Inspection Report on

Hawthorn Court Residential Care Home

HAWTHORN COURT CARE HOME
12 BAYSWATER ROAD SKETTY
SWANSEA
SA2 9HA

Date Inspection Completed
07 & 08/11/2019
Description of the service
Hawthorn Court care home is a large adapted Victorian house and one of two care homes owned by Hawthorn Court Care Ltd. The home is situated in Tycoch, which is a residential area of Swansea.

The care home is registered to provide personal care for up to 25 older adults. The responsible individual is Mr Phil Thorburn. There is an appropriately qualified experienced manager in place, who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People like living at Hawthorn Court care home and they receive a good service. We found areas of good practice delivered by experienced and committed staff that want to make a positive difference to the lives support people. The management team are professional, experienced and highly visible in the home. They also place people at the heart of the service.

People living at the home and their relatives were enthusiastic on the home, the staff and the environment. Although the inspection identified the overall environment requires reviewing in light of maintenance issues and clutter. In addition, consideration should be given on further developing a dementia friendly environment.

2. Improvements

No recommendations for improvement were made following the last inspection.

3. Requirements and recommendations

Section five of this report sets out the action service providers need to take to ensure the service meets the legal requirements and recommendations to improve the quality of the service provided to people in the care home. These include the following:

- Environment: To ensure the home is free from hazards and kept clean to a standard, which is appropriate for the purpose for which it is being used.
- Environment: To improve the environment for people living with dementia.
- Training and development: To ensure all training records are kept up to date, and systems are in place to ensure staff access training at the appropriate intervals.
- Personal plans: To further develop personal plans in ensuring the goals/aspirations of people are clear, also to evidence the involvement of the person and/or relative.
• Policies and procedures: To ensure all policies and procedures are made available to staff, reviewed on an annual basis and dated.
• Statement of purpose: To update the statement of purpose as to accurately reflect the service being delivered.
• Choice and control: To ensure the home fully complies with the “active offer” of the Welsh language as required under the Welsh Governments Strategy “More than just words 2016-2019”.
1. **Well-being**

**Our findings**

The service promotes the physical and mental health and emotional wellbeing of people living at the home.

We saw evidence within care planning documentation that the physical and mental health of people were being supported by a range of health and social care professionals. We saw referrals to such professionals were made in a timely manner, and good relations with professionals was being maintained. Personal plans evidenced that people were being supported by care workers to improve their health and wellbeing. This included areas such as diet and nutrition, personal care and social inclusion. People living at the home and their relatives through comments, such as “the food is wonderful, I feel so much better”, “staff are always there to help” and “he has settled so well, and has so much more company and looks so much better”, also provided evidence.

Hawthorn Court provided a homely atmosphere in which people were encouraged and had opportunities to socialise with others. We found people were content at the home and comfortable in each other’s company. A number of people told us they had made friends and enjoyed accessing communal areas to socialise. People were seen sitting together in both the lounge and dining areas. Staff acknowledged the importance of people maintaining relationships with relatives, and relatives were always made to feel welcome. We saw there was a varied programme of activities, which included chair exercise, reminiscing, singalongs and visits from external entertainers. People also attended a weekly choir at a local community centre. We found all staff were responsible in engaging and stimulating people on a one to one basis.

People, therefore are as active and healthy as they can be.

People are able to speak for themselves and contribute to the decisions that affect their lives.

The registered person ensured everyone who used the service were fully aware of what it provided. This was explained at assessment and by providing people with information on the home and the services, it provided. This included information on how to raise a concern or compliment. People and/or their relatives were consulted on the care and support provided. Although, further focus needed to be placed on evidencing such discussion.

People told us they were treated with “dignity and respect” by care workers at all times. One relative told us care workers were “really cared, and always included the person”. Another said, “they are led by the people they support”.

Therefore, the rights and entitlements of people are actively promoted within the service.
The service has appropriate systems in place to safeguard vulnerable individuals to whom they provide care and support. We saw there was an up-to-date safeguarding policy and procedure in place aligned to current legislation, national guidance and local adult safeguarding procedures. Staff received training relevant to their roles and were fully aware of their safeguarding responsibilities. They described both internal and external reporting procedures. We saw clear individual risk assessments in place that were up to date and being reviewed at regular intervals.

People are therefore safe and protected from abuse.

People live in a home that although homely and welcoming, was below expected standards in relation to the environment. People were very happy living at Hawthorn Court and we found a range of work had been completed, including a new passenger lift and laundry area. However, some areas of the home at the time of inspection required cleaning and presented a potential risk to people living at the home. This included soap and toiletries in a number of communal bathrooms, and soiled carpets in communal areas. We found some areas generally cluttered, and general redecoration was required throughout the home. In addition, we recommend thought be given to making the home more dementia friendly. The provider acknowledged improvements were required, and was working to address these issues.

