of life care and support

- People's wishes to remain at the home were respected when they neared the end of their life.
- Records showed the relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves.
- Some information was available about people's religion and cultural preferences if this support was required.

Improving care quality in response to complaints or concerns

- A complaints procedure was available.
- A system was in place to acknowledge, investigate and respond to complaints. A relative commented, "I have no complaint, I am more than confident about [Name]'s care."

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service was not always well-led.
- Audits were completed to monitor service provision, however they needed to be more robust with evidence of follow up and lessons learned, where any deficits were identified.
- Records did not all reflect people's care needs, with guidance for staff of how people wished to be supported, detailing their routines and preferences, although regular staff knew people's needs.
- An effective system to monitor the quality and safety of the service was not fully in place. We identified shortfalls relating to person-centred care, the maintenance of records and good governance.

The failure to ensure an effective system was in place to monitor the quality and safety of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014

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

- Improvements were needed to systems to ensure a more person-centred culture and to promote people's involvement in decision making about their daily living requirements, whatever the level of need.
- Around the building there was a lack of reality orientation to keep people engaged and interested. We discussed that the premises should be equipped to meet people's needs, with an environment that was "enabling" to promote people's independence, and involvement. The environment should be dementia friendly with appropriate signage and visual and sensory stimulation.
- Improvements were needed to staff deployment to keep people engaged and to promote a sociable dining experience to promote people's nutrition.

Systems were not all in place for people to receive person-centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives were positive about staff kindness and support. A person told us, "Staff are very friendly" and relative's comments included, "Staff are brilliant with [Name], the carers know [Name] well" and "The girls show [Name] respect, they are a happy team and have a laugh and joke with [Name]."

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

characteristics

- People were not always involved to help promote positive outcomes for people.
- Staff told us communication was effective to ensure they were kept up-to date about people's changing needs.
- Staff said they were well-supported. They were positive about the management team and said they were approachable.
- People and most relatives also told us the registered manager was supportive. A relative told us, "The manager is approachable and listens" and "The manager is quickly in contact if there is a problem, she emails or phones me."
- Staff meetings took place but the registered manager informed us resident/relative meetings did not take place and they had an 'open door' policy.

We recommend that resident/relative meetings should be encouraged to take place in order to promote consultation and people and relative involvement in the running of the home.

Continuous learning and improving care; Working in partnership with others

- There was a programme of ongoing staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure robust systems were in place so people received person-centred care.</p> <p>Regulation 9(1)(2)(3)(a)(c)(d)(f)(g)(i)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess all the risks to the health and safety of people and do all that is reasonably practicable to mitigate any risks. Medicines were not all managed safely.</p> <p>Regulation 12(1)(2)(a)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were not protected from the risk of inappropriate care and treatment due to a lack of information or failure to maintain accurate records. Robust systems were not in place to monitor the quality of care provided.</p> <p>Regulation 17(1)(2)(a)(b)(c)(e)(f)</p>