



Inspection Report on

Hawthorn Court Residential Care Home

**Hawthorn Court Care Home
12 Bayswater Road Sketty
Swansea
SA2 9HA**

Date Inspection Completed

20/01/2023

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About Hawthorn Court Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hawthorn Court Care Ltd
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	17 September 2020 & 18 September 2020
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Hawthorn Court Residential Care Home was bought by new owners in July 2022. The new responsible individual (RI) is monitoring the service closely. The home also has a new manager, appointed in August 2022, who is being supported by both the RI and the Director of Operations. Managers are working to implement and embed new and improved ways of working. Although some positive changes have been made, significant work is needed to improve overall standards.

The service has a homely atmosphere where people can relax and enjoy their own space, or the company of others. Care workers are kind and respectful in their approach to care. However, the service must take action to ensure medicines are managed safely and care workers have access to up-to-date guidance about how people should be cared for. In addition, the environment needs to be managed and maintained more effectively to prevent people being exposed to hazards and cross infection risks that may cause them harm.

Staff are appropriately recruited, and work is underway to improve the support and range of training available to them. However, staff shortages have impacted people's experiences and placed them at risk. The service must provide appropriate numbers of staff at all times to enable them to provide safe, good quality care that is consistent with the home's aims and objectives.

Well-being

People enjoy living in Hawthorn Court. They have developed good relationships with staff, who are attentive to their needs and wishes. People are provided with regular drinks and meals, which they enjoy. However, action is needed to ensure people's health and well-being are always promoted. This is because the service does not always identify people's needs within risk assessments and personal plans, or keep these under review. Personal plans need to take better account of people's care preferences, social backgrounds and nutritional needs, so care workers know how best to support them. People are at higher risk of being affected by medication errors due to medication not always being handled appropriately. The service should develop its approach to activities, which will enhance people's well-being and level of integration in the community. The home needs to be managed more effectively to ensure the necessary improvements are made and maintained.

There are some systems in place to help protect people from harm and abuse. For example, the home is secure and care workers recognise when people need physical or emotional assistance and provide this promptly. Staff are safely recruited and have a good understanding of safeguarding and whistleblowing procedures. However, better staffing levels are needed to allow staff to fulfil their roles effectively and provide people with the best possible experiences. People's health and safety have been put at risk due to environmental hazards and poor maintenance of the home. Poor standards of hygiene have also increased people's risk of infection. Whilst immediate action has been taken to ensure people's safety, the service must implement and maintain effective systems to keep the home clean, safe and properly maintained.

The accommodation offers private and communal space where people can socialise with others or enjoy their own company. Lounges are newly decorated, comfortably furnished and homely. Care workers make sure people always have access to items that are important to them. Bedrooms are being redecorated as part of an ongoing refurbishment programme. There are plans to develop the outdoor space and make this more stimulating for people.

The service promotes people's rights, although they have little influence over their meals and activities. People can choose where to eat and where to spend their time. Care workers are respectful of people's decisions and support them with kindness and sensitivity. The service supports people to have visits from family and friends. Information about the home and its facilities is available, although needs to be improved. Work is also needed to address poor standards and ensure the service is delivered according to its statement of purpose. This is a fundamental document that sets out how the service will achieve the best possible outcomes for the people it supports.

Care and Support

People feel content in their home, where they have developed positive relationships with staff. The manager and care workers treat people with dignity and respect and recognise what is important to them. People told us they enjoy teasing staff, and we heard much laughter and free-flowing conversation. A relative described the team as “*very friendly*” and told us they were grateful for the support staff had provided. Care workers anticipate when people need comfort or guidance and provide this in a sensitive, caring way. People choose where to spend their time and eat their meals, which care workers respect. One person told us they like to sit and watch staff and others go about their daily activity. Drinks are made available to people when spending time in both their own rooms and communal areas. People told us their meals are “*enjoyable*” and alternatives are available if they want them. We saw people enjoying visits from family and friends, whom staff gave a warm welcome.

The service carries out pre-admission assessments before people move in, although their individual needs and wishes are not always recognised and catered for. This is because risk assessments and personal plans are not always completed or kept under review. Therefore, care workers may have little or no current guidance for meeting people’s care needs and preferences. Personal plans include little detail about people’s social care needs and their nutritional and weight monitoring requirements. The home does not offer a menu or activity programme. We found that people do not go on outings unless they are arranged by family or friends. Staff told us they organise indoor activities if and when they have time. Whilst medical and specialist services are involved in people’s care, the input and advice given is not always available or easy to find within care records. These matters are placing people’s health and well-being at risk and we have therefore issued a Priority Action Notice. The provider must take immediate action to address these issues.

Shortly after the inspection, the service introduced a four weekly menu and an activity planner. The RI told us additional activity supplies are also being provided.

Medication is not consistently stored and administered safely. We found topical medication in some people’s bedrooms that did not belong to them. Prescription labels had also been removed from some creams and lotions and many were being stored in communal bathrooms. Medication records do not include photographs to assist staff in carrying out identity checks. We found known medicine allergies to be missing from medication administration records. Additionally, we found that poor record keeping is increasing the risk of medication errors. The service does not consistently record the temperature of the medication fridge and room, which could affect medicines if temperatures are not suitable. These matters are placing people’s health and well-being at risk and we have therefore issued a Priority Action Notice. The provider must take immediate action to address these issues.

Since the inspection, one of the Company's Operations' Managers, in the absence of the Director of Operations, has worked with staff to improve medication systems. This has been continued by the Director of Operations since their return to work. The service has attached body maps to medication records to assist staff in the administration of topical medication. The Local Health Board's medicines management team is also supporting the home.

