

Hawksbury House Limited

# Hawksbury House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Hawksbury House is a residential care home providing personal to up to 35 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 34 people using the service.

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

Although no concerns were raised about staffing levels, management did not always ensure staff were deployed effectively, so people had their needs met in a timely way. Some recruitment checks were not always completed in line with requirements. However, management oversight required improvement to identify and manage potential risks relating to infection prevention and control. This included some PPE not stored correctly, some broken bins in bathrooms and some restricted areas not locked. Health and safety checks were completed regularly.

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. Mental Capacity Act (MCA) requirements were not consistently met as MCA assessments and best interest decisions were not consistently decision specific. Some best interest decisions did not follow the requirements of the MCA and in some cases had not been completed.

The provider was reviewing care plans to make them more personalised. The provision of activities to ensure people were engaged and had their social needs met required improvement.

People and most relatives gave positive feedback about the care provided at Hawksbury House. The home was clean throughout.

Safeguarding concerns were referred to the local authority as expected and investigated. Incidents and accidents were logged. The provider was implementing systems to help identify learning. Medicines were managed safely with accurate records kept of the medicines people received.

Staff completed the training they needed and had regular supervisions. People received the support they needed with eating and drinking.

The provider recently implemented a more structured approach to quality assurance. More time was needed to allow these changes to become embedded and evidence sustained improvement. There were opportunities for people relatives and staff to give feedback.

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

## Rating at last inspection

The last rating for this service was good (published 19 December 2019).

## Why we inspected

We received concerns in relation to inconsistent quality assurance; lack of management visibility; quality of food; lack of response to incidents; medicines management; IPC practices and hygiene; and lack of activities and engagement for people living at the home. 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 and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hawksbury House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement and Recommendations

We have identified a breach in relation to good governance. Please see the action we have told the provider to take at the end of this report. We have also made a recommendation about the MCA.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hawksbury House

## 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

An inspector carried out this inspection.

#### Service and service type

Hawksbury House 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. Hawksbury House 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 CQC 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 received feedback from the local authority. 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 this information to plan our inspection.

### During the inspection

We spoke with 4 people who lived at the service and 2 relatives. We received email feedback from a further 4 relatives. We spoke with 3 staff; the nominated individual, the registered manager and 1 support manager. We received email feedback from 4 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of documents relating to the safety and management of the home.

# 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.

### Staffing and recruitment

- There was a lack of management oversight to monitor staff deployment, to ensure people had all of their needs met appropriately. Although staffing levels were at the level the provider had assessed, there were times when people did not receive the support they needed. For example, when supporting people to stay hydrated and supervising people in communal areas. A staff member told us, "I think there should be more staff on duty on care to meet their needs and giving residents drinks who need help." One person told us, "[Person] had a fall and nobody [staff] was there."
- There were no activities taking place during our visits to the home. Staff were expected to provide activities and engagement as well as attending to people's care needs, when the activity co-ordinator was not present. This had also been raised as a concern prior to our inspection. One person told us, "[Activities] Not a thing, nothing ever happens. The staff [care staff] don't do anything [with activities]."
- The provider did not always recruit new staff safely. Although a range of pre-employment checks were completed, this did not include gathering a full employment history for each applicant, which is a requirement. The provider told us their understanding was they only needed to gather the previous 5 years.

Management oversight needed improving to ensure potential risks to people's safety due to how staff were recruited and deployed were identified and managed. This placed people potentially at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider immediately acted to ensure staff supervised people in the lounge area.
- Other recruitment checks were in line with requirements, including verifying references and DBS checks.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices within the premises. This was because some PPE was not stored appropriately and the foot pedals on some bins were broken. This posed a small risk of cross-contamination. We raised this with the registered

manager who dealt with these issues straightaway.

- 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 was following Government guidance regarding visiting care homes. There were currently no restrictions.

Assessing risk, safety monitoring and management

- The provider did not always effectively manage risks to help ensure people were safe. Some restricted areas in the home were left unlocked, such as the plant room, linen cupboard and the ironing room. We pointed this out to the registered manager, who took action to lock these areas.
- Health and safety checks were completed regularly help maintain a safe environment. Where required, risk assessments were carried with measures identified to help keep people safe.
- Staff supported people sensitively when they were anxious or distressed.
- The provider had policies and procedures for dealing with emergency situations. This included personalised plans to support people appropriately in an emergency.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to help protect people from the risk of abuse. Safeguarding concerns had been referred to the local authority safeguarding team and investigated.
- People and most relatives told us the home was safe and people received good care. One person commented, "I am definitely safe." A relative told us, "They (staff) have continued to endeavour to make me feel at ease with updates and photos."
- Staff understood the whistle blowing procedure and confirmed they could raise concerns openly, if needed, to keep people safe. One staff member told us, "I'd be confident to report any concerns and confident that management would deal with it confidentially."

