

Prime Life Limited

Hawkhurst

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Hawkhurst is a residential care home providing personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 26 people. The service has two lounge and dining areas connected by a conservatory. There is a passenger lift to access bedrooms on the first floor. There is a mix of single and double bedrooms with three having en-suite facilities.

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

People told us they felt safe. Staff had completed training in safeguarding and knew their responsibilities. Robust recruitment systems and processes were in place and we found sufficient staff were available to meet people's needs. The registered manager assessed and managed risks to people's health and wellbeing, including risks within the environment. The provider had robust systems and processes to ensure medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were assessed, and care was planned and delivered by staff with the appropriate skills and knowledge. The registered manager ensured staff were supported through regular training, supervisions and appraisals. People told us they enjoyed a healthy and balanced diet.

The service was caring. People told us they were supported by staff that were kind, caring and respectful. We observed kind and caring interactions from staff. There was a relaxed and homely atmosphere within the service. Staff respected people's privacy and dignity and supported people to be as independent as possible.

The service was responsive to people's needs. People had detailed care plans that were person-centred to meet their needs and wishes. A varied range of activities were available, including community outings. The registered manager ensured systems were in place to meet people's needs at the end of their life.

People, staff and relatives told us the service was well-led. The registered manager was a visible presence within the service. The registered manager ensured they sought feedback about the service to drive and improve the service. Systems were in place to monitor the quality of care provided and continuously improve the service.

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

Rating at last inspection

The last rating for this service was good (published 20 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Hawkhurst

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an 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

Hawkhurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care

provided. We also spoke with the registered manager, deputy manager, two care staff and a cook.

We looked around the premises and reviewed a range of records. This included one person's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from abuse. People told us they felt safe. One relative told us, "More safe here than a bank." Staff told us they had completed safeguarding training and knew their responsibilities to report any concerns.
- Staff had access to safeguarding policies and procedures to guide them in their roles.
- The registered manager had sent us a notification of any event which had placed people at risk.

Assessing risk, safety monitoring and management

- The provider and registered manager had effective systems and processes to assess and manage risks within the service. The registered manager ensured risks to people's health and wellbeing and within the environment had been identified and managed safely. Risk assessments were subjected to regular reviews.
- The registered manager ensured equipment and installations were checked and serviced regularly. Fire safety systems and procedures were in place. People had emergency evacuation plans in place, detailing the support required in the event of an emergency situation.

Staffing and recruitment

- The provider had safe recruitment systems and processes. This included a full employment history, any gaps in employment, reason for leaving previous roles, obtaining a criminal history check from the Disclosure and Barring Service and obtaining references from prior employers.
- The registered manager used a staffing and dependency tool for guidance on the number of staff required. People told us there was always enough staff on duty. One person commented, "Yes, there are enough staff, but I am also more able bodied." Staff confirmed there was enough staff to meet people's needs. One staff told us, "Some days are rushed, but there is enough staff." Another staff told us they had busy times but there was always enough staff.
- We observed a calm and relaxing atmosphere throughout the inspection. Staff did not appear rushed and had time to interact with people.

Using medicines safely

- Medicines were managed safely. The registered manager ensured processes were in place for the timely ordering and supply of medicines. We looked at a number of medicines administration records and these indicated people received their medicines regularly.
- Staff who administered medicines had received appropriate training and their competency checked. We saw medicines were audited regularly to ensure policies and procedures were followed and any errors or concerns were identified.

Preventing and controlling infection

- The provider had taken measures to prevent and control the spread of infection. People told us the service was clean. Comments we received included, "We have an excellent cleaner" and "The place is clean." Two relatives commented, "The home is spotless" and "It is spotless. There is always someone cleaning."
- Staff had received training and understood their responsibilities, such as wearing personal protective equipment. We observed the environment to be visibly clean with no unpleasant odours and was well maintained. The service had a housekeeper and a maintenance person to ensure the cleanliness and upkeep of the property.

