East Riding of Yorkshire Council

Wold Haven

Inspection report

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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

Wold Haven is registered to provide accommodation and care for up to 43 older people or people living with dementia. The service is located in the market town of Pocklington in East Yorkshire. It has two units; one unit has 37 bedrooms for people requiring residential care and the other unit has six bedrooms with reablement facilities, for short term care. At least three of these beds, and up to five sometimes, are used specifically as part of a multi-agency integrated care hub project, for short term care of people who need support to prevent an admission to hospital or to aid their transition back home after hospital. These are known as the 'hub beds'. Accommodation is all on the ground floor and there is a courtyard and garden. At the time of our inspection 34 people were using the service.

At the last inspection in March 2015, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe and well cared for. Staff received safeguarding training and knew how to report any concerns.

Staff had been recruited safely and there were enough staff to assist people in a timely way. The arrangements for supporting people with their medicines were safe.

Staff received a comprehensive range of training and their competence in the role was routinely assessed. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received appropriate support with their nutritional needs. People had very good access to a range of health services; there were effective links with the local GP practice and healthcare professionals visited the home on a daily basis.

People and relatives said staff were caring and we observed them to be kind, attentive and friendly. Staff treated people with dignity and respect. People were encouraged to be independent, and the support provided to people accessing the 'hub beds' in particular had enabled many people to regain their independence and return home to living independently. This had been achieved by excellent partnership working with other agencies.

People received personalised care. Staff were knowledgeable about each person's needs and preferences. There was a good range of activities and people were supported to access the local community.

People told us the home was well-managed. There was a registered manager who was supported by three senior care officers. The quality assurance system in place included the completion of regular audits to check the quality and safety of care people received. People and staff were asked for their views and their suggestions were used to continuously improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Wold Haven

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 22 and 25 May 2017 and was unannounced.

The inspection was carried out by two adult social care inspectors and an expert by experience on the first day of our inspection, and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications about any incidents in the home.

We asked Healthwatch East Riding for any feedback they held about the service. Healthwatch East Riding is an independent consumer champion that gathers and represents the views of the public about local health and social care services.

During the inspection we spoke with six people who used the service, five relatives and a visiting healthcare professional who was primarily employed to support people using the hub beds. We spoke with the registered manager, two senior care officers, two senior care assistants, a care assistant, the activities coordinator and two technical assistants. We observed daily activities in the home including the support people received with their medicines and the interactions between staff and people who used the service. We reviewed four people's care records, three staff recruitment records, induction and training records, and a selection of records used to monitor the quality of the service. We also spoke with a further healthcare professional shortly after the inspection visits, who gave us their views of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at Wold Haven and their comments included, "It feels safe as there is always people around" and "I feel safe…Nobody could harm me." Relatives we spoke with felt their loved ones were safe and well cared for; one told us, "The building is secure, there's always someone around and they have a call button."

Staff received training in safeguarding adults from abuse and knew how to respond to any concerns. Staff told us they would report any concerns to senior staff or to the registered manager straightaway. One safeguarding concern had been reported in the year prior to our inspection, and records showed that appropriate action had been taken in response. The registered manager was booked to attend a workshop in relation to the local authority's new safeguarding policy, to ensure they kept up to date with current procedures.

There were risk assessments in place for each person based on their individual needs. These included people's skin integrity and falls, and an 'individual client based risk assessment' which included areas such as mobility, dietary requirements, medication and assistance with washing and bathing. As an example, a risk assessment we reviewed for one person identified that the person required repositioning regularly and contained instructions for staff on the equipment to use to ensure this was done safely. This meant risks had been identified and were minimised to protect people. Updates to risk assessments were recorded on a log sheet.

The premises were clean and free from malodours. The registered provider employed maintenance staff, to ensure the premises were maintained in good repair. Health and safety checks were conducted regularly, including checks on hoists and slings and the call bell system. There were also servicing records and maintenance certificates in place in relation to the emergency lighting, gas safety, electrical installations, fire extinguishers and fire alarm systems. Personal evacuation plans were in place, detailing how to support each person to leave the building in the event of an emergency. □

Robust recruitment practices were followed, to make sure new staff were suitable to work in a care service. These included application forms, interviews and reference checks. The registered provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This service is in place to help employers make safer recruitment decisions, to protect people. The registered provider also routinely re-checked the DBS status of all existing staff every three years.

Most people we spoke with told us there were sufficient staff available to meet their needs, although one person commented that sometimes staff responded to their call bell initially and told them they would come back. They told us staff always returned but if they were busy there could sometimes be a delay of up to half an hour before they returned to assist them. The registered manager told us they monitored call bell response times but would remind staff in a team meeting about the need to return to people promptly if they were unable to assist straightaway. Staff told us that regular bank staff were used to cover any gaps in

the rotas. One staff member told us, "It's a good team here, we help each other and chip in." We observed there were sufficient staff to give people assistance in a timely way during our inspection.

