Hatzfeld Care Limited

Willowgarth

Inspection report

Rolston road, Hornsea, HU18 1XP
Tel: 01964 534651
Website: www.hatzfeld.co.uk

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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

Overall summary

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

The inspection was unannounced. At the last inspection on 19 August 2013 the service was fully compliant with all of the regulations assessed.

Willowgarth is a care home that is owned by Hatzfeld Care Ltd. It is located in a rural setting close to the town of Hornsea on the East Riding of Yorkshire coast. Support is provided to people of various ages (over 18) some over the age of 65 who have mental health needs.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA 2005) legislation which is in place for people who are unable to make

Summary of findings

decisions for themselves. The legislation is designed to make sure any decisions are made in the person's best interest. No-one in the home had been supported with DoLS as everyone had been assessed as having the capacity to make their own decisions.

We found that staff had an awareness of DoLS and MCA and people's rights were respected. People told us they were able to make choices and this included declining activities.

People were supported to take risks in their lives. For example, to go out in their local community. Risks were identified, assessed and care plans were put in place to help make sure people remained safe. This helped people to be able to live their lives as independently as they wished.

Systems were in place to help make sure staff were correctly recruited and considered safe to work with vulnerable people. This included employment references and Disclosure and Barring checks (DBS). These checks would record if the person had a criminal conviction which would prevent them from working with vulnerable people and if they were on the list of people who were barred from working with vulnerable people. Staff and professionals told us there were enough staff in the home to make sure people's needs were met.

Staff undertook training to help make sure they had the necessary skills to support people effectively.

People told us they were happy with the food provided in the home and we saw people were weighed regularly as part of the monitoring of their health.

We saw people had regular access to and support form health professionals to assist them in having their needs met.

People were happy with the staff and described them as compassionate and told us they listened to them. People's needs were recorded in care plans. This provided clear information to staff when supporting people. We observed that interactions between staff and people who lived in the home were polite and respectful. People told us staff respected their privacy and dignity.

Staff had a good knowledge of the needs of people who lived in the home. Professionals told us they were happy with the home and felt staff supported people "Really well."

There was a complaints system in the home. People we spoke with had no complaints about the service. We were told how people had complained in the past and this had been responded to.

There was a registered manager in the home. We observed people readily approach the registered manager and staff told us the registered manager was approachable. We heard interactions which were respectful and helpful. This meant that people would speak with the manager and any concerns could be quickly addressed.

There were quality monitoring systems in the home. Some of these were undertaken by staff in the home and some by an external monitoring organisation. These covered a variety of areas to help make sure people's needs were met. People were consulted about the quality of the service provided and meetings took place to help make sure people were kept up to date about any change to the home.

Summary of findings

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 is safe. People were supported to take risks, be independent and have their rights respected.

There were adequate numbers of staff who had been correctly recruited.

Systems were in place to make sure people received their medication correctly.

Good

Is the service effective?
The service is effective. Staff received training to make sure they had the skills to support people correctly.

People were happy with the food provided.

People received good support from a variety of professionals to help make sure their needs were met.

Good

Is the service caring?
The service was caring. People were happy with the staff support.

Care planning systems were in place to make sure people's needs were known. We observed staff were aware of people's individual needs.

People were involved in the planning of their care. Their privacy and dignity was respected in the home.

Good

Is the service responsive?
The service was responsive. Staff were knowledgeable about people's needs.

People were able to undertake activities of their choice.

People knew how to complain and felt the home responded to any complaints or concerns they had.

Good

Is the service well-led?
The service was well led. There was a registered manager in post who people described as approachable.

Staff felt well supported and were well informed.

Quality assurance systems were in place to monitor service provision. The registered manager was aware of the needs of people who lived in the home.

Good

Willowgarth

Detailed findings

Background to this inspection

The last inspection of this service was in August 2013 when the service was fully compliant in the areas reviewed.

The inspection team comprised of an inspector, a professional advisor for Mental Health and an expert 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.

