

Hawkinge House Limited

Hawkinge House

Inspection report

Hurricane Way
Hawkinge
Folkestone
Kent
CT18 7SS

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Tel: 01303890100

Website: www.hawkingehouse.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hawkinge House is a residential care home providing personal and nursing care for up to 146 people. The service also provides care for other service user groups, such as supported living and personal care. People were living with a range of complex health needs, including brain injuries, diabetes and those living with dementia. Hawkinge House also provided short term support for people after discharge from hospital and before either returning home or moving to longer term accommodation.

At the time of our inspection there were 92 people using the service. Some people rented their accommodation and had tenancy agreements with Hawkinge House Limited. These people could choose which organisation provided their care, but they all chose to receive their care from staff employed by Hawkinge House. Everyone living at the service was entitled to the same level of 24-hour care, therefore we included everyone living in the service in our inspection. The accommodation was arranged across three floors, with lift access to the upper floors.

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

At the last inspection people and their relatives told us that communication was poor. For example, emails were not always responded to and it was difficult to get to talk to the right person on the phone. Some relatives told us they hadn't been informed about changes in their relative's care or condition. At this inspection, relatives acknowledged there had been some improvement in communication, but this could still be improved. The service had a home improvement plan in place and the management team were working through this.

There were enough staff deployed to provide safe care for people and the provider was in the process of recruiting additional staff to support and improve social engagement and offer a wider range of activities for people.

People told us they felt safe living in the service and liked living there. Relatives told us their loved ones were safe living in Hawkinge House. One relative said, "We couldn't ask for anything better. Staff are polite, friendly, caring and always smiling."

Risks to people were managed. The provider had appropriate infection control measures in place and medicines were managed safely. Risk assessments and care plans had been recently reviewed and were up to date. Staff knew the people they were supporting well and had read the care plans. Staff had attended additional training in person centred care.

The provider had quality assurance processes in place and had introduced additional audit activity to monitor the quality of the service provided. A recent survey had been sent to people and relatives, but results had not been received or analysed at the time of our inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 January 2022) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 November 2021. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and well led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

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.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Kent and Medway. 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.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 ●

Hawkinge 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 Care Act 2014.

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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hawkinge House 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 did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included things the provider is legally required to notify us about, such as serious injuries. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

During the inspection

We spoke with six people who were living in the service and fourteen relatives about their experience of the care provided. We spoke with nine members of staff including the manager, nurses, care workers and support staff. We spoke with two professionals who work with the service. 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 eight people's care records and multiple medication records. A variety of records relating to the management of the service were reviewed, such as training data, audits and compliance reports.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at more documents, such as meeting notes, audits and management quality reports.

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 requires improvement. At this inspection this key question has now improved to good. This meant that people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were knowledgeable about safeguarding, knew how to report concerns and were confident to do so. Staff told us and records confirmed they had received training in safeguarding.
- Records showed staff recorded and reported safeguarding concerns to the appropriate authorities. The management team cooperated with safeguarding investigations and put actions in place when required, to minimise the risk of recurrence.
- People and their relatives told us they felt safe in the service. One person said, "I feel very safe; I'm happy here". A relative said, "Couldn't ask for a better place for [relative] to be. Can't fault them." Another relative said, "We know [relative] is safe. The care and safety there are 100%."

Assessing risk, safety monitoring and management

- Risk assessments were comprehensive and contained enough information to enable staff to provide safe care for people. Significant risks were identified such as, risk of skin damage or risk of malnutrition. There were clear instructions for staff to follow in the care plans to mitigate the risks, such as regular repositioning. Since our last inspection the manager had introduced robust systems for updating risk assessments and care plans and at this inspection these had been updated. Monitoring charts were in place and up to date, such as fluid intake and repositioning. A relative told us, "The care plans have been updated recently."
- People had been assessed by dieticians and speech and language therapists who recommended specific diets or modified foods to minimise the risk of choking. The chef was aware of the people requiring modified diets and there was a chart in the kitchen to support this. The chef had received training in dietary needs and modified foods. We saw people received the correct diets to meet their needs, and to reduce the risk of choking.
- At the last inspection, staff weren't always knowledgeable about the people they were supporting and hadn't always had time to read care plans and risk assessments. At this inspection this had improved. Staff were able to tell us about the people they were supporting; they were knowledgeable about peoples' specific risks and knew what actions to take to mitigate them. The provider had introduced more robust systems for checking staff had read handover notes. The manager had introduced daily mid shift meetings for day and night staff so concerns could be raised, and these meetings were documented.
- The building was equipped with up to date fire systems and there had been a recent fire risk assessment carried out. Other environmental risks were managed, including water, equipment and electrical safety. Staff knew what to do in the event of an emergency and had received appropriate training, including fire evacuation training.