The arrangements for managing people's medicines were safe. People's medicines were stored securely in their own bedrooms. Controlled drugs were appropriately stored in the medication room. Controlled drugs are certain prescription medicines with strict legal controls to govern how they are prescribed, stored and administered. All medicines were administered by staff who were trained and competent to do this. Clear records were in place to show that people received their medicines as prescribed. The registered manager was taking action to address an issue they had identified in relation to the temperature of their medication room. This action was needed to ensure the room was maintained at the correct temperature to ensure the medicine's integrity.

Good

Is the service effective?

Our findings

All the people we spoke with confirmed that staff had the right skills to support them well. Care staff received an induction and a comprehensive training programme, including infection control, skin integrity, dementia, moving and handling techniques, accident reporting, pressure area care, encouraging social care and well-being of residents. The trainer demonstrated and observed all tasks performed by the care staff to ensure competency in the work setting. All new care staff worked towards completing the Care Certificate. The Care Certificate is a set of standards that social care and health workers agree to work by. A training matrix was in place to identify when annual refresher training needed to be completed.

We found the registered provider carried out six monthly observations on staff to check their competency in key areas of practice. Staff were given feedback and any actions, follow up training or development needs were clearly recorded. A separate medication competency assessment was also evidenced for all staff who administered medicines.

Staff told us they received six weekly supervisions and six monthly appraisals (employee development reviews). One member of staff told us that management were, "Very supportive, I can go to the manager of the home with any issues." Staff also advised that they could request additional training at any time if they felt it was needed.

This showed us that staff received the training and support to deliver an effective service.

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. Where people lack mental capacity to make 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. The application process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff received training in MCA and DoLS. They understood the importance of obtaining people's consent. At the time of our inspection the registered provider had submitted DoLS applications for four people; one of these had been authorised and the other three were awaiting assessment by the local authority.

At lunchtime people were offered a choice of meals and a drink. Some people chose to eat in their own rooms supported by relatives, or to eat at a later time, and their choice was respected. We received mixed feedback about the food and two people commented that the sandwiches seemed to be the same every night. The registered manager told us there were alternatives available, including home made soups and jacket potatoes. We also saw that menu options and feedback on food was discussed in residents meetings and that a new menu had just been developed taking into account people's feedback.

People's weight was monitored, and where people had been identified to be at risk in relation to their nutrition or hydration needs they had relevant input from health professionals, when needed, and their food and fluid intake was monitored.

Staff knew of people's dietary needs such as soft, mashed or pureed diets; this information was clearly recorded in their care plans. The cook had sheets on the kitchen wall outlining any specific requirements and a message book that staff could update with any changes.

We saw records and correspondence in people's care files to show they were supported by staff to access community healthcare services such as district nurses and GP's. Staff told us they had a good working relationship with the local GP practice. This effective working relationship was particularly apparent in relation to the support of people using the reablement 'hub beds'; people received support from a team of health and social care professionals, including occupational therapists, physiotherapists and social workers. The service had helped some people avoid having to be admitted to hospital unnecessarily. Healthcare professionals we spoke with were very positive about the service and one told us, "They (Wold Haven staff) are very helpful and amenable…very flexible. There have been lots of really positive outcomes for people. The communication is very good." Another said, "Staff generally follow the instructions I give them. They would contact us if they had any concerns about anyone." They also told us that they were able to join the staff's daily handover meetings if there were any specific issues. This showed that people were supported to maintain their health and independence and access healthcare professionals, due to effective partnership working.

The accommodation was all on the ground floor and was spacious, well-lit and well-maintained. There was a large dining area, three lounges and a hairdressing room. The 'hub beds' unit was well-equipped with a range of facilities designed to aid people's reablement, such as a domestic style kitchen and a small set of steps to practice managing stairs on people's return home. The environment in the home was suitable for people's needs, although we discussed with the registered manager consideration of dementia friendly design principles and signage, in order to make the building easier for people to navigate.

Good

Is the service caring?

Our findings

People who used the service told us that most staff were caring in their approach. Their comments included, "I think they are caring by how they are with me," "Some are caring, it is nice when they have the time," "The staff are marvellous and I'm very happy" and "Staff are caring, some more than others." People confirmed that staff treated them with respect.

We received very positive feedback from relatives and visiting healthcare professionals about the kind and caring nature of staff. They told us staff were "Very caring" and "Absolutely fantastic." We observed staff were very friendly, patient and respectful when interacting with people. We saw lots of examples of people and staff laughing and chatting together. Staff talked to people about topics of interest to the person and clearly knew them well.