Prior to this inspection we spoke with commissioners of services and reviewed information we held about the service. This included a review of any notifications they had sent to us about incidents in the home. The service did not complete a provider information return (PIR). This is a form which asks the provider to give some key information about its service, how it is meeting the five questions, and what improvements they plan to make. However, they did send in some information in response to our request.

We spoke with 12 people who used the service. We also spoke with the registered manager, four care staff and two visitors to the home. We reviewed four people's personal files and three staff files as well as records and documents in relation to the management of the home. We spent time sitting with people and observed daily life in the home.

Is the service safe?

Our findings

When we spoke with the staff they had a basic awareness of the Mental Capacity Act MCA (2005). In addition they were aware of the deprivation of liberty safeguards (DoLS) and what situations would constitute a deprivation of a person's liberty. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA) 2005 legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to make sure any decisions are made in the person's best interest. We were told no-one living in the home had required a DoLS.

We saw examples of how people were assessed as to their capacity to make decisions and that their decisions were respected. For example, one person was subject to a Community Treatment Order (CTO). This is a formal order which instructs the person where and how they must have continuing treatment. This had been reviewed with the person and there was evidence they were aware of their rights, as they had stated, "I have the right to contest my CTO and have representation to support me".

Another person had recorded in their care plan their capacity to make decisions. The person was recorded to have stated, "I have the capacity to make choices about where I live" and "I have capacity to choose how I spend my funds and choose my own clothes." Another person also commented, "I don't wish to have nightly checks" they had signed a disclaimer to this and this was respected by staff.

Each person had an individualised care file and care plan. These were accessible to staff and easy to follow. The care files included risk assessments and any corresponding care plans. This recorded how people were supported to manage these risks. People had signed to say they agreed to the risk assessments. Staff confirmed people were supported to take risks in their lives. This included going out in the community, the risks associated with smoking and any risks of self harm.

There was a policy on the safeguarding of vulnerable people. This offered staff guidance on how to handle any allegations of harm. As part of our planning prior to this visit we reviewed information we held about the service. We saw that the home had reported events to us including any allegations of harm. This enabled us to have an up to date picture of events in the home. When we spoke with staff they were able to tell us about the different types of abuse and the actions they would take should an allegation of harm be raised. They confirmed they had undertaken training in relation to the protection of vulnerable adults. This reflected a staff team who were knowledgeable and able to support people should an allegation be raised.

There was a medication policy held in the home. This provided staff with guidance on the handling of medicines. This included how to order routine and emergency medication.

A member of staff showed us the medication systems currently in use within the home. People's files were individual and included a re –order form for their medication. Medication was stored securely in locked cupboards.

We found there was a large amount of medication stored in the home which included as and when medication, for example paracetomol. The staff had developed a system for storing and recording medication which was individual to the service; which they had found easier to use than other systems.

People had individual medication administration (MAR) sheets which recorded the prescribed medication and when this had been administered. We found these records were up to date. Records of individual stock balances were also kept. However, we found discrepancies with two of these records.

One person was prescribed creams to be applied to their skin. However, there was no information as to which area of the person's body the cream was to be applied to.

We saw medicines which were described as 'controlled drugs' (CD). These were recorded in a separate CD book and we saw these records matched with stock balances. Two medications which were stored as CD's were not recorded as CD's and it was unclear why this decision had been made

There were fridges in place for medication which required to be kept cool. We saw that regular checks were made on these to make sure they were working efficiently and that medication was stored at the correct temperature. This helped to make sure medicines were stored correctly and not compromised.

Is the service safe?

We looked at the recruitment practices in the home. Staff told us they completed an application form and attended for an interview as part of their recruitment to the home. They also told us they provided references and had to complete a Disclosure and Barring check (DBS). A DBS check identified if the person held a criminal conviction which may prevent them from working with vulnerable people or on the list of people barred from working with vulnerable people. However, one of the three files did not hold the staff DBS check. We fed this back to the provider.

