Hawkhurst House PRU Limited

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Inspection report

Hawkhurst House
Cranbrook Road, Hawkhurst
Cranbrook
Kent
TN18 5EF

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Hawkhurst House Proactive Reablement Unit (PRU) is a care home providing accommodation with personal and / or nursing care for up to 31 people. The service is split into two areas. One area mainly provides short term nursing care for people awaiting assessments of ongoing care and support needs from health and social care teams. The other area provides a short-term rehabilitation service with the aim of preparing people to return home to live independently. In the last 3-month period 27 people had been admitted to the service. At the time of our inspection there were 16 people using the service. The service was arranged across one floor and people had access to communal lounges, dining room and a fully equipped gymnasium to support people to return to their maximum mobility where possible.

People's experience of using this service and what we found
People told us they felt safe and were happy in Hawkhurst House PRU. One person said, "Oh yes, I do feel safe here." Another person told us, "There are so many good things, the staff are very kind and will always help. I don't think you can improve it." Relatives agreed their loved ones were safe.

Medicines were managed well, and lessons were learned when things went wrong. The service had good infection control measures in place. There were enough staff deployed to safely meet peoples' needs. Staff had received appropriate training, including additional training in reablement skills.

People received care in a respectful manner which promoted their dignity and encouraged independence. Privacy was maintained and people told us staff asked for their consent before supporting with personal care or other tasks. One person told us, "The staff are very friendly and respectful."

People enjoyed the food and their dietary needs and preferences were met. People told us the menu was varied and they had choices, but if they wanted something else they could just ask. People told us they were offered drinks throughout the day and staff always asked them what they wanted.

Doctors visited the service several times a week and people were supported by physiotherapists or occupational therapists if this was required. There were regular team meetings with other health and social care professionals.

There were quality assurance processes in place to monitor the service and regular audits were undertaken in areas such as, infection control and medicines. People and staff told us the registered manager was supportive and approachable with an open-door policy and the service was well managed.

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
This service was registered with us on 18 January 2022, and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about the service.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Hawkhurst House PRU Limited

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
This inspection was carried out by 1 inspector and 2 Experts 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
Hawkhurst House Proactive Reablement Unit (PRU) 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. Hawkhurst House PRU is a care home with 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 the Care Quality Commission 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 received about the service. This included details about incidents the provider must notify us about, such as serious injuries. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 9 people who used the service and 10 relatives about their experience of the care provided. We observed multiple interactions between people and staff throughout the day. We spoke with 9 members of staff including the registered manager, compliance manager, nurses, care workers and wellbeing lead. We also spoke with 2 healthcare professionals who work with the service. We reviewed a range of records including 6 peoples' care records and multiple medication records. A variety of records relating to the management of the service were reviewed including recruitment files, health and safety checks, meeting notes, training records and audits.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People were protected from abuse and neglect. Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident actions would be taken if they were to report something. Staff told us and records confirmed safeguarding training was up to date.

● Staff recorded and reported allegations of abuse to the appropriate safeguarding authorities. The registered manager completed safeguarding records and cooperated with investigations.

● People felt safe in the service. They told us, "Very, very safe at all times since being here", and "It's lovely here and I feel very safe." Relatives agreed people were safe. Relatives told us, "[Relative] is absolutely safe, they're marvellous.", and "It seems to be safe; they've not had any accidents."

Assessing risk, safety monitoring and management

● People received safe support around their individual risks. Risk assessments were clear, comprehensive and up to date. They contained enough information for staff to provide safe care and manage any risks, such as falls, skin damage or malnutrition. The provider used recognised tools for assessing risks such as skin damage, nutrition and pain.

● Where people required monitoring charts such as weight, fluids or repositioning, these were in place and had been completed correctly. Where people required special pressure relieving mattresses, the required settings were documented and checked regularly.

● The provider had a system in place for regularly reviewing the risk assessments and these were up to date. Any changes in a persons' needs were shared with staff during handover meetings which were documented. Relatives told us they were updated if there were any changes to their loved one's care or if anything had happened. One relative said, "They always call me if [relative] has fallen over."

● Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. Maintenance was shared between Hawkhurst House Proactive Reablement Unit and the main care home, Hawkhurst House. There was an up-to-date fire risk assessment in place.