Using medicines safely

- Medicines were managed safely. People confirmed they received their medicines on time. One person said, "My meds are okay, they are given by staff. That is the confidence I have in them." One relative commented, "[Family member's] day-to-day medication needs are being met by his carers."
- Records showed people received their medicines when they needed them. The registered manager regularly checked staff followed the correct medicines procedures.

Learning lessons when things go wrong

- The registered manager investigated accidents and action was taken to help keep people safe.
- The provider was enhancing the systems for monitoring and reviewing incidents to make it easier to identify learning.

# 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 good. The rating for this key question has remained good. 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 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 applied for DoLS authorisations for all people requiring this.
- Although some best interest decisions had been made in respect of people lacking capacity, the quality of these was inconsistent and not always compliant with the MCA. For some people, a single assessment and best interest was completed covering all aspects of health and welfare. Whilst for others, MCA assessments and best interest decisions were done for specific decisions, and in some cases had not been done at all.

We recommend the registered manager and provider reviews the MCA code of practice and improves its practice to ensure compliance with the MCA.

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

- People's needs were assessed when they were admitted into the home. This included considering any social, cultural or religious needs people had. These assessments were used as the baseline for developing people's care plans.

Staff support: induction, training, skills and experience

- Staff were supported and received the training they needed. Records showed one to one supervisions were done regularly and training was up to date.
- Staff told us they felt supported in their role. One staff member told us, "I feel supported in my role. All members of the management team are always available to offer help and support when needed."

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

- People were supported to have enough to eat and drink. There was usually only 1 main meal offered, with alternatives available for people who wanted something different. Staff supported people well and were attentive to ensure people received the help they needed.
- People told us the meals were okay. The chef helped people to choose what they wanted to eat each day and information about what was available was displayed in the dining room. One person said, "The meals are acceptable, but you don't get to choose." We discussed this with the registered manager.
- Care plans described the support people required with eating and drinking. Where required, they had been referred to health professionals, such as speech and language therapists and dieticians, for additional support and guidance.

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

- People were supported to access healthcare services, when needed. Health professionals, such as community nurses and the GP, visited the home to provide treatment and advice. One relative said, "On occasion when [family member] has been unwell, the GP has provided additional care."
- Care records included information about health and social care professionals involved in people's care.

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

- The design and decoration of the service was suitable for the people who lived there. People were encouraged to personalise their rooms to suit their preferences.

# 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.

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

- The provider did not have adequate systems to identify issues and deliver improvements. There were some regulatory requirements that weren't fully met, such as the MCA and safe recruitment practice.
- Management oversight had not been effective in identifying issues which could impact on people's health and welfare, such incorrect storage of PPE, areas of the home not being secure and staff deployment. One staff member commented, "Sometimes there is a lack of communication between staff and management."
- Whilst the provider visited the service regularly to check on how it was running, there were no records kept of what had been checked, issues identified and action taken. The provider had developed a brief action plan of future development of the service. However, this lacked information about timescales for completion or who was responsible for overseeing actions.

Systems were not effective in identifying and managing risks to the safety and welfare of people using the service. This placed people potentially at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they were implementing a more structured quality assurance process to ensure issues were identified quickly and dealt with. This included a full review of each person's care plans and risk assessments.

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

- The provider aimed to promote a positive, person-centred culture. The provider's vision and values statement was focused around providing safe, homely environment which prioritised people's needs.
- People had developed positive relationships with staff members.
- Staff told us there was a positive atmosphere in the home.

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 provider understood the duty of candour and was open with people and relatives when things went wrong. One relative commented, "They (staff) communicate with me on a regular basis and provide a caring environment for [family member]."
- The registered manager was proactive in notifying us of any significant events at the home.

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

- There were opportunities for people, relatives and staff to share their views. This included staff and resident's meetings, daily handovers and formal consultation.
- The most recent consultation took place in January 2022 and was mostly positive.

Working in partnership with others

- The provider was working with the local authority commissioners and other professionals to work towards good outcomes for people living at the home.

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 17 HSCA RA Regulations 2014 Good governance  Systems were not effective in identifying and managing some risks to the safety and welfare of people using the service. This placed people at risk of potential harm.  Regulation 17(1).