

# Hawthorn House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 March 2024

**Service provided by:**  
Glasgow City Council

**Service provider number:**  
SP2003003390

**Service no:**  
CS2003001025

## About the service

Hawthorn House is a purpose built two storey building situated in the Possilpark area of Glasgow and has ease of access to local transport links and amenities. The provider is Glasgow City Council.

The care home is registered for a maximum of 120 older people, in eight units, with fifteen beds in each. Two of the units, Snowdrop and Thistle, provided care for those with needs related to dementia, and six units, Bluebell, Violet, Daisy, Primrose, Heather, and Iris, provided care for frail older people.

There were 112 people living at Hawthorn House during this inspection.

## About the inspection

This was an unannounced follow up inspection which took place on 5 March 2024. This follow up inspection was to consider progress on requirements and areas for improvement made following the last inspection completed on 23 November 2023. The inspection was carried out by two inspectors from the Care Inspectorate. At this inspection we assessed progress made in relation to requirements and areas for improvement made at the previous inspection. We did not reassess the grades for the service.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service and spent time in the company of others who were less able to provide verbal feedback
- spoke with eight staff and management
- reviewed documents
- observed daily life
- received feedback from one visiting professional.

## Key messages

- The new management team had developed a system for quality assurance which was designed to meet the needs of the service and support people to experience improved outcomes.
- The newly created service improvement plan took account of the information gathered by audits that had been completed.
- Improvements were evident throughout the home however some additional time was needed for these to embed fully into practice.

## How well do we support people's wellbeing?

We made a requirement for the provider to ensure that people received appropriate support in relation to food, fluid, nutritional support and weight loss.

The role of the champion for nutrition and hydration had been reviewed and this provided staff with practical guidance on how best to support people with their nutritional and hydration needs. Auditing of documentation also helped to ensure that people were receiving the correct support with their identified nutritional and hydration needs.

We were satisfied that the requirement had been met however we found that food and fluid monitoring records were not always completed timeously or fully assessed or analysed. Therefore, we have written an area for improvement to ensure continual development of the quality assurance processes (**see area for improvement 1, 'How good is our leadership?'**).

We made an area for improvement for the service to ensure that medication protocols were in place for those receiving 'as required' medication. This was met however we did not find a consistent approach in where or how people's support needs were recorded. Support plans should be followed by all staff when a person experiences stress or distress and a consistent approach is required so that staff members supporting people know where the information is stored. This would ensure that appropriate strategies to support people were being used in an effort to minimise the use of chemical restraint. These records should be reviewed periodically to review patterns or identify any changes required to the support plan. The use and outcomes of 'as required' medications should also be recorded, in order to monitor their effectiveness. Therefore, we have written an area for improvement to ensure the safe management of stress and distress (**see area for improvement 1**).

### Areas for improvement

1. In order to ensure that people experience safe care and support, the manager should ensure that where people experience stress and distress they have a readily available stress and distress plan. This plan should be personal to them and should detail any triggers, activities, techniques or distractions that have worked for them in the past. Outcomes of interventions should be recorded and used to monitor the individual's wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## How good is our leadership?

We made a requirement for the provider to ensure that a satisfactory quality of service was consistently provided, by fully implementing a quality assurance system.

Since the previous inspection, a new management team had introduced and implemented a thorough system of auditing and quality assurance, including a Service Improvement Plan. We were satisfied that the requirement had been met however improvements to the quality assurance systems were at an early stage of implementation and needed more time to embed and develop further. Therefore, we have written an area for improvement to ensure continual development of the quality assurance processes (**see area for improvement 1**).

### Areas for improvement

1. In order to ensure that people experience quality care and support, the manager should continue to measure the quality of all care and support provided, including nutrition and hydration needs, and demonstrate positive outcomes for people living in the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 29 February 2024, the provider must make proper provision for the welfare and safety of people residing in the care home, by ensuring that a satisfactory quality of service is consistently provided. To help achieve this, they must, at a minimum, fully implement a quality assurance system which includes the following:

- a) use of internal audits to check key areas to ensure that policies and procedures are being followed. This should include, but not be limited to, medication management, monitoring and assessment of risks, analysis of accidents and staff training, development and practice, infection prevention and control, care plans, and care reviews; and
- b) that any issues found through the audit process are highlighted and a service improvement plan made with timescales for any actions required taken to address those issues.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 4(1)(a).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 23 November 2023.**

#### Action taken on previous requirement

Since the previous inspection, a new management team had introduced and implemented a thorough system of auditing and quality assurance. This included schedules for auditing which specified frequency and required sample sizes. Responsibility was delegated to specific individuals for auditing with additional support from 'champions' whose role was to support the staff team across the whole home in their dedicated areas of knowledge. This meant that people could be confident that systems were in place to ensure that key elements of their care were being monitored.

The manager had developed a Service Improvement Plan. This used the Care Inspectorate's framework as a basis. The new plan showed areas for development, current evidence and progress to date. The auditing system, feedback from staff, people living in the home, and visitors was used to develop the improvement plan. The manager had streamlined the previous recording template, completed by senior staff, and this provided a more useful document, giving management an overview of where they needed to focus their attention. This meant that people were being supported by a service with the information required to make continuous improvement.