Staffing and recruitment

● There were enough staff deployed to meet peoples' needs. Call bells were answered quickly, and call bell audits were undertaken regularly. People told us there were enough staff. They said, "Yes, I think there are enough staff, I use my call bell if I need help and someone always comes.", and "The staff are busy, but they always come when I press my buzzer." Relatives agreed there were enough staff, most told us, "There are plenty of staff."

● Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information about convictions and cautions held on the Police National Computer. This information helps

employers make safer recruitment decisions.
● Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status.

Using medicines safely
● Staff managed medicines safely in line with national guidance. Medicines were stored securely in clean, temperature-controlled conditions. People told us they got their medicines on time. Medicine administration records were completed accurately.
● Medicines were administered by staff who had been trained and assessed as competent by the registered manager. Training and competency records were up to date.
● Nurses audited medicines regularly and this was monitored by the registered manager. Medicine errors were documented, investigated and lessons learned shared during meetings and through the internal messaging systems.

Preventing and controlling infection
● We were assured the provider was preventing visitors from catching and spreading infections.
● We were assured the provider was meeting shielding and social distancing rules.
● We were assured the provider was admitting people safely to the service.
● We were assured the provider was using PPE effectively and safely.
● We were assured the provider was accessing testing for people using the service and staff.
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes
The provider was facilitating visits to the care home in accordance with current guidance. Visiting to the care home was unrestricted.

Learning lessons when things go wrong
● The registered manager ensured lessons were learnt and action was taken to improve people's care. There was a system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP or emergency services.
● Accidents and incidents were investigated. Investigation records included actions plans and lessons learned. Actions were taken to prevent recurrence, such as low-rise beds, crash mats and reassessments of risks. One relative told us, "They have the bed really low now with cushions on the floor so that [relative] can't hurt themselves."
● Monthly analysis of incidents and key clinical indicators, for example, falls, weight loss or infections were carried out to identify trends and reduce the risk of recurrence. The registered manager had a 'lessons learned' log to track outcomes of complaints, incidents, accidents and other concerns, such as feedback from staff supervisions.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed by health or social care professionals before they came to the service to determine their suitability, ensure staff could meet their needs and to plan their specific aims and goals.
- During the first couple of days nurses did a more thorough assessment and formulated a plan of care in partnership with occupational therapists, social workers and physiotherapists. Care plans were reviewed and updated regularly.
- The service used recognised tools for assessing some risks, such as potential skin damage, nutrition and pain. Staff had a good knowledge of people and their individual preferences and choices. Care delivery was person focused and responsive to peoples' needs.
- Assessments included information about people's religion or cultural needs. One person was supported to continue their religion with visits from a priest and a lay person to give communion.
- Staff knew people well. One person told us, "Staff know what help I need and what I can do for myself." Relatives agreed. One relative told us, "Staff know my [relative] very well and support them in the best way possible." Another relative said, "Oh yes, the staff know [relative]. They are lovely with them. Good rapport."

Staff support: induction, training, skills and experience

- Staff received training and had the knowledge and skills they needed to safely provide care to people. Staff told us they had enough training. People and their relatives agreed. People told us, "The staff seem all well trained.", "The staff seem to know what they are doing.", and "They are very skilled." Relatives said, "The staff are efficient and well trained.", "Staff are always professional.", and "They are all well trained."
- Staff were trained in additional skills by the physiotherapist, social worker and occupational therapist so they could support people better with their rehabilitation and reablement and help people achieve their goals. Therapy competencies were in place.
- Staff had regular supervision and felt well supported by the management team. Nurses worked within the Nursing and Midwifery Council's (NMC) Code of Conduct and attended regular clinical governance meetings.

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

- People were supported to eat and drink enough. Food like and dislikes, allergies and intolerances were documented. People and their relatives told us they were able to choose their meals and the menu was varied.
- People and their relatives were complimentary about the food. People said, "I enjoy the food here.", "Food is excellent.", "The food is good, it is varied, and I have plenty to eat." A relative told us, "The menu always looks very nice, they know what my [relative] likes and they always get what they like, even if it isn't on the

menu."
● People who were at risk of choking had been assessed by speech and language therapists and were protected from risks with modified food and fluids. The provider had systems in place to ensure people were offered the correct meal. People had access to fresh fruit.
● People had drinks available to them in their rooms and were offered a variety of hot and cold drinks throughout the day. Facilities were available for people and relatives to make their own drinks if required.