Learning lessons when things go wrong

- Staff reported any accidents or incidents which had occurred. The registered manager had a system to review all accidents and incidents, to spot for themes or trends. The registered manager told us, "We discuss all accidents or incidents with staff. We look at different options or what we could have done differently and how to go forward."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were trained in MCA and DoLS and understood their responsibilities. The registered manager had carried out robust capacity assessments, which were decision specific. People told us they made their own choices. One person told us, "I do exactly what I feel like." We observed throughout the inspection, staff asked for people's consent before providing support and least restrictive practices were used.
- The registered manager had made appropriate DoLS applications. Relevant policies and procedures were accessible, to guide staff in the principles of the MCA.

Staff support: induction, training, skills and experience

- The deputy manager was responsible for training within the service. They ensured staff completed a thorough and comprehensive induction when commencing employment.
- Staff had completed training which the provider had considered mandatory for their roles, as well as optional courses. Records we looked at showed all training was up to date. The registered manager told us, "[Name of deputy manager] is on the ball with training." Records showed staff had access to regular supervisions and appraisals to support them in their roles.
- The provider also used a system called 60 second learning; this was on a specific topic, for example oral care, and was used as a refresher or when an error had been made. We also saw most staff had completed a diploma in health and social care at level two or three.

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

- The provider had systems to ensure people received care which met their individual needs. The registered manager assessed people's needs prior to moving in to ensure the service was appropriate for their needs.
- People's outcomes were good. One relative told us, "My family members needs are met, above and beyond."

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

- People were supported and encouraged to have a healthy and balanced diet. People told us the food was good. One person commented, "The food is very good, very good chef and nice variety." Another person told us, "The food is smashing, well prepared, not thrown at you."
- We observed a lunch time meal service and found this to be a pleasant social experience, with everyone using the dining room. People were offered choices of meals and drinks and staff supported and prompted people, as necessary.
- The cook told us they knew people's preferences well and had access to allergy information. The service had received a five-star rating from the food hygiene rating scheme.

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

- The provider had clear systems and processes for referring people to external services. For example, if a dietician or district nurse was required.
- People felt their healthcare needs were being met. One person told us, "They call the doctor for me if I am unwell." A relative told us, "They get the doctor out and they always ring me and tell me what is happening." Care records contained 'hospital grab sheet' to use when people were admitted to hospital, providing important information about the person to support timely and effective care.

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

- The provider and registered manager ensured the design and decoration of the service was suitable for those people living with dementia. Consideration had been given to the appropriate use of colours and patterns and signage to support people to be as independent as possible.
- We saw people had a framed, one-page profile outside their bedroom door. This supported people to identify their bedrooms and also reminded staff about the person including, their likes and dislikes and information about their past. The registered manager told us people (or their relatives if appropriate) had consented to this information being in place. People's bedrooms were personalised and homely.
- The registered manager had a programme of refurbishment in place. The maintenance person was decorating one of the lounges on the day of our inspection.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were well treated by kind and caring staff. Comments we received included, "Yes staff are kind, they also listen to you", "Staff are always happy" and "I think it's a lovely place, staff have a sense of humour and are lovely people, I've not got a bad word about them and they work hard."
- People were treated with respect and without discrimination. We observed interactions from staff that were kind, sensitive and caring. Staff knew people well, including about their lives and families. Staff took time to sit with people and chat to them.
- There was equality information on notice boards to direct people on who to speak with if they felt they were being treated unfairly. Information relating to protected characteristics was also available on notice boards. Staff had received training on equality and diversity and accessible policies and procedures were in place to guide them in their roles.

Respecting and promoting people's privacy, dignity and independence

- The registered manager was the dignity champion and had completed additional training to support staff in their roles. Staff understood the importance of privacy and dignity; we observed staff knocked on people's doors before entering and ensured doors were closed when supporting people with personal care.
- People were encouraged to be as independent as possible. Care records detailed what people could do for themselves and what support they required.
- Confidential information was being stored securely and in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

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

- People told us they could choose how they spent their day and felt staff listened to them. One person told us, "Staff are kind and they listen to you." Another person told us, "I can go to bed when I want and get up when I want."
- We observed staff supporting people to make decisions, such as going out into the local community and where and when to eat. People and relatives told us they were involved in decisions about their care and support, and care records confirmed they had been involved in the care planning process.
- The service had access to an advocacy service to support people who used the service. Advocacy seeks to ensure that people are able to have their voice heard on issues that were important to them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same add rating. This meant people's needs were met through good organisation and delivery.

