

Mr John Holcroft Jnr

# The Hawthorns

## Inspection report

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Date of inspection visit:  
19 October 2017

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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

The inspection took place on 19 October 2017 and was unannounced. The Hawthorns is a care home that provides personal care and accommodation for up to 22 older people. There were 20 people living at the home at the time of our inspection visit. There was a registered manager in place, who was present throughout the visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in June 2016, we rated this service 'Requires Improvement' overall. We had also identified a breach of the regulations because systems had not always been effective to drive the quality and safety of the service. Following the last inspection, the provider told us how they would improve the service. At this inspection, we found improvements had been made to meet all legal requirements and support a rating of 'Good' overall.

People were safe using the service. Staff were aware of how to identify and report any safeguarding concerns and how to help manage people's risks. People were supported by sufficient levels of staff who had been suitably recruited.

People received safe and appropriate support with their medicines. Systems were in place to promote consistently safe medicine management practices.

People were supported by staff who understood their needs. Staff received training and support for their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to have enough food and drink of their choice and preference. People had access to healthcare support as needed to promote their health and wellbeing.

All people and relatives told us staff were kind and caring. People were treated with respect. We observed good, caring interactions from staff and saw people and staff spent time together. People were supported to express their views and make decisions about their care.

People received care that met their needs and wishes. People were encouraged to engage in activities of interest to them. People and relatives felt able to express their views and complain if necessary, although no formal complaints had been raised.

There was a registered manager in place who understood their responsibilities to the Commission. Systems were in place to involve people and relatives in their care and in monitoring the quality of the service. People and relatives consistently expressed satisfaction with their care and staff told us they felt supported in their

roles.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe by staff who knew how to identify and report any safeguarding concerns. People's risks were managed by staff who were aware of their needs and abilities.

There were enough staff to support people appropriately. Recruitment processes had been followed as planned.

People were supported to take their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who understood their needs. Staff received training and support for their roles.

People were supported to have maximum choice and control of their lives/. Staff supported people in the least restrictive way possible and systems in place supported this practice.

People were supported to have enough to eat and drink of their choice and preference. People were supported to access healthcare services to help them remain well.

### Is the service caring?

Good ●

The service was caring.

All people and relatives told us staff were kind and caring. People were treated with respect.

People were supported to express their views and make decisions about their care. People had the privacy they needed.

### Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences were understood and met

wherever possible. People described a positive experience of living at the home and were encouraged to engage in activities and routines of interest to them.

People and relatives felt able to express their views and complain if necessary.

### **Is the service well-led?**

The service was well led.

There was a registered manager in place who understood their responsibilities to the Commission.

People and relatives consistently expressed satisfaction in the leadership of the service. Systems were in place to ensure people and relatives were involved in their care and in monitoring the quality of the service.

**Good** ●

# The Hawthorns

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our planned comprehensive inspection visit of this service took place on 19 October 2017 and was unannounced. The inspection visit was conducted by one inspector and an expert-by-experience whose area of expertise related to older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When planning our inspection, we looked at the information we already held about the provider. This included any notifications they had sent us. Providers are required to notify the Care Quality Commission about specific events and incidents that occur. We also contacted the local authority who commission services and the local Healthwatch to seek their feedback of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also spoke with a healthcare professional following our visit.

During our inspection visit, we spoke with nine people living at the home and three people's relatives. We spoke with the maintenance support worker, a visiting professional, four members of staff, the registered manager and another manager who supported the running of the service. We carried out observations of how people were supported and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also sampled three people's care records, records relating to the recruitment of two staff members and records maintained by the provider relating to the safety and quality of the service provided.

# Is the service safe?

## Our findings

At our last inspection in June 2016, we rated this key question as 'Requires Improvement'. This was due to some shortfalls in staff knowledge around safeguarding processes and how some people's risks were monitored. Improvements were also required around how staff were deployed and how recruitment processes were completed. At this inspection visit, we found improvements in these areas and our findings supported a rating of 'Good'.

Since our last inspection, staff had received further safeguarding training. Staff were able to describe the types of abuse people could experience. Staff told us they found the managers approachable and would report any concerns to them. Staff described how they could report safeguarding concerns externally if they needed to. All people and relatives told us they felt people were safe living at The Hawthorns. One person told us, "[Staff] look after you and I feel safe here, they are always asking if I'm okay." Another person commented, "I feel extremely safe here." People were supported to feel safe by staff who were aware of their safeguarding responsibilities.