Staff and professionals told us they felt there were enough staff in the home. We were told there were nine carers on duty at the time of our visit with a therapist, cleaning, housekeeping and maintenance staff in addition to this. We saw records of staff names and the amount of contracted hours they worked each week.

Good

Is the service effective?

Our findings

Staff told us they had attended a three month probationary period and completed an induction when they first commenced in the home. They told us how the induction provided them with information on their role and included training such as fire awareness. This helped them to be aware of their role and to support people from the time they commenced working in the home.

We also reviewed staff training files. These files held details of different courses staff had attended. This included the Mental Capacity Act (MCA) 2005, the safeguarding of vulnerable adults (SOVA), end of life care and moving and handling of people. This meant staff were equipped with the skills to help support people in their daily lives. However, of the files reviewed, we saw that not everyone had completed all of the courses. We asked the manager for the training record but this was not made available. It was therefore not clear how many staff had attended training to ensure there was a consistent, well trained and skilled staff team to support people.

We spoke with 12 people who lived in the home and no concerns were raised regarding food. One person told us they were happy with the food provided but would like more choices of cold food. We were also told “Food is good and portion sizes are good” and “It is acceptable.” However, one person said that they would “Like more ‘spicy’ food.”

We sat with people at lunchtime and observed people were happy with the choice of the menu and liked the taste of their food. We were told there were people who required a diabetic or vegetarian diet who lived in the home and one person who undertook their own cooking.

People’s files recorded support they received from other professionals in the meeting of their needs. This included their GP, psychiatrist, social worker, epilepsy nurse, dentist and optician. Records detailed that people had visited their dentist and had received a visit from their nurse and information about care plan reviews.

People’s health needs were monitored in the home. This included monitoring of people’s weight and blood pressure. However, people’s wishes were also respected regarding this. For example, one person refused to have their blood pressure monitored. People’s mental health was also monitored through using specialised tests. This helped make sure people were supported with their health needs and recovery. One person told us they felt “Supported” when on appointments.

Additionally there was a therapist employed within the home. The therapist helped people with cognitive behaviour therapy. This is a type of therapy which helps people manage their problems by changing the way they think and behave. It is mostly used to help people with anxiety and depression.

People also had patient passports. These are documents which summarise the person’s needs and are used if the person needs to be admitted to a health facility in an emergency; they assist the staff in the new facility to quickly be aware of the person’s needs.

We noted one person had been recommended to remain in the home for a further 2 years. However, there was no rationale recorded as to what under- pinned this view, what steps needed to take place in that two year period or what the goals were. This did not ensure the person’s needs were fully met.

Is the service caring?

Our findings

We spoke with 12 people who lived at the home and all were happy with the support from staff. People described the staff as "Compassionate". One person told us "Staff do not dictate". Of the 12 people we spoke with only one person raised a negative comment regarding the staff team. They told us they had reported to staff they had heard voices. They told us the staff response to this was not good and had made them feel "Belittled."

One professional told us they felt the home worked well with them and followed any instructions. They told us "It is really good. There are some 'challenging' people here who are well on their way to recovery." Another professional told us they felt staff were always polite and respectful.

When we spoke with staff they were aware of the different needs of people who lived in the home.

They were able to describe individualised support for people.

People living at the home were able to choose what to do each day, with much of this activity being completed independent of staff support. This included people going out into the local community and spending time in their own rooms or with others. Some people chose to spend time in the communal areas of the home with the staff. People were watching TV with staff and we observed people were relaxed doing this.

As people were busy with individual activities their time in communal areas with staff was limited. However, the times we observed reflected positive interactions between staff and people who lived in the home.

We also observed verbal interactions between people who lived in the home and various staff on duty in the reception area throughout the course of the visit. We saw staff were caring, responsive and respectful to people.

Staff told us people were consulted about their care. They told us they explained things to people who lived at the home and that people attended their care reviews. Staff said people would come to them and discuss any issues and staff would spend time discussing care plans with people.