Improvements to the quality assurance systems were at an early stage of implementation and needed more time to embed and develop further. Therefore, we have written an area for improvement to ensure continual development of the quality assurance processes.

See area for improvement 1, 'How good is our leadership?'.

This requirement has been met.

### Met - within timescales

## Requirement 2

By 29 February 2024, the provider must ensure that people receive the appropriate support in relation to food, fluid, nutritional support, and weight loss.

To do this, the provider must, at a minimum, ensure:

- a) that the nutrition and hydration needs of people identified as at risk of malnutrition or dehydration are regularly assessed and adequately met;
- b) that information in personal plans regarding how nutrition and hydration needs are to be assessed, monitored, and met, is accurate, up-to-date, and regularly evaluated; and
- c) that food and fluid intake charts are fully completed, and that the information contained therein is used to inform the planning of care and support.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 4(1)(a).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 23 November 2023.**

### Action taken on previous requirement

As part of the quality assurance developed by the management team, the role of the champion for nutrition and hydration had been reviewed. This was a member of staff with responsibility for providing staff with practical guidance, across the whole home, on how best to support people with their nutritional and hydration needs. Part of their role was to audit care plans to ensure that everyone who needed a nutrition and hydration support plan had one in place. The information required to support people well was clear and available in the care plan of each person who needed it. The correct paperwork to monitor weights and food and fluid intake was in place where needed. The audits carried out by the champion included reviewing people's progress and using the information recorded to assess the level of ongoing risk. This meant that people could be confident that the correct support plan and paperwork was in place to support them with their nutritional and hydration needs where required.

However, we found that food and fluid monitoring records were not always completed timeously or fully assessed. We asked that the audit process included ensuring that all monitoring records were dated, signed off and totals tallied. We also asked that a system of analysis and assessment of the outcome of people's intakes be recorded. Therefore, we have written an area for improvement to ensure continual development of the quality assurance processes.

See area for improvement 1, 'How good is our leadership?'.

This requirement has been met.

**Met - within timescales**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To support people's wellbeing and social inclusion, the service should review how they plan and enable people to participate in a range of activities of their choosing, both indoors and outdoors.

In doing this, they should:

- a) develop activity plans with people; and
- b) ensure activity provision is discussed with the team, and that related outcomes are being met and evaluated.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can choose to have an active life and participate in a range of recreational, social creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25) and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

**This area for improvement was made on 23 November 2023.**

#### Action taken since then

This area for improvement was not reviewed at this inspection as the provider had not had sufficient time to complete this.

**Therefore, this area for improvement remains in place.**



## Previous area for improvement 2

To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving 'as required' medicines, the service should ensure a medication protocol is in place for each person assessed as requiring one, and should:

- a) record the name of medication and the date when medication was started by the prescriber; the route (if other than oral), the dose, the frequency, the minimum time interval between doses, and the maximum number of doses in 24 hours;
- b) what alternatives/other course of action may be followed before the medication is offered, (if any);
- c) what the medication is for, the expected outcome, and record whether the medication was effective; and
- d) the date for review, ensuring there is a mechanism for this to be followed up.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 23 November 2023.**

### Action taken since then

We sampled files of people receiving 'as required' medications and found that appropriate 'as required' medication protocols were in place.

**This area for improvement has been met.**

## Previous area for improvement 3

To ensure people continue to be included, the service should combine the processes of monitoring the practice of staff and supervision. This would enable some supervision to be based on observations of competency and afford people using the service the opportunity to give their opinion about the support they receive from staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8)

This area for improvement was not reviewed at this inspection. Therefore, this area for improvement remains in place.

**This area for improvement was made on 23 November 2023.**

### Action taken since then

This area for improvement was not reviewed at this inspection as the provider required more time to fully implement this.

**Therefore, this area for improvement remains in place.**

## Previous area for improvement 4

To ensure people experiencing care can have confidence in the staff supporting them, policy and procedural guidance should be developed and implemented on nutrition and hydration.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

**This area for improvement was made on 23 November 2023.**

### Action taken since then

The home had appropriate policy and guidance in place. The 'champion' role should further support the staff team to understand and follow this guidance.

**This area for improvement has been met.**

## Previous area for improvement 5

The manager should ensure that staff who complete audits as part of the quality assurance programme have the skills and knowledge to complete them effectively. Audits should include, but are not limited to: - Risk assessments - Individual care plans - Identified outcomes - Care plan evaluations.

**This area for improvement was made on 10 June 2023.**

### Action taken since then

The new management team demonstrated the relevant skills and knowledge to improve the quality assurance within the home. Champions were being selected for their skills and knowledge, in a variety of areas, which will further enhance the improvement in quality assurance.

**This area for improvement has been met.**

## Previous area for improvement 6

The management team should further develop their service improvement plan to include, but not limited to: - Care planning audits - Activity audits - Medication audits - Dependency rating tool audits.

**This area for improvement was made on 10 June 2022.**

### Action taken since then

As reported under requirement 1, the manager had developed a Service Improvement Plan.

**This area for improvement has been met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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