Since our last inspection, improvements had been made to how people's risks were recorded and monitored. For example, one person was monitored more closely following some falls and such incidents were reviewed with consideration of possible themes and how to promote people's safety. We found that people were supported to have their risks managed whilst promoting their independence. One person commented, "I have a walking frame to get around, I'm always walking around and I use the stair lift to go to my bedroom, no problem." Another person told us, "The carers here are marvellous with the residents that aren't so mobile." Our observations confirmed people moved safely around the home as they wished and with appropriate support such as assistance from staff or walking aids as necessary. Equipment was checked to ensure it remained safe and suitable. Staff were aware of people's risks and actions they could take to keep people safe and well. For example, one staff member told us, "We share information, staff tell us all the time if someone has some redness, we write it in the daily record and apply cream." This reduced the risk of people developing sore skin. Systems were in place to ensure any risks posed to people by the environment were minimised. For example, contingency plans had been developed to keep people safe in the event of fire or flooding. The maintenance support had worked at the home for a number of years and described checks they routinely conducted to help promote people's safety.

Since our last inspection, we saw that an increase in staffing levels allowed people to spend more time with staff. For example, we saw staff take part in activities with people and staff were more visible to always identify and meet people's support needs. People, relatives and staff felt there were always enough staff to support people promptly. One person confirmed they received a prompt response when using their call bell at night. Another person told us, "The staff are always here to help." We saw staff were visible and on hand to assist people as needed. People were supported by sufficient levels of staff.

People were supported to take their medicines safely and with appropriate assistance. One person told us, "They give me my medication... always on time." Comments from relatives about people's medicines support included: "Spot on," and "Very happy". We saw that staff sought people's consent before giving

them their medicines and checked people had taken them. Medicines were stored securely and stock levels we sampled corresponded with medicines records. Medicines records were completed as planned and staff confirmed the appropriate action taken if people refused their medicines. This supported our judgement that people received safe support with their medicines. The local pharmacist had completed a recent medicines review to ensure people had appropriate prescriptions to promote their health. This audit had also identified some areas of improvement which had been addressed. Audits were completed regularly at the home to support consistent safe practice in this area.

## Is the service effective?

### Our findings

At our last inspection in June 2016, we rated this key question as 'Requires Improvement'. This was because all staff had not received up-to-date training as planned and staff were not always familiar with the requirements of the Mental Capacity Act (2005). We also found areas of improvement were needed to ensure people had access to drinks and always enjoyed a positive mealtime experience. At this inspection visit, we found improvements in these areas and our findings supported a rating of 'Good'.

Since our last inspection, staff had received additional training in core areas relating to people's needs such as safe moving and handling, nutrition, skin care and dementia. One person told us, "I feel the carers give you plenty of support... the staff know me." A relative told us, "They look after my mum well. People all have individual needs and quirks and I think they cater for that quite well." We saw that people responded positively to support from staff.

Staff were aware of the support people needed and provided this, such as helping people to move around the home and effectively reassuring them. Staff completed an induction on joining the home which included the 'Care Certificate' for staff who were new to care. The Care Certificate is a set of minimum care standards that new care staff must cover as part of their induction process. Some staff had completed training to support their development in other areas such as dignity and respect, care planning and catheter care. One staff member told us, "If they explain things once and you're not sure, you can always go back and ask again." People were supported to have their needs and wishes met by staff who were equipped with training and guidance for their roles.

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. We saw people were offered choices and staff waited for people's responses and respected their decisions. People were asked specific questions about their care, for example, how they wanted to have their drinks prepared and if they were happy with the choice of meals. One staff member told us, "We talk with the residents. We ask people what they would like to have or do." Our discussions with people and relatives confirmed that people's consent was sought before staff supported them.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. Some people living at the home had DoLS authorisations in place. The registered manager had a system to track DoLS authorisations and was reviewing who else living at the home may need an assessment for this level of support to always promote their safety. Staff understood who had authorisations in place and described how they effectively balanced people's independence and safety. For example, people were supported to go out with staff if needed in line with their authorisations and were happy with this support. One person commented, "I love to go for a little walk outside and have a

breath of fresh air, the carers take me." Another person who was able to go out independently told us, "I go out when I want occasionally, you're not restricted at all. I always carry my phone in case I'm a little late then I would let them know, that's only fair." Staff had received MCA training although we found further progress would help embed this learning for all staff to build on the good practice we observed.