People live in a home where they are happy, although would benefit from a more stringent programme of cleaning and maintenance.

People live in an environment, which does not fully consider their Welsh language needs. This means being proactive in providing a service in Welsh without people having to ask for it. A small number of staff in the home were Welsh speakers, but after discussions with the RI, manager, people in the home and care workers, we saw there was no real demand at the time of inspection for Welsh speaking support. The RI will be arranging for the statement of purpose and written guide to be made available in Welsh that can be given to people on pre-admission assessment visits, as required. In addition, bi-lingual signage will form part of the ongoing programme of refurbishment.

Therefore, further work is required to fulfil the “Active Offer” of the Welsh language.
2. Care and Support

Our findings

Staff recognise and respond positively to individual’s emotional needs especially when they are distressed, anxious or experiencing difficulties. All interactions were professional and respectful. The home supported a high number of people with significant care and support needs. This included people living with dementia. We saw throughout the inspection people being treated with warmth, kindness and compassion by all staff. We found staff had a good knowledge of the people they supported and provided comfort and reassurance to people when they became upset. We heard one person becoming distressed due their incontinence. Staff, showed patience and understanding and sensitively assisted the person to the bathroom. Another individual living with dementia was unsure of their whereabouts, and became tearful in relation to their choice of clothing. A care worker was heard providing comforting words and accompanied the person to their room to change their clothing. The person was later seen sitting with other people calmly eating their lunch. A relative whose father had recently moved into the home said “staff are excellent they really care about the people living here”. Staffing levels were appropriate and the attitude of staff enabled an unhurried approach throughout the inspection.

Therefore, care and support is delivered in a dignified and respectful manner where staff have meaningful interactions and positive and caring attitudes towards individuals.

People are safe and supported by a service that considers a wide range of views and information, to confirm that the service is able to meet their needs. Initial assessments undertaken by the provider built on information provided by health and social care professionals. Personal plans were well set out, informative and provided clear guidance for care workers. Although more work was required to ensure they were more individualised and reflective of the goals and aspirations of the individual. Personal plans were being reviewed on a monthly basis but did not evidence that the person and/ or their relatives were included. However, a number of people and their relatives told us they were regularly consulted, so systems to evidence such conversations were required.

We saw any risks to people’s health and wellbeing were clearly stated, and control measures were in place to minimise risks identified. This ensured people who were at risk of falls; weight loss or developing pressure sores had the relevant safeguards in place. Risk assessments were detailed, well documented and reviewed on a regular basis, or when circumstances changed. We saw risks were being minimised through measures such as electronic sensor mats, regular weight monitoring and detailed skin integrity procedures. We saw a clear safeguarding policy/ procedure in place, and care workers spoken to were fully aware of their safeguarding responsibilities. We found people living under Deprivation of Liberty Safeguards (DoLS) authorisations had the appropriate measures in place.
The personal plan and risk assessments clearly inform staff how they should provide care and support and minimise risks on a daily basis.

People are supported by staff that are professional in the management and administration of medication. We saw dedicated trained experienced care workers administering medication in a sensitive and professional manner. Staff provided us with detailed information on the medication people received and why it was being administered. Medication was stored appropriately, although temperature checks were not being carried out on a daily basis. This was to ensure medication was stored at appropriate temperatures. The medication administration record (MAR) charts we saw were accurately completed. In addition, we recommended the reasons for the administration of “when required” (PRN) medication was always recorded.

This demonstrates that people are supported to be as safe and healthy as they can be in terms of their medication.
3. Environment

Our findings

Overall, the premises are located, designed and equipped to meet the needs of the individuals for which the service is intended.

The home is located in a quiet area, suburban area on the outskirts of Swansea. The home is setback from the main road and provided easy access to a range of community facilities. These included a post office, shops, pub, café and a church. Both staff and people living at the home told us they accessed these facilities, weather permitting. The home was set over three floors. We saw bedrooms were tastefully decorated and reflected the taste of the people whose bedrooms they were. The home provided comfortable lounge areas and a separate dining room. Communal areas were well used by people living at the home and their relatives. We found friends and family were always warmly greeted and made to feel welcome. Meal times provided a real sense of community and most people accessed the dining area. Relatives were also encouraged to stay for lunch, of which a number told us was a regular occurrence. In discussion with the responsible individual we felt further consideration should be placed on providing a dementia friendly environment. This we felt could include memory boxes, colour contrasting toilet seats, carpets and walls in some communal corridors. The “Welsh Active” offer should be considered, by providing bi-lingual signage in communal areas.