We saw that staff were attentive to people. For instance, we observed a staff member noticed when two people woke after an afternoon nap. The staff member chatted to them in a warm and friendly tone and expressed concern that they may be thirsty because it was a warm day, and reminded them of the importance of keeping hydrated. They offered people some juice. We saw that later in the afternoon when another person asked a member of staff if they could have a cup of tea, the staff member responded in a positive and cheerful manner and went to make one straight away. They asked the person where they would like to have their drink and the person chose to have it in their bedroom. The staff member suggested that they would carry the hot drink to the bedroom if the person could perhaps open the doors for them. This was done in such a way as to ensure the person's safety but encourage their involvement and independence. We saw various examples like this, which showed that staff promoted people's dignity and involvement. We observed people being offered choices throughout the inspection, including what they wanted to do and whether they wanted to participate in activities. One person told us, "I haven't ever been told what to do; I choose."

Developing people's skills and independence was a key aim of the 'hub beds' element of the service in particular. We were shown various case studies which illustrated the success of the service in enabling people to move back home after a period in hospital, where they would otherwise have had to stay in hospital longer, or where the service had prevented a hospital admission. A visiting healthcare professional told us about a situation where they felt the person would have needed to move to a residential care home permanently if they hadn't had the support of the hub team at Wold Haven. The hub team consisted of the Wold Haven care staff and a range of health and social care professionals. A visiting healthcare professional told us that they sometimes had to remind care staff about ensuring they encouraged people to do as much for themselves as possible in order to promote their independence, rather than doing too much for people. However, they said they were always able to discuss any issues like this with staff and resolve them. We noted one thank you card received by the service which stated, 'You have given me support, encouragement and as I leave today another chance to establish a normal life. I will be eternally grateful to each and every one of you.'

People told us that staff respected their privacy and dignity, and we saw that staff always knocked on

people's bedroom doors before entering. A staff member told us, "We close the curtains (when providing personal care), make sure they feel safe and secure and put them at ease. We talk to them about what's going to happen and when, and make sure they are comfortable before we proceed."

People's spiritual needs were met; religious services were held at the home taking into consideration people's different faiths.

Relatives told us they were kept informed and involved in their loved one's care. Relatives could visit at any time, although a relative told us it was preferred if visitors avoided mealtimes. The relative also told us, "I feel like it is a family here; nobody passes by without saying hello." One person had an advocate and information about advocacy services was available for anyone who needed independent support to help them express their views. The registered provider also produced a quarterly newsletter.

Staff completed training about end of life care and the registered manager told us staff were particularly skilled and compassionate in supporting people at this stage of their lives. Staff also supported family members and offered them meals and accommodation at the home during this time if needed. We saw various thank you cards and letters from relatives complimenting staff for the care that their loved ones had received.

Good

Is the service responsive?

Our findings

People's needs were assessed in a range of areas, including personal care and physical well-being, diet and weight, sight hearing and communication, mobility, falls, continence, social interests hobbies and religious and cultural needs. This assessment included a summary of key information staff needed to be aware of. A day care plan and night care plan was then developed which included information about people's routines and assistance required from staff. Each person's keyworker reviewed their care plan monthly and recorded any changes or updates in 'keyworker notes'. In addition, files contains desired outcomes and goals in relation to people's care and a life history document, which gave staff more insight into the person's background, preferences and interests.

Nobody we spoke with could recall being involved in developing their care plan. However, we found that people had signed their agreement to their care in their care file and there were examples where people's views had been recorded in their files. It was evident from our observations, and from discussion with staff, that staff were aware of people's needs and preferences.

Staff completed a range of monitoring documentation, including daily records and repositioning and nutritional charts, where these were required. This enabled the registered manager and senior care officers to check that care provided was in line with people's care plans. We saw clear and informative daily handover sheets which enabled effective communication between staff.

Since our last inspection in 2015, there had been a significant focus on increasing the range of activities provided at the home. There was an activities coordinator who provided activities three days a week, including chair exercises, games, baking, gardening and nail care, as well as holding one off events and parties. A room was converted to a 'cinema room' once a month and people had popcorn and drinks whilst watching a film. There was also a reminiscence area, with a range of objects and photos to stimulate discussion and memories. People were supported to go out and have a walk around Pocklington or go on trips locally. A log was kept of local outings and trips out, to ensure that all those who wished to go out had fair opportunity. We observed some activities during our inspection, such as people playing bingo, and on the second day of the inspection the weather was warm, so many people chose to sit outside under a gazebo and have their nails painted.

People we spoke with were satisfied with the activities available and their comments included, "I like to do gardening, we get singers in, we do a bit of cooking, exercises – there is enough going on" and "On Tuesday night the Lions (local club) visit."