We looked at people's mealtime experiences and gathered their views about the food at the home. One person told us, "The food is good here with plenty of choice, the staff are always coming around offering you a drink." Another person told us, "I am diabetic so they cater for my needs... They look after me carefully with my diabetes." People had their meals at their own pace and in another area of the home if they preferred. One person was assisted to have their meal as needed. Staff were aware of people's dietary preferences and needs and we saw guidance was available to ensure this support remained consistent. This ensured people received meals prepared to their specific needs and reduced the risk of choking or malnutrition. Since our last inspection, the registered manager had taken action to ensure people had improved access to drinks. We saw people were regularly offered drinks and had access to a drink station within the lounge area of the home. People's feedback confirmed that they were supported to remain hydrated. One person told us, "Always lots to drink and plenty of fruit whenever you want." People were supported to have regular access to meals and drinks as they wished.

People were supported to seek additional healthcare support as they needed. A relative told us, "They let me know when [my relative] is unwell and what's happening." Another relative confirmed that one person had been registered with the local doctor on their first day of joining the home. A staff member described how they identified one person was feeling unwell: "We all noticed he wasn't his normal self, he had a rest and stayed in bed and the doctor came out." We saw that people had details prepared about their healthcare conditions, preferences and other key information which could be used to share information with other healthcare professionals when necessary. This helped to ensure the continuation of people's needs and wishes being met when they attended other health care locations. A healthcare professional confirmed they were informed in a timely way if people were unwell and they felt confident their advice was always followed. People were supported to access healthcare services to remain healthy and well.

# Is the service caring?

## Our findings

At our last inspection in June 2016, we rated this key question as 'Requires Improvement'. This was because people did not always have opportunity to socialise and spend time with staff outside of care tasks and staff were not consistently caring. At this inspection visit, we found improvements in these areas and our findings supported a rating of 'Good'.

All people and relatives told us staff were kind and caring and they spoke positively about the feel of the home. One person commented, "I think the atmosphere here is very good." Another person told us, "The staff are very compassionate here, they spoil me actually, I have everything I want here." A third person described their good relationship with the manager and how happy they were with their support. They told us, "They certainly know how to care for you here, the manager asks me every morning if I sleep well and [another manager] brings me my paper every morning. We have a laugh and a joke."

People were supported to maintain relationships that were important to them. One person told us, "I have some very good friends that visit me, the staff are happy when they visit." Another person told us, "I find the staff are very good... they always talk to me and I showed them all the photos from my holiday, they show an interest in you." A relative told us, "They all think the world of Mum, they really do care for her as much as we do." We saw people spent time together and with staff, for example taking part in group activities. People were valued at the home and encouraged to engage with others.

People were supported to express their views and make decisions about their care. One person told us, "They discuss my care plan with me regular to see if anything needs changing. The staff listen to you and like you [to be] happy with things." People and relatives were involved in care planning as they wished and were invited to residents' meetings to share their views and ideas for the home. This included people's involvement in planning the home's menus every three months. Some people had chosen to write more detail in their care plan and we saw this was encouraged. We saw signs and photos were visible so people could orientate themselves around the home. One person was visited by an advocate and care was taken to ensure they had the privacy they wanted for this discussion. People were involved in their care planning and their views listened to.

People told us they were treated with dignity and respect. One person told us, "They always knock the door [before entering], very polite." Our observations confirmed this. For example, one person was gently encouraged by the registered manager to shave and the person decided to do so to maintain their tidy appearance. People were dressed individually and well cared for.

People were encouraged to remain active and take part in activities which they enjoyed and promoted their independence. One person told us, "They encourage me to keep doing my little exercises and walking." As one person walked through a corridor, a staff member said to them, "Go on my lovely where are you off to?" The person responded positively and engaged in a chat with staff. A relative told us staff included one person in daily tasks, for example to help lay the table before mealtimes. People were supported to remain as independent as they wanted.

## Is the service responsive?

### Our findings

At this inspection visit, our findings supported a continued rating of 'Good' in this key question. We also saw further improvements following our last inspection around how people were supported to engage in activities of their choice and preference.

People spoke positively about their experience at the home and described a service that was responsive to their needs. One person told us, "I go to bed when I want and get up when I want. The home is very comfortable, everything a home should be." Another person told us, "I decide what I do for myself most days," and confirmed staff would call to check they were okay if they went out. The person described how this made them feel cared for as well as staff ensuring their safety while they spent their time as they chose.