Staffing and recruitment

- The provider used a dependency tool to work out how many staff they needed. There were enough staff deployed to meet peoples' needs, and the provider had introduced a new process for checking call bell response times, to assess if staff had time to respond to peoples' calls for assistance in a timely manner. The manager had completed audits and had put actions in place to rectify issues identified, for example, technical problems with the call bell system had recently been addressed. A relative said, "They seem to be fully staffed."
- Staff were recruited safely. Records were maintained to show checks had been made on employment histories, references and Disclosure and Barring Service (DBS) records. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their registration status.

Using medicines safely

- Medicines were managed and administered safely in accordance with national guidelines. Medicines were ordered in a timely manner and stored in locked cabinets in peoples' rooms. At the last inspection we saw fridge temperatures were not always recorded. At this inspection this had improved but was still not consistent. There had been no impact on peoples' health and well being.
- Medicines were administered by nurses and care workers who had received additional training to give medicines. Training and competency checks were up to date. Where people had medicines via a skin patch there were systems in place to ensure the site was changed regularly to prevent skin irritation.
- Medicines were audited monthly and audits had identified the issues found on inspection. There were action plans in place to address any shortfalls found.

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 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 assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There were electronic systems for recording and reporting accidents and incidents and staff knew how to report them. Accidents and incidents were analysed by senior managers to identify trends and patterns, for example, day of week or time of day when most falls happen. This enabled staff to put measures in place to help prevent incidents reoccurring.
- At the last inspection methods for sharing lessons learned following incidents weren't robust. At this inspection we saw lessons learned were recorded and shared during staff meetings or during supervision sessions at all levels.

Is the service responsive?

Our findings

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

At the last inspection the provider had failed to provide person centred care and failed to support people to prevent social isolation or support people to take part in meaningful activities. This was a breach of regulation 9 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- Most people told us they had been involved in planning their care. The provider had new processes in place to ensure care plans were reviewed regularly and they were up to date. Some relatives had been involved in the care plan reviews.
- Peoples' care plans were personalised and contained information about their likes, dislikes and personal preferences. Most had a full life history including, for example, past employment and hobbies. Staff were knowledgeable about peoples' care needs, likes, dislikes and life histories.
- Care records were completed electronically on handheld devices. At the last inspection peoples' care notes lacked detail and personalisation. Most staff had attended additional training covering areas of person-centred support and report writing, and there were further training dates available to ensure all staff had the opportunity to attend. At this inspection this had improved, and care notes were more comprehensive and personal.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we saw very little meaningful interaction between staff and people. At this inspection this had improved. Staff were engaged with the people they were supporting. Staff told us what activities they had done with people that day, such as played chess, looked through photo albums and watched films.
- Peoples' views about activities varied across the service; most people enjoyed the external entertainers that came to the service when restrictions due to Covid-19 allowed this. Most relatives were aware of activities happening in the service, although some still felt this area could be improved with dedicated activity staff. One person said, "There are quite a few activities going on." Another relative said, "Activities seem to be good." A third relative told us staff had been reading with their relative over the past couple of weeks.

- The provider was in the process of recruiting more staff to engage people in social activities and had plans in place to purchase new sensory equipment and other items to support meaningful engagement.

Meeting people's communication needs

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

- Peoples' care plans included a section on communication and detailed any special needs the person might have, for example, if staff needed to speak slower or louder. People who needed hearing aids or glasses were supported to use these appropriately. Important documents could be made available in alternative languages and formats, such as the complaints procedure and safeguarding information.
- There was clear signage around the home and on bathrooms and toilets which helped people who were mobile navigate around the building. There was clear signage at the entrance and pictorial posters throughout the service about infection control.