We talked to people about whether they would know how to raise a complaint or concern if they had one. Not all the people we spoke with were confident about how to do this. We did however see that the complaints procedure was displayed in the home and people's rooms and people had opportunity to raise concerns and complaints in residents meetings. We looked at records relating to complaints and compliments. No formal complaints had been raised in the year prior to our inspection. 20 compliments and thank you cards had been received. People also had opportunity to provide feedback in survey

questionnaires.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by three senior care officers, who supervised senior care assistants and care assistants.

We received positive feedback about the registered manager and leadership team and people felt the home was well-managed. Not all the people and relatives we spoke with were aware who the registered manager was, but we found the registered manager worked in the home on a daily basis and we observed that they were in regular contact with people who lived in the home and visitors. They told us they had an open door policy. One relative told us, "I think it (Wold Haven) is well run because when you ask for anything it is done, there are events going on all the time and these are well organised. Activities are run well. They do a newsletter too." A visiting healthcare professional told us the leadership of the home was good and that the registered manager was always very flexible and responsive. All the staff we spoke with confirmed that they were well supported by the senior care officers and the registered manager, and that they were available and very approachable.

The registered manager advised us there was a strong leadership culture across the provider's network of registered managers, and this included regular structured meetings with the other managers. These meetings focussed on evidence based practice and encouraged innovation and creative thinking. Senior managers from the organisation provided support by attending some of these meetings and by visiting the service to praise good work and offer motivation. There was also a scheme to recognise staff with the potential to become future managers, and the registered manager told us those staff would take part in a development programme to nurture future leaders.

Staff attended team meetings and received regular supervision. From our discussions with staff and visitors, and our observations of practice, it was evident that there was a positive person centred culture at the home. A member of staff told us the values of the service included, "Trying to treat people equally and respect them. Respect for people and for staff and to create a friendly environment and welcome everyone into the home."

The registered manager understood their responsibilities and told us they kept up to date with best practice and changes in legislation via regular training and the CQC website, SCIE (Social Care Institute for Excellence) and NICE website (National Institute for Health and Social Care Excellence). Statutory notifications had been submitted to the Commission, as required by regulation.

The registered manager told us they were always looking at ways to improve the service people received. For instance, they had increased the range of activities and events for people over the last year and they had recently reviewed the menu as a result of feedback in resident's meetings. The registered manager also responded very promptly to some feedback we gave in relation to some minor issues with care files and

nutrition charts and on the second day of the inspection told us the action they had already taken. The registered provider had a 'Staff Member of the Month' reward scheme to recognise good practice. The registered manager asked people who used the service and staff to nominate staff for this.

The registered manager and staff demonstrated excellent partnership working, particularly in relation to the 'hub beds' at the service. The 'hub team' (including Wold Haven staff and healthcare professionals who support people accessing the hub beds) had won an award for 'Working in Partnership with other Agencies' in December 2016, at a ceremony hosted by Humber NHS Foundation Trust. In the first two years of the hub beds service, which started in December 2014, the team prevented 39 unnecessary emergency hospital admissions and ensured 60 hospital patients were able to be discharged earlier or cared for nearer to home. Healthcare professionals also assessed and provided advice for other people living at Wold Haven where required.

The service also built links with the local community as the local Lions club visited once a week to socialise with people and the registered manager told us that children at a local school also sometimes came to visit.

The registered manager sought feedback from people who used the service, relatives and external stakeholders in an annual satisfaction survey. We saw that the results of the most recent survey in May 2016 were very positive and the registered provider had produced a report in response to the survey findings so that people could see what action had been taken as a result of their feedback in a 'you said, we did' section. For instance, some families said they didn't have information on how to make a complaint and the home advised that a complaints procedure and service user guide would be put in all the residents rooms and a copy of the complaints procedure was displayed in the foyer. In the stakeholder survey there was some feedback that there could be better access to disposable gloves and aprons and this was responded to with detail of where to locate these items.

In addition to the surveys, the registered manager completed a range of quality assurance audits. This included regular audits of care plans and medication systems. There were checks on equipment and the environment and a system for reporting repairs. We saw that accidents, incidents and falls in the home were monitored, to ensure appropriate responsive action had been taken. The registered provider also collated a range of other key data from the home each month, such as the number safeguarding referrals, complaints and overdue staff supervisions. This helped to identity any concerns or action required. An improvement and development team plan was drawn up, with key actions and timescales, in order to drive improvement. We found that many actions from the improvement and development plan had already been completed, such as increasing the range of activities. Others plans were still to be completed at the time of our inspection, such as getting WiFi and computer tablets so staff could support people to maintain links with families that live abroad.