People enjoyed their own routines at the home in line with their individual preferences. One person confirmed they took part in regular prayer services when a priest visited the home. Another person also confirmed their religious needs and preferences were met. People had discussed their religious preferences during care reviews and were supported to engage in religious practices as they wished.

People enjoyed the activities on offer and encouraged at the home. One person told us, "They encourage you to do things. I like it when the entertainers come in, I also went on a trip, I love going out, I'm very very happy here." Another person told us, "I like to have my hair done. The hairdresser comes in once a week which is nice. They also have a beautician come in so you can have your nails done too. Everything here for your needs really." People enjoyed a group quiz together and we saw that two people laughed together when they both got a question wrong. People were approached by staff to check they were okay and if they wanted to play board games which people responded well to. We later saw people enjoying these activities.

People told us they had never made a complaint as they did not feel the need to do so. One person told us, "I am happy, I have no complaints and I have never complained." Another person told us, "I have never complained. They always ask if I'm okay, I find them very supportive." People told us they could approach management if they had any concerns and one person confirmed they were encouraged to do so. A relative told us, "I can complain if I ever need to." Guidance was on display to help make people aware of how to complain. No formal complaints had been made since our last inspection. There were other means of gathering feedback from people and visitors, for example through feedback surveys. All surveys we sampled showed positive feedback had been given about the home. Where a relative had reflected a possible concern about staffing levels the registered manager responded proactively to this and explored their feedback further. This involved meeting the relative, offering an explanation and consulting with other people and relatives. People and relatives could be confident that any concerns or complaints would be listened to and addressed.

## Is the service well-led?

### Our findings

At our last inspection in June 2016, we rated this key question as 'Requires Improvement' and identified a breach of the regulations. This was because systems had not always been effective to drive the quality and safety of the service. We had identified areas of improvements within other key questions and the registered manager was not always aware of their responsibilities to the Commission. At this inspection visit, we found improvements in these areas and the breach of regulations had been met. Our findings in this area supported a rating of 'Good'.

Since our last inspection, further improvements had been made to how some processes were overseen such as recruitment checks and how incidents were reviewed. These systems helped monitor and ensure the quality and safety of the service. There were also systems in place to gather this feedback about the service, for example, a visiting professional praised how they had been encouraged to complete a feedback survey about the home. Our sample of these survey responses showed that the views of relatives, visitors and healthcare professionals were consistently positive.

The registered manager showed awareness of their responsibilities to the Commission. They showed improved understanding of their Duty of Candour and when to notify the Commission of any events or changes at the home. Our last inspection ratings were displayed at the home and on the provider's website as required. The registered manager told us they were continuing to develop their knowledge of the regulations and how they referred to current good practice guidelines. We saw that people's care and support was developed with their input and the advice of healthcare professionals as needed. People consistently described a positive, caring service that helped safely meet their needs. A relative told us, "I couldn't ask for a better home for my mum." A healthcare professional described their confidence in the registered manager's approach and understanding of people living at the home.

People and relatives consistently spoke positively about the support and approach of the management team. One person told us, "I find the management very good and helpful, they have always been good to me." Another person commented, "The management are lovely, they took me out for the day not so long ago, I love it here." Information about the service was made available to people and relatives in a format they could access and understand. For example, policies had been merged into a simple and clear document for people. This helped them to quickly understand important details such as how they could complain, and to make decisions with the registered manager about the level of support they wanted. Relatives confirmed they received updates about the home as needed. One relative commented, "When I meet with the staff, they always give me feedback about what's going on and I can share my view." People and relatives felt comfortable sharing their views and had been encouraged to do so.

Staff told us they felt supported in their roles. We saw staff had been provided with relevant training and had regular opportunities to discuss their development. A staff member told us, "I like working here, I can approach the managers if anything is going on." Staff showed an understanding of people's needs and described effective communication at the home. They commented, "I really have confidence in [the registered manager], she seems to lead a very good team... there's a remarkable continuity of staff which is a

huge positivity."

The majority of records we sampled were carefully maintained and monitored by the registered manager to ensure they reflected people's current needs. We found that some improvement to how some documentation was maintained however would help always support and demonstrate the good quality and safety of the service identified. For example, the complaints policy informed people of who to contact externally in the event that any complaints raised were not addressed to their satisfaction. This policy had not been updated however to reflect the current regulations. In another example, records did not always provide all details of the appropriate support provided to a person in line with their healthcare condition. The registered manager told us this would be addressed.