Improving care quality in response to complaints or concerns

- The provider responded to complaints and concerns in line with their policy. People and their relatives knew how to raise a concern and would be confident to do so. The manager told us the number of complaints had reduced significantly recently, although some relatives were still waiting for some actions to be taken after they raised concerns about the décor. These actions formed part of the overall refurbishment plan for the service, but dates to start this work had not been confirmed.
- Complaints were recorded on the provider's electronic systems. Senior managers could monitor complaints and responses and track trends through the systems.

End of life care and support

- The service was able to provide end of life care which enabled people to remain in the service if their health needs increased, rather than move to a new service. Care plans included end of life plans which were developed with people and their relatives if appropriate.
- Staff worked with community nurses, hospice teams, GP's and pharmacists to provide end of life care, and medicines to keep people as comfortable as possible.

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 the provider had failed to ensure peoples' care plans were up to date and did not have robust mechanisms in place to monitor the safety and quality of the service. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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. However, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The service did not have a manager registered with the Care Quality Commission (CQC) and the CQC had not received an application at the time of this inspection, although the manager had started the process.
- The provider had quality assurance systems in place; regular key performance indicators were measured, and internal quality audits were conducted. Shortfalls in the service were identified through these mechanisms and actions and improvements were monitored through regular manager reviews. The report for senior managers had been redesigned to incorporate more detail about concerns and progress with actions. These changes were still new when we inspected and needed more time to become embedded in the service.
- Care plans and risk assessments had been reviewed and were up to date. The provider's compliance report confirmed this. The provider had introduced a new process to ensure everyone's' care plan was reviewed monthly with a more detailed review involving relatives, where appropriate, six monthly. There was some improvement in the quality and content of the daily records of care and these were being monitored by the management team to help improve consistency.
- The manager met daily with nurses to discuss the daily management report. This included changes in peoples' care needs, care plan reviews due, supervisions due and other clinical risks, such as wounds or falls. These meetings were documented, including actions and persons responsible for them.
- Processes for ensuring kitchen staff were up to date with peoples' specific dietary needs had been strengthened. The chef was aware of peoples' needs and clear guidance was displayed in the kitchen.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The manager had submitted notifications to CQC.

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

- Most people and their relatives said communication from the service was poor and although some

relatives said this has improved slightly, more improvement was needed. Some relatives had not been told about visiting restrictions being lifted following an outbreak of COVID-19 in the service. One relative told us they hadn't been informed when their loved one had been taken to hospital. Another relative said, "The handheld devices flash up to call me if something is wrong, but they don't".

- Relatives told us that some minor concerns they reported were not always addressed quickly. For example, most relatives reported things going missing, such as toiletries, toothpaste and hearing aid batteries, and although they had reported this to the provider, they had not taken any action and there had been no improvement.
- We discussed these issues with the manager. There was a home improvement plan in place that managers and staff were working towards.
- The manager had an open door policy and encouraged people, relatives and staff to voice their concerns at any time. Most people and their relatives knew who the manager was and how to contact them, although some people told us they preferred to talk to the nurses on their floor. Staff told us the manager was supportive and approachable.

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

- The manager had completed an extensive site audit. This was a new process which was documented and included a comprehensive action plan to address shortfalls, for example, keeping peoples' rooms tidy, furniture reviews, lift cleaning and presentation of the dining rooms.
- A people and resident survey had been sent out by the provider in the last two weeks. At the time of our inspection, results had not been received or analysed.
- Staff meetings were held and documented, and notes were accessible by relevant staff. There was a specific meeting for nurses where clinical issues and concerns were discussed and shared.

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 CQC sets out specific requirements providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology. The provider understood their responsibility.

Working in partnership with others

- The service worked in partnership with other health and social care professionals, such as safeguarding teams, doctors and community nurses. The manager told us the relationship with external professionals had improved.
- The primary care team visited weekly. We received feedback from one of the team who told us the service had improved. Any issues raised by the team were acted upon without delay.
- The provider held management meetings with managers from all homes in the group. This was an opportunity to share best practice, reflect and learn lessons from incidents and to provide mutual support.

We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.