

Stirrupview Limited

Hawthorne Lodge Residential Care Home

Inspection report

164-166 Hawthorne Road
Bootle
Liverpool
Merseyside
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hawthorne Lodge is a care home providing personal care. It can accommodate 25 older people. The accommodation is a mock Tudor style building located in the Bootle area of Liverpool. Some people using the service are living with dementia. At the time of the inspection 11 people were living at the home.

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

Risks assessments were not always in place for people to keep them safe from harm. Some fire doors were not operating correctly and some smoke seals had been painted over. Medication was mostly safe. However, we saw an example of where medication was not given correctly. Incidents and accidents were not being routinely analysed for patterns and trends, and there were some missed opportunities to identify and explore potential risks. There were some concerns regarding IPC and visiting arrangements. People told us they felt safe, and there was enough staff to support people safely. Staff were recruited safely, following robust checks on their character and suitability for the role.

We sought assurances from the registered manager and provider at the end of day one of our inspection to ensure that all immediate risks were mitigated, and they responded promptly to our concerns.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff were supervised and had completed all mandatory training. People told us they were having their assessed needs met. However, care records did not always reflect this due to a lack of information. People said they liked the food and the chef was knowledgeable about people's diets and likes and dislikes.

Governance systems were not robust enough to highlight some of the concerns we raised with regards to care records, medication, Mental Capacity, and the environment, such as the fire doors. We saw that despite some audits and reviews being completed, there was no additional oversight from the provider, so we could not be sure adequate governance systems were in place. We have received assurances from the provider and the registered manager that all of our feedback has been actioned. The registered manager understood their role and they were honest and transparent with us on the days of our inspection regarding some improvements required at the home to systems and processes. Notifications had been sent as requested. However due to limited oversight of incidents and accidents, notifications were not always being sent in a timely manner. People said they liked the registered manager, and staff told us they felt well supported and able to raise any concerns.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services across Merseyside. To understand the experience of social care Providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The

responses we received have been used to inform and support system wide feedback.

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 February 2019).

Why we inspected

We received concerns in relation to records, and infection control procedures. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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, effective and well – led sections of this full report.

The provider took action during and after the inspection in response to our feedback to ensure risks were mitigated.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, consent and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 effective?

The service was not always Effective.

Details are in our Effective 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 ●

Hawthorne Lodge Residential Care Home

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

The inspection was carried out by an inspector.

Service and service type

Hawthorne 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. Hawthorne 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to formulate our 'planning tool' and plan our inspection.

During the inspection

We spoke with four people who lived at the home and two visiting relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care worker and chef. 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 four people's care records and multiple medication records. We looked at three staff files 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 continued to seek clarification from the provider to validate evidence found. We looked at recruitment information and quality assurance records.

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

- Risks to people's health and wellbeing were not always appropriately assessed.
- One person's care plan stated they needed bedrails in place and an air flow mattress due to risk of skin breakdown. However, we could not be assured these risks were being managed safely due to a lack of effective bed rails risk assessment and pressure relieving equipment not being switched on.
- Another person was at risk of choking. However they did not have a choking risk assessment in place to explain to staff what action they should take to help reduce or prevent choking risks.
- Not all of the fire doors were working correctly. This places people at risk of harm during a fire. We found some fire doors did not close correctly, and other fire doors had had their smoke seal painted over, which made them ineffective. We raised this immediately with the registered manager and have since been updated that all doors have been checked and remedial action taken to ensure people's risks were safely managed.

There was no evidence people had been harmed. However the lack of risk management mitigation was a breach of regulation 12 of the health and social care act 2008 (regulated activities) regulations 2014.

- People told us they felt safe living at the home. One person said, "Yes I have everything I need." Another said, "I cannot complain. It is nice home." A visitor also told us "I feel assured [relative] is well looked after here. I know all of the staff."

Using medicines safely

- Medicines were not always managed safely.
- Medication procedures such as checking stock of medication and recording missed medications were not in place.
- The lack of stock checks and counts meant issues with one person's medication count had not been identified. We could not determine if this person had taken extra medication, their medication had been lost or when the error had occurred. The registered manager could not be certain action had been taken, such as contacting the GP or pharmacy for advice.

There was no evidence people had been harmed. However, the lack of consistent management in relation to medication was a further breach of regulation 12 of the health and social care act 2008 (regulated activities) regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems and processes in place to keep people safe from abuse. However, we could not be always assured lessons were being learned.
- There was a process in place to record incidents and accidents. However, there was a lack of manager oversight and analysis to look at patterns and trends. This meant there could potentially be missed opportunities to reduce risk and prevent incidents occurring again.

We found no evidence people had been harmed. However this was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There was enough staff on duty throughout the home to ensure people were supported safely.
- Staff were recruited and selected safely, following a robust recruitment process.
- People who lived at the home told us there enough staff. One person said, "Oh yes, they are always around to help."

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. We observed one visitor not wearing any PPE and was sitting in a communal area of the home. This placed people at risk of catching infections. We raised this immediately with the registered manager.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We identified further infection control risks such as chipped and broken handrails and mop buckets being stored outside. The provider had an action plan in place to address these concerns which they have shared with us. We have signposted the provider to additional resources to develop their approach.
- 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.
- The provider had safe systems in place to facilitate and support visiting at the home in line with the national guidance.