We saw that care workers were attentive to the needs of the people living at the home when moving throughout the building. This was evidenced through observing manual handling procedures and when people requested help to move. We observed equipment such as wheelchairs, walking aids; hoists and slings were in good condition. Regular maintenance checks were being carried out and safety certificates were made available during the inspection. We saw a clear system of work in relation to fire safety. People living at the home each had a personal emergency evacuation plan (PEEP) specific to their individual support needs.

Therefore, people’s care and support is provided in a location and environment with facilities and, where relevant, equipment that promotes achievement of their personal outcomes.

People live in a home that is welcoming and homely, although would benefit from a more stringent programme of cleaning and maintenance.

We found the home to be welcoming to both relatives and visiting health care professionals. Comments from relatives included “it’s very homely and your always made welcome” and “it’s the best home we visited”. People were very happy living at Hawthorn Court, telling us “it’s a lovely place to live” and “I really enjoy living here”. We found a range of work had been completed, including a new passenger lift and laundry area. These were both operational and to a good standard. However, we found some areas of the home required
cleaning and some areas presented a potential risk to people living at the home. We found soap and toiletries in a number of communal bathrooms. The carpet on the ground, first floor communal areas and stairs were soiled and would benefit from deep cleaning. There was a musty smell on the ground floor and, on our arrival an area needing cleaning by the ground floor entrance which was attended to immediately. The chair-lift also required cleaning. We found two bedroom fire doors wedged open, a broken window handle and one bedroom window that required a window restrictor. Some areas were generally cluttered, including a linen cupboard, and bedding left on a chest of drawers on the first floor. Some redecoration was required throughout the home, as there were cracks on walls, and some skirting boards needed painting. The outside areas required a general tidy-up and the moss to be removed, this was being carried out during the inspection. There were also uneven patio slabs at the back of the home, which could present a risk to both staff and people living at the home. The provider acknowledged improvements were required, and a number of areas were being addressed during the inspection.

Therefore, people live in a home, which is below expected standards in relation to the environment, and where not all unnecessary risks to people have been eliminated.
4. Leadership and Management

Our findings

The service operates a culture of openness, honesty and candour at all levels through a structured and clearly defined management team. We found an experienced, long-standing and easily accessible management team managed the service. Both the responsible individual and one of the directors were at the home throughout the inspection. They were seen assisting staff with maintenance and cooking duties. They also made themselves available to people, relatives and visiting health and social care professionals. We found a relaxed, supportive atmosphere throughout the inspection. We saw many visitors entering the home. The manager was absent on the first day of the inspection but was available throughout the second day. In their absence, an experienced shift leader provided operational support to staff. All information and documentation requested was promptly provided throughout the inspection.

Care workers referred positively to the management team, comments included “managers are very supportive” and “they are always around”. Care workers told us communication was good and handover meetings were held between each shift. We saw a well-documented communication book in place. There was a clearly defined senior management structure described within the statement of purpose. We saw the responsible individual visited the home on a regular basis, and were told by staff he was always approachable. A number of policies and procedures were checked as part of the inspection. Both the complaints and safeguarding policy satisfied regulatory requirements, but the whistleblowing policy required updating. In addition, policies and procedures were not always easily available to staff, and review dates were not being recorded.

Therefore, the responsible individual has clear arrangements for the oversight and governance of the service in order to embed a culture that the best possible outcomes are achieved for individuals using the service.

A copy of the statement of purpose is readily available to individuals who use the service, staff and any representative who may request it. We found the statement of purpose and written guide to be well written documents. However, there were a number of areas requiring additional information. The documents were easily available, but at the time of inspection had not been translated into Welsh. These areas were discussed with the responsible individual who assured us these would be addressed.

Therefore, overall the service is provided in accordance with the statement of purpose.

There are audit systems and processes in place for monitoring the service. The service maintained a clear quality assurance process. This included monitoring and regular audits of areas such as care planning, medication and the care and support being
Consultation was also being carried out with people living at the home, relatives, visiting professionals and staff. In addition, all incident and accidents were recorded, and analysed and formed part of the ongoing quality assurance process.

Therefore, the service has systems and processes in place to monitor, review and improve the quality of care and support.

Improvements were required to ensure staff are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support required to achieve the individual's personal outcomes.

We inspected three staff personal files, and found overall good recruitment and induction processes were being maintained. Although one staff file did not include sufficient references. We were assured these had been carried out and further action would be taken to source and add these to the file. We felt care workers would also benefit from a more comprehensive induction process. We recommended the Social Care Wales Induction Framework be introduced. We saw supervision records, which evidenced regular supervision. In addition, staff had daily access to the management team. However, no annual appraisal meetings or team meetings were being held.