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 professionals when required. Assessments and care plans included peoples' health care needs and there were details of healthcare professional's visits in individual's records. Information was shared with others, such as hospitals, if people needed to access these services.
● Staff had good knowledge of peoples' healthcare needs and knew how to support them to achieve good outcomes. A doctor visited the service three times a week and other professionals such as social workers, physiotherapists and occupational therapists had a frequent presence in the service to contribute to people's care and support.
● Relatives told us doctors visited regularly and contacted them if they needed to discuss anything. One relative told us, "The doctor called me last week to discuss the person's progress and plan." Relatives told us if people needed to see a doctor one would always come. Relatives found this reassuring.

Adapting service, design, decoration to meet people's needs
● The service was arranged on one level with ease of access for people with all abilities. We saw people walking around the service and accessing the communal areas. The service had a well-equipped gymnasium to support people's rehabilitation where appropriate and required.
● People who were mobile knew their way around the service and could find their rooms easily.
● The service had kitchen areas available for people to use where staff could support people to regain confidence and skills they might have lost.

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 service complied with the MCA. Mental capacity assessments had been completed. There were decision specific capacity assessments, for example, to stay in Hawkhurst House Proactive Reablement Unit. Best interest meetings were held between staff, relatives and other professionals and decisions documented.
● The registered manager had made appropriate DoLS applications to the local authority and there were

systems in place to keep these under review.

● Care was provided in the least restrictive way. Consent was documented in peoples' care plans. People told us staff asked consent before providing care and we observed this happening.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us, without exception, staff were caring, friendly and treated them respectfully. One person told us, "The staff are very friendly and respectful to me." Another person said, "They are excellent, they are all extremely caring."
- Staff and people knew each other well. Staff knew peoples' preferences but still offered choice, for example when offering food or drinks. Staff were talking with people at their own level, using gentle tones, and offering reassurance. People who needed assistance with their meals were supported with dignity, respect and patience.
- Relatives described staff as kind, caring, polite and approachable and said nothing was too much trouble. One relative said, "The staff are all very good. They care for people well. They are respectful to [relative]." Another relative told us, "The staff are very capable, but most of all they are polite and friendly. They make such a difference when you're worried."

Supporting people to express their views and be involved in making decisions about their care

- Peoples' care plans were developed with them and their relatives where appropriate. People were encouraged to share their life experiences so that staff could get to know them better. Peoples' likes and dislikes were documented and included, for example, what time they liked to go to bed or get up or what clothes they liked to wear.
- Communication needs were documented so people could be supported in the best way to be involved in decisions about their care. Care plans documented peoples' personal goals and desired outcomes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy was protected. We saw bedroom doors were closed whilst people were having their personal care needs tended to by staff. Staff were sitting with people and talking to them.
- People were encouraged to be independent where possible. Care plans detailed what people could do for themselves and what they might need support with and included information about equipment used to support independence, for example, walking frames or wheelchairs.
- One person told us, "They always ask what I want to do for myself, and they wait for me. They are very patient." Another person said, "I am encouraged with my exercises and my hand now has some movement, which is great." Without exception, relatives told us staff encouraged their relatives to do as much as they could for themselves. One relative told us, "They encourage [relative]. At one stage they didn't want to get up or do anything; now they walk around chatting to people. The staff have made a real difference to [relative]."

● Peoples' confidential information was kept securely, accessed only when required and by those authorised to do so. Information held on electronic devices was protected with passwords.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- Care plans were personalised and reflected peoples' preferences in all areas. For example, food likes and dislikes, gender preferences of people giving personal care, and spiritual or religious needs.
- One person told us, "When I arrived here the staff sat with me and asked all about what I liked, not just with food, but with everything. I choose what I eat, staff always ask me what I want." Another person said, "They spent time with me when I came here to ask what I liked and didn't like. I choose what to eat and drink and staff always ask me what time I want to get up and go to bed. I tell them what I want to wear and what I want to do."
- The provider had a system in place for regularly reviewing the care plans and risk assessments and these were up to date. Weekly meetings took place with health professionals to discuss each person's plan and progress.
- There was no planned programme of activities as people were mainly in the service for short term care. However, people and relatives told us there were things to do and the service had an activity / wellbeing lead. One person said, "I do word searches and puzzles and staff help me with my exercises." Other people told us they did drawing, colouring or jigsaws, and staff encouraged them with their exercises. Relatives confirmed there were activities available if people wanted to join in.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were observed communicating effectively with people. When people required spectacles or hearing aids, staff made sure they were working, and people used them properly to support better communication.
- Information could be provided in alternative formats and languages if required, for example, complaints policy or safeguarding.