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 stayed the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People told us they were being supported by staff to have their everyday needs met. However, some care records were poor and confusing in parts.
- One person's waterlow score had been completed incorrectly, and another person's had been added up wrong. This meant they required more support than originally stipulated on their care plans.
- Another person was prescribed thickener for their drinks. The records with regards to the amount of thickener they required were not clear, and care plans did not state how much thickener the person required. We spoke to staff to confirm the person had been getting their drinks thickened correctly, the records required improving to reflect this.

We found no evidence people had been harmed. However this was a further breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately and records were changed to reflect people's needs.

- People's care plans evidenced they or their relative had been involved in their completion or review process.
- There was pre-assessment information available in people's care plans which had contributed to the implementation of their person centred care plans.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had appropriately applied for DoLs for people. However, the process for testing people's capacity and consent with regards to everyday decisions and choices required improvement.
- One person had bedrails in place. However there had been no reference of the MCA with regards to the bedrails to consider if they were the least restrictive option available.
- People had consent forms in their files. However, assessments of their capacity evidenced that they would not understand what they were consenting for. This had not been considered under the principles of the MCA.
- Some people's care plans contained confusing information with regards to their capacity and decision making abilities. For example, one person's care plan stated they lacked capacity and insight with regards to everyday decisions. However, another part of their care plan stated they were 'clear and articulate' and could make daily choices and decisions with support.

We found no evidence that people had been harmed. However, inconsistencies in records and inaccurate information demonstrated a lack of knowledge of the principles of the Mental Capacity Act. This was a breach of regulation 11 (Consent to Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They provided assurance a review of capacity assessments had been undertaken, including the completion of best interest decisions in relation to the use of bed rails.

Staff support: induction, training, skills and experience

- Training was up to date for all staff. Refreshers had been undertaken and all staff had been supervised and had either had an appraisal or had one scheduled.
- Staff we spoke with told us they had regular training and supervision with the registered manager.
- Additional training in infection control and safeguarding had taken place for all staff. Induction processes, such as the care certificate were clearly recorded for all staff who had commenced this.

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

- Staff worked in collaboration with District Nurses, Occupational Therapists and GPs to ensure people's health needs were met.
- There was information in people's care plans following any health appointments and the outcome of these appointments.
- Referrals to the SALT, dietician and Tissue Viability Nurses had been made in a timely way.

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

- The home had started a programme of redecoration. People's rooms had started to be decorated and most looked homely.
- We did raise with the provider that we felt some areas of the home, such as the carpets and some furniture required replacing. We were assured there was an ongoing programme of re-decoration in place.

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

- People were supported to eat and drink in accordance with their assessed need, even though the records around this were confusing.

- We spent time talking to care staff and the cook. They had good knowledge of people's dietary needs and the support they needed with their eating and drinking.
- We received positive feedback about the food provided. One person we spoke with said, "Oh the food is lovely."

Supporting people to live healthier lives, access healthcare services and support

- People's health and well being was regularly reviewed and they were referred to outside agencies when needed.
- Staff contacted medical professionals for advice and support when people became unwell. We saw one person's risk assessment had recently been updated and reviewed after they had been in hospital.

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

- Some gaps in governance and quality assurance measures meant that people were exposed to unnecessary risk and avoidable harm. The provider was not always effectively assessing, monitoring and mitigating risks relating to the health and well-being of the people living at the home.
- Governance and monitoring systems did not always identify some of the issues we highlighted during day one of our inspection. For example, one person was being nursed on a air flow mattress that was not plugged in, bedrails had not been appropriately risk assessed or considered under the MCA, and care plan audits did not pick up the inconsistencies we found with records and information.
- We saw some audits were in place for health and safety, and medication, however, they also did not highlight the missed medication for one person, and the fire doors not working effectively.
- Oversight around incidents and accidents required improving, as patterns and trends were not being picked up or evaluated from incident forms. An impact of this meant the registered manager had not reported an incident to CQC within a timely manner as it had been missed off.

There was no evidence anyone had been harmed, however the provider failed to ensure there were effective governance and quality assurance measures in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider shared their own action plan with us from a recent infection control audit where they were able to demonstrate some action had been taken and lessons had been learnt.

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

- People were supported to receive safe care from staff who knew them well. When we spoke to staff regarding the culture of the home, we received positive responses.
- One staff member said, "It is a nice home, needs some decorating, but the staff all work well together". Another staff member said "The registered manager is very approachable, she gets involved, we all work together."
- Staff meetings and resident meetings took place.

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

- Feedback from staff and relatives evidenced they felt engaged and well supported by the registered manager and provider. Some relatives had not spent lots of time in the home due to the impact of the COVID-19 pandemic.
- One relative told us "It better now we can visit. We are always made to feel welcome." Another relative we spoke with also said "Staff always ask if I am okay, and if I need anything."
- People and visitors told us they were not routinely asked for feedback, however feedback surveys had been sent out before the pandemic, and there was a plan in place to send these out again.

Continuous learning and improving care; 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 and registered provider understood their role with regards to being open and transparent regarding issues at the service and had clear plans in place to address any concerns.
- We felt assured following our feedback the registered manager would continue to make positive changes within the home.

Working in partnership with others

- The home worked in partnership with other external agencies and professionals.
- People received care and support from external professionals such as speech and language therapists, dieticians, district nurses and local GP's. However this was not always accurately recorded.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Decision making and consent was not always being assessed in line with the principles of the MCA.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and well being were not always being assessed. People's medication was not always being given correctly. Fire doors were not always operating effectively.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust enough to highlight some of the concerns we found during our inspection.