We were provided with staff rotas and found staffing levels were adequate and being reviewed using a dependency tool. Care workers told us they felt staffing levels were generally good pending any sickness or absence, and enabled them to spend quality time with people. We were told additional staffing was arranged when the needs of people increased, or when additional resources were required for activities. Care workers could access a range of training throughout their induction and on an ongoing basis. However, it was difficult to establish when training had been completed, and when it was next required. The training matrix provided was inaccurate, and not all training certificates were made available at the time of the inspection. The responsible individual assured us a review of all staff training would form a priority action, and timescales have been agreed.

Therefore, people benefit from a skill mix, which is reviewed continuously. However, more stringent systems need to be introduced in ensuring staff are suitably trained.
5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

None

5.2 Recommendations for improvement

During this inspection, we advised the manager that they were not meeting the legal requirements in regard to two Regulations.

The provider needs to ensure the following:-

Regulation 44 (4) (g) (h) (i)- That the environment was free from hazards to the health and safety of individuals and any other persons who may be at risk, so far as is reasonably possible in order to fully meet the legal requirements. Is properly maintained, and kept clean to a standard, which is appropriate for the purpose for which they are being used.

A notice has not been issued on this occasion, as we were satisfied with the steps being taken by the manager.

Regulation 36 (2) (d)- The service provider must ensure that any person working at the service (including a person allowed to work as a volunteer) and receives core training appropriate to the work to be performed by them.

A notice has not been issued on this occasion, as we were satisfied with the steps being taken by the manager.

5.1 Recommendations for improvement

We recommend the following:

- Environment: To improve the environment for people living with dementia.
- Personal plans: To further develop personal plans in ensuring the goals/ aspirations of people are clear, also to evidence the involvement of the person and/ or relative.
- Policies and procedures: To ensure all policies and procedures are made available to staff, reviewed on an annual basis and dated.
- Policies and procedures: To update the Whistleblowing policy/ procedure.
- Supervision and appraisal: To introduce annual appraisal meetings for all staff.
- Recruitment & Induction: To ensure all staff recruitment documentation is made available at inspection. To consider introducing the Social Care Induction Framework.
• Communication: To introduce resident and staff team meetings.
• Statement of purpose: To update the statement of purpose as to accurately reflect the service being delivered.
• Choice and control: To ensure the home fully complies with the “active offer” of the Welsh language as required under the Welsh Governments Strategy “More than just words 2016-2019”.
• Management of medication: To ensure the medication room and fridge temperatures are recorded on a daily basis. Also to record the reasons for the administration of “when required” (PRN) medication.
6. How we undertook this inspection

This was a full unannounced inspection undertaken as part of our inspection programme. We carried out the inspection over two days, on 07 November 2019 between 09.00 a.m. and 5.30p.m and on 08 November 2019 between 9.00a.m. and 4.00p.m.

The following methods were used:

- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke to the responsible individual, the manager, care workers and catering staff;
- We spoke to people living at the home and their relatives;
- We received feedback from a two district nurses;
- We looked at the statement of purpose and written guide;
- We were shown around the home and surrounding grounds;
- We looked at three staff files (including recruitment & induction records);
- We looked at three files of people living at the home (including care/support plans, risk assessment documents and medication administration charts);
- We looked at cleaning schedules, staff rota, maintenance records, and safety certificates and
- We looked at a sample of policies and procedures.

Further information about what we do can be found on our website: www.careinspectorate.wales
## About the service

<table>
<thead>
<tr>
<th>Type of care provided</th>
<th>Care Home Service</th>
</tr>
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<tbody>
<tr>
<td>Service Provider</td>
<td>Hawthorn Court Care Ltd</td>
</tr>
<tr>
<td>Manager</td>
<td>A manager in post is registered with Social Care Wales.</td>
</tr>
<tr>
<td>Registered maximum number of places</td>
<td>25</td>
</tr>
<tr>
<td>Date of previous Care Inspectorate Wales inspection</td>
<td>27/11/2018</td>
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<tr>
<td>Dates of this Inspection visit(s)</td>
<td>07 &amp; 08/11/2019</td>
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<td>Operating Language of the service</td>
<td>English</td>
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<tr>
<td>Does this service provide the Welsh Language active offer?</td>
<td>Working towards</td>
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### Additional Information:

Although some staff speak the Welsh language the service is not fully working towards providing an 'Active Offer' of the Welsh language. It does not fully anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Government’s ‘More Than Just Words follow on strategic guidance for Welsh language in social care’.

### Date Published
27/03/2020