Improving care quality in response to complaints or concerns

- The registered manager aimed to resolve concerns informally as soon as they arose. Formal complaints were investigated, and outcomes shared with complainants in accordance with the company's time scales.
- Where there had been mistakes, the registered manager apologised and learnt lessons from the concern.

Lessons learned were shared with staff so that the risk of similar concerns arising could be minimised.

● People told us they knew how to complain and who they should speak to if they had concerns, this included the nurse in charge or other staff. People had never needed to complain. One person said, "I haven't had any concerns at all, but I would be happy to speak to staff if I did." Relatives told us they would speak to the manager or nurse in charge if they had concerns. One relative said, "I would probably complain to the manager, but there is nothing to complain about."

End of life care and support

● The service was able to provide end of life care and support which enabled people to remain in the service if their needs increased and not have to move to a new service.

● Care plans included clear instructions about end of life care wishes. These plans had been written in partnership with the person and their relatives if appropriate.

● Staff worked with other health care professionals, such as specialist nurses, hospice teams and GPs to provide end of life care when required. Medicines were available to keep them as comfortable as possible.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive culture within the service where people felt empowered and involved, and there was a commitment to continuous improvement. The registered manager had an open-door policy and encouraged staff, people and relatives to share their views.
- People and their relatives said the service was well managed and thought the registered manager and staff were approachable. One person told us, "I do think it is well managed, it is excellent." A relative said, "It seems to be a tight ship. It runs well."
- Staff told us the culture was open and honest with good teamwork. Staff said they were very happy working in Hawkhurst House Proactive Reablement Unit. People and their relatives agreed. One person said, "You are not treated like a number, but as an individual." A relative told us, "[Relative] has blossomed since being there and has gained confidence."
- People were involved in reviews about their care and support and were fully involved in any decision making required.

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 Care Quality Commission (CQC) sets out specific requirements that 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 when things go wrong. The provider understood their responsibilities.
- Relatives told us, and records confirmed that staff were in contact with them if something had happened or with updates. For example, one relative said, "They called me about an infection that my relative had and gave me information. Other relatives told us someone contacted them if their relative had fallen over.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in place, nurses and care staff understood their responsibilities to meet regulatory requirements. Staff told us the management team were supportive and approachable and were confident in reporting any concerns.
- The registered manager met regularly with the nurses and care workers to ensure that key messages about people were shared in a timely way. Daily handover meetings were held to ensure staff had up to date information about the people they were supporting. Important messages were shared via the internal

messaging system.
● The provider had quality monitoring processes in place. A range of audits were undertaken regularly, for example, infection control, medicines, care plans and clinical indicators. Audits results and outcomes were reviewed by compliance managers.
● 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 that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff were invited to meetings and encouraged to contribute. The registered manager was visible in the service. Results from the most recent staff survey were positive with 100% of staff saying they enjoyed their work, had enough training and had support from the registered manager.
● People and their relatives were asked to complete feedback questionnaires, usually at the end of their stay. Feedback was positive. One person wrote, "Completely happy and would come back if needed." A relative's feedback said, "The care [relative] received under extremely difficult circumstances was fantastic."
● Each room had a 'Welcome Letter' which gave people and their relatives information about the service provided.

Continuous learning and improving care; Working in partnership with others
● Nurses attended clinical governance meetings where key clinical issues were discussed, such as wound management, weight loss and falls prevention. Action plans were in place to ensure that issues were addressed and reviewed, for example, referrals to dieticians or specialist nurses.
● Lessons learned from incidents, accidents or complaints were documented and shared with the team along with measures to minimise the risk of recurrence.
● The registered manager acted on feedback from people, for example, one person had suggested more board games should be available. The registered manager had ordered scrabble and other board games.
● The registered manager and staff team worked closely with other professionals, including physiotherapists, social workers and occupational therapists. Weekly meetings were held with health and social care professionals to review individual plans and progress.