

Hawthorn Manor Limited

# Hawthorn Manor Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Hawthorne Manor is a care home. It provides accommodation and personal care support for up to 37 people aged 65 and over. At the time of inspection there were 36 people living there.

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

People's relatives told us their family members were happy and well cared for. Relatives told us they were kept well informed about their relatives well being. There was a lovely atmosphere in the service. Relatives felt assured by the behaviour of staff. Feedback from those receiving support was that people were cared for in a safe and kindly manner.

There was a new manager at the service who was working in conjunction with the new care and quality compliance manager to identify areas for improvement. For example, the content of some care documentation was not always accurate or clear. However, the impact on people was reduced by staff's knowledge and understanding of people's care needs. We did find that medicine storage temperatures had exceeded recommended levels on numerous occasions, during the excessively hot weather. The Provider and manager were acting to address this issue and install ventilation to these areas. We have made a recommendation around this.

Relatives commented on how clean and odour free the service was. Additional cleaning had been implemented in response to the pandemic to keep people and staff safe, but this was not always recorded and is an area for improvement. Staff had been given information about guidance for managing infection control in relation to COVID 19.

The new manager had completed a full audit of the service and had identified the shortfalls found at this inspection.

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

### Rating at last inspection

The last rating for this service was Good (published 27 November 2018).

### Why we inspected

We undertook this targeted inspection to check on specific concerns we had about management of risks, infection control and good governance. The overall rating for the service has not changed following this targeted inspection and remains Good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned

about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### 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?**

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

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

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

# Hawthorn Manor Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns we had about management of risks, infection control and good governance.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

**Inspection team** This service was inspected by two inspectors

#### Service and service type

Hawthorn Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 new manager who had been in post for approximately six weeks. They were not currently registered with the Care Quality Commission but told us that they would be making an application to become registered shortly. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection to check if the service had any active cases of COVID 19.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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 sought feedback from the local authority and professionals who work with the service.

#### During the inspection

We spoke with six members of staff including the provider, manager, the quality and compliance manager two senior carers and a member of housekeeping staff. We observed staff being attentive and kind to people they were supporting.

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records were reviewed relating to the management of the service, including quality assurance audits, complaints management, and policies and procedures.

#### After the inspection

We received additional information we had requested from the service. This included feedback from relatives, a copy of the service own action plan, and health and safety information. We spoke with three relatives about their experience of the care provided to their family members. We also spoke with three additional members of staff and one visiting health professional.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about the governance of the service. We will assess all of the key question at the next comprehensive.

Systems and processes to safeguard people from the risk of abuse

- The manager had referred any safeguarding issues to the local authority and had worked with them to keep people safe while concerns were investigated.
- Staff had received safeguarding training and were aware of the different forms abuse could take. They understood how to keep people safe, knew how to report concerns they might have and who to escalate these to where necessary.
- Following a recent safeguarding relating to people not having access to call alarms, staff ensured people could reach their alarm to call for help or assistance.

Assessing risk, safety monitoring and management

- We checked and found that there was a risk that medicine storage temperatures had exceeded maximum storage temps on numerous occasions. This posed a risk that the medicines could become less effective. The provider and new manager were aware of this and were acting to source and install appropriate ventilation.

We recommend that medicine storage temperatures are kept within recommended levels and that equipment to record temperatures is reviewed to ensure its accuracy.

- A health professional told us that they had no concerns about the care people received in the service. Relatives were complimentary about the commitment and dedication of staff throughout the pandemic and were assured their family members were safe and well cared for.
- Plans were in place to assess and minimise risks to people. These lacked person-centred detail and clarity about what the risks were or the actions already taken by staff to minimise these. For example, one person fell frequently, but did not have a falls risk plan in place to guide staff support. Action had been taken by the manager and provider to keep them safe through the referral to the fall's assessment team, and the provision of an alarm mat to alert staff to their mobilising unsafely. These actions were not clearly documented or available for staff to refer to.
- Plans to manage the risk of the breakdown of people's skin were in place and reflected people's preferences. No one was currently suffering skin breakdown due to pressure sores. A health professional told us that staff contacted them appropriately when they were concerned about someone's skin and that pressure relieving aids were in place. However, there was a risk that staff may not be aware of the measures in place or the checks they needed to make on equipment because this was not documented in people's

care plans. We brought this to the attention of the new manager as an area for improvement.

- Assessment of risks within the environment had been completed and health and safety checks were undertaken at regular intervals. Servicing of equipment such as hoists for moving and handling service users, or fire protection systems, gas and electrical installations received regular servicing to keep people safe and minimise risk.

#### Preventing and controlling infection

- The service was clean and free from odours. Information was available around the service related to infection control and the COVID pandemic.
- Staff had completed training specific to COVID, which included a knowledge check. They told us they were kept up to date with the latest information by the manager and provider.
- Staff used personal protective equipment (PPE) in line with government guidance. They told us there was always enough PPE available.
- Relatives and friends were supported to meet people in line with government guidance. Visitors wore masks and met with their loved ones in the garden area. Staff cleaned garden furniture thoroughly between visits. When people did not want to go into the garden they were supported to a conservatory where their visitors could see them through the windows.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about the governance of the service. We will assess all of the key question at the next comprehensive.

Is there a clear vision and credible strategy to deliver high-quality care and support and promote a positive culture that is person-centred, open, inclusive and empowering which achieves good outcomes for people?

- The provider had a clear vision for the service which focussed on people receiving high quality care. This was shared and promoted by the manager and staff.
- The provider and manager valued their staff and supported their wellbeing. There had previously been issues related to staff not being listened to and the provider had taken action to address this. A staff member told us, "Things are better, I feel so much more secure in my job now. I know I can go to the provider and they will listen and take action."
- The manager had only been at the service for eight weeks at the time of inspection. They were very experienced and already begun to build relationships with staff and make positive changes. There were clear expectations for staff and they had the opportunity to give their views which were respected.
- The manager was aware of the impact of the recent pandemic on staff. The manager had addressed individual concerns staff had and worked with them to find solutions. For example, when some staff struggled to wear masks due to physical or mental health needs. The manager had met with them and developed a risk assessment and plan to ensure they could still work whilst keeping people safe.

How are the people who use the service, the public and staff engaged and involved

- Relatives informed us that they were kept well informed about their family members wellbeing through telephone, and email. Good use had also been made of other media such as a relative what's app group. Face time to enable people to speak with their families face to face when visiting was restricted and virtual meetings with professionals
- Staff felt that with the recent changes to the management team they felt more confident they would be able to speak up and feel listened to. The new manager had already held two staff meetings since starting at the service in June 2020, and staff had confirmed they had felt able to bring up issues.
- The new manager had recently sent out a survey to relatives and people using the service to gain their views about service quality and any comments for improvements. Feedback will be analysed to inform service development going forward.

How does the service continuously learn, improve, innovate and ensure sustainability

- A new manager had been in post since June 2020 and was in the process of applying to be registered with CQC. They and a newly appointed quality and compliance manager were working together to identify

shortfalls in the service through undertaking audits of documentation and current service quality.

- Previously documentation had not always been completed fully, or there were inaccuracies. An action plan of improvements that needed to be made with time scales for completion had been developed. Many improvements were already underway, this included the shortfalls identified at this inspection.