Environment

The home is secure from unauthorised entry. Visitors are admitted by staff and a record is kept of those entering and leaving the premises. CCTV (closed-circuit television) monitoring is used externally for added security. We saw cameras within some internal areas; these are no longer in use and will therefore be removed. The accommodation offers communal and private space for people to spend their time. People told us they are pleased with their individual rooms. One person said, *"I've been given the best room here"*. Rooms are personalised to varying degrees and people have access to items that are important to them. There have been recent environmental improvements, such as redecoration of the lounges and provision of an upgraded television package that offers people greater choice. Outdoor areas have also been tidied. We observed a lack of stimulation for people in the rear courtyard and front garden, although the RI told us of plans to develop these areas, with input from people who particularly like gardening.

Standards of hygiene need to be improved to minimise cross infection risks. We found that parts of the home had not been cleaned to an acceptable standard. We saw dust and dirt within people's bedrooms and on some equipment, such as chair lifts and sensor mats. The manager told us the home had not been deep cleaned for three weeks as the main domestic worker had been absent due to sickness. An additional domestic worker had been appointed, although their recruitment checks were still being progressed. There is damage to some flooring and furniture, making them more difficult to keep clean. We also saw prescribed creams and toiletries being stored in communal bathrooms, increasing the risk of people sharing products intended for personal use. These matters are placing people's health and well-being at risk and we have therefore issued a Priority Action Notice. The provider must take immediate action to address this issue.

Creams and toiletries were immediately removed from bathrooms during the inspection. A team of domestic staff attended shortly after the inspection to carry out a deep clean of the home. The service has also carried out works to improve its food hygiene rating of 2 (some improvement necessary), which was awarded by the Food Standards Agency in May 2022. The home has a clear hygiene and infection control policy to reinforce good practice.

The service does not consistently identify and reduce risks to people's health and safety. Rooms containing hazardous items had not been properly locked. There was also no suitable lighting in some areas, including people's private bathrooms and the main corridor outside the lift that people regularly use. The accommodation and facilities are not being maintained effectively. We saw many items of furniture within people's rooms in need of repair or replacement. Records indicate that there have been significant delays in works being carried out. Gas safety and electrical installation inspections have not been carried out within recommended timeframes. These matters are placing people's health and well-being at risk and we have therefore issued a Priority Action Notice. The provider must take immediate action to address these issues.

Hazards were removed immediately from areas that could not be made secure. Gas safety and electrical installation inspections were completed satisfactorily shortly after the inspection. The RI has introduced a new process for staff to request repairs, which includes urgent actions for issues that present a health and safety risk. This maintenance system will be reviewed at a future inspection.

Leadership and Management

The service would benefit from stronger leadership and management. Managers have made some positive changes, such as reviewing policies and procedures and introducing systems to help monitor the training, supervision and appraisal of staff. Staff records are also being audited and work is underway to improve the range of training available. Appropriate recruitment checks are carried out, although induction paperwork is not consistently completed. The RI has regularly visited the service on a formal and informal basis. During visits, the RI has gathered feedback about people's experiences, identified the service's strengths and weaknesses and set actions to drive improvement. However, the manager and Director of Operations could not provide updates about how the home's action plan is progressing. We also found staff to be confused over some of their roles and responsibilities. We received mixed feedback from staff about the support available to them. Some feel managers are approachable and are making changes for the better, whilst others feel criticised and undervalued. The RI has arranged a meeting to keep staff updated about developments and give them the opportunity to share their views about the service.

The service has had a high turnover of staff following its change of ownership. We saw people interacting well with the manager and care workers on duty. Some people's needs have recently increased, and we saw care workers responding quickly when they needed support, direction or reassurance. However, we found staffing levels to be unsuitable for meeting the demands of the service. Staff told us they often work short staffed, preventing them from spending quality time with people. Their workloads have also increased due to taking on additional duties when covering for absent staff and meeting people's higher-level needs. As a result, the service has failed to provide meaningful activity for people and maintain acceptable standards, as set out in this report. The inadequate staffing arrangements are placing people's health and well-being at risk and we have therefore issued a Priority Action Notice. The provider must take immediate action to address this issue.

We saw additional staff on duty during the second day of our inspection. The RI assured us all shifts have been appropriately staffed since then. If needed, the service will use agency workers to cover any absences.

Overall, the service is not being provided in line with its statement of purpose. This is an area for improvement and we expect the provider to take action. We identified many shortfalls in practice, as outlined in this report. For example, the service has failed to plan and deliver activities of interest, provide a menu that offers choice, provide sufficient staff and keep people's personal plans under review. There is a written guide about the home and its facilities, although it does not include enough detail about how the home is run and the range of services available. While no immediate action is required, this is another area for improvement and we expect the provider to take action.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
57	The service has failed to identify and reduce risks to people's health and safety.	New
56	The service has failed to maintain satisfactory standards of hygiene and infection control.	New
58	The service has failed to consistently store and administer medicines appropriately.	New
21	The service is not always provided in a way which protects, promotes and maintains people's safety and well-being. This is because people's care and support needs have not been clearly identified within personal plans, and these have not been reviewed as and when required but at least every three months. There is also limited planning with regards to meeting people's nutritional and social needs.	New

34	The service has failed to provide staff in adequate numbers to enable them to fulfil their roles effectively.	New
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Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
7	The service is not being provided in accordance with its statement of purpose.	New
19	The written guide does not include enough detail to ensure people are fully informed about the home and the facilities and services available.	New
44	The carpet and flooring in the downstairs communal lounge areas, corridor and stairway need replacing. The stairway and downstairs corridor need redecorating as paint is flaking off the walls.	Achieved

Date Published 27/03/2023