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

- People did not always know if they had a care plan in place or not. However, people felt staff knew them well, including their likes, dislikes and their preferences. Care plans set out how to meet people's needs in a personalised way and reflected people's choices, wishes and preferences and things that were important to them. These were reviewed on a regular basis and updated when needs changed.
- Technology was available throughout the service to meet people's needs. For example, call bells, sensor mats and access to the internet.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS and their responsibilities to provide people with information in a way that meets their needs. For example, the use of larger print, braille or audio books. They told us they could also access the library for communication needs. We saw care records contained detailed communication plans which detailed how best to communicate with the person.

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

- People generally told us they were happy with the activities on offer. Comments we received included, "Children come in singing, I like that", "There is dancing and music on, books to read and television. I am quite happy, not bored at all" and "The main lounge could do with more going on." We saw local churches also visited the service to meet people's religious needs.
- The registered manager told us, they had explored many activities within the service and people's preference was generally listening to music on a daily basis. Records we looked at showed trips in the community were arranged and people could access the garden area to enjoy the outside space. We saw the registered manager and staff consulted with people for ideas of different activities they could do, through residents' meetings.
- People were supported, when necessary, to maintain relationships with people important to them. Relatives told us they were not restricted to visiting times. One relative told us, "Staff are very welcoming to us. Nothing but smiles and we can stay as long as we want."

Improving care quality in response to complaints or concerns

- The provider and registered manager had systems for receiving and responding to complaints. People and their relatives had access to policies and procedures.
- People and relatives told us they had not needed to complain and records we looked at confirmed this. One person told us, "I have never needed to complain." A relative told us, "I know how to complain and who to, but I would be shocked if I had to make a complaint."

End of life care and support

- The provider and registered manager had established systems to support people at the end of their life. Care records contained an end of life booklet, entitled 'What If'. This was a robust and sympathetic document people, and/or their families completed to describe what they wanted at the end of their lives.
- The provider had policies and procedures in place and staff had completed training in end of life 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive culture which was person-centred, promoting positive outcomes for people. The registered manager was a visible presence in the service, who operated an open-door policy. We found the registered manager to be open and transparent throughout the inspection.
- People told us they felt listened to and staff supported them with their needs and wishes and the service was well-led. Feedback from people and relatives about the service, registered manager and staff was positive. A person told us, "Really nice people who look after you." One relative commented, "I am totally satisfied with everything. They told me they can meet all [family member's] needs. Absolutely superb."

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

- The service was well led by an experienced registered manager and a supporting management team. The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary. Staff were clear about their responsibilities and the management structure.

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 registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness and honesty from staff, for example reporting incidents or complaints.

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

- The provider had systems and processes to involve people, relatives, visitors and staff in the way the home was run. The registered manager had a 'surgery' every Tuesday at 4pm and 7pm when people and/or relatives could meet with them to discuss anything they wished. However, the registered manager told us people could also approach them or meet with them at any time outside of this.
- Records showed resident and relatives' meetings were held on a monthly basis. We saw topics of discussions included, living at Hawkhurst, food, activities and if people were happy. We saw minutes of meetings and noted action had been taken in response to comments or suggestions made.
- The provider requested feedback through the use of surveys. We saw staff and relatives had completed

surveys in 2019. The results of these were very positive; 70% of staff rated working at the service as outstanding. Relatives also gave very positive feedback and rated the staff as outstanding. The registered manager completed a 'you said, we did' action plan from the results of surveys to drive and improve the service.

Continuous learning and improving care

- The registered manager understood the need to constantly learn and improve themselves and their staff team. The registered manager had quality assurance systems and processes in place to drive improvements, such as audits. We also saw senior managers undertook quality assurance audits to monitor the service and support the registered manager.

Working in partnership with others

- The service worked in partnership with other professionals to help ensure people received the support they needed and to ensure any identified risks were shared with appropriate agencies.