There was current and historical information recorded in care plans. Additionally, there was evidence that care plan reviews took place regularly or as an individual plan indicated. People's care plans included evidence of their individual choices and times when they had declined interventions, for example, an activity.

Staff gave us examples of how they respected people's privacy and dignity. This included that they would knock prior to entering someone's room, respect their wishes if they did not wish you to enter and ensuring people were covered when being assisted with personal care. They also told us how they respected people's confidentiality and did not hold private conversations in public places.

Several people confirmed to us that staff treated them with dignity and respected their privacy. They also told us that when family visited they could be seen in private.

Good

Is the service responsive?

Our findings

Professionals told us they felt staff were knowledgeable about the needs of people who lived in the home. They said staff followed care plans and knew when to call for professional assistance. One professional told us the home was "Outstanding" as staff encouraged people's individual skills and staff worked "Well with them". Also how the home had met the needs of people living there. One professional said, "My client is managed well." We were also told that a good aspect of the service was that people were supported to go back into education.

People living in the home told us they felt staff were very supportive. We were told staff were "Kind and they listen" One person said staff treated them with "Compassion" and another person said they were "Content with staff."

People had comprehensive assessments of their needs and risk assessments. These covered all aspects of mental health, physical health, psycho social support, capacity and consent. We saw that all sections of these included the individual's preferences, likes and dislikes. This helped to make sure staff were fully aware of people's needs.

Additionally people had individual care plans which were centred on them. These described the individual support people required in the meeting of their needs. The care plans were regularly reviewed so that staff remained up to date about the person. We also saw that daily notes were completed. These recorded events in the person's day and helped staff review how the person was and the support required. People had signed to confirm their care plans were correct and also attended reviews of their care.

Staff told us about an individual programme to assist people with alcohol dependency which had been developed in the home. They said that latest practice guidelines had been used as a basis for this. This helped people received good support in the meeting of this need.

A member of staff told us they completed a daily handover to make sure all staff were aware of the latest needs of people who lived in the home. This would include if the person had a doctor's appointment.

People were able to choose whether to participate in activities. These were group and individually based both were in the home and in the local community with regular day trips being available. The activities were age appropriate and people were asked if they wished to take part. We heard a member of staff respect a resident's choice not to participate in the activity taking place on the morning of the visit. People who lived in the home confirmed to us that staff supported them to go out.

There was a policy on complaints available within the home. We looked at the records of complaints made to the home. The details of these included who made the complaint, when the complaint was made and the actions taken to respond to this. All but one of these included the feedback to the complainant. We spoke with twelve people who lived in the home. No-one raised any concerns about the home. Some people told us they had raised complaints in the past and that things "Got resolved."

Good

Is the service well-led?

Our findings

There was a registered manager in the home. Staff told us the registered manager and management team were approachable and helped them in their role. We saw staff readily approach the registered manager throughout the visit. This helped to make sure staff would report any concerns to the managers and these could be dealt with quickly, helping to make sure people's needs were met.

We saw staff were organised and clear about their roles for the day. One member of staff told us the home was an "Amazing place" as everyone was so positive. Another member of staff told us they would use the whistle blowing policy if they had any concerns with the home. They said "It is an amazing place; it is easy to talk to people." We found there was a whistleblowing policy which included information to support staff should they wish to raise a concern.

Professionals were also positive about the home and the management of the home; they confirmed staff and managers were approachable.

There was a complaints policy held in the home. This provided information on how complaints would be handled. Records were kept of any complaints raised. We discussed monitoring of complaints with the manager. They told us this was part of the monitoring undertaken by an external agency. However, there were no audit reports in relation to this and it was not clear how the monitoring of complaints then fed into the monitoring and development of the service.

We raised an individual concern with the manager. One person who lived in the home raised a concern with us about their interaction with another person in the home. The registered manager was fully aware of the current situation and what was in place to support both people.

There was a quality assurance system operated within the home. The system included the use of surveys for people who lived in the home. For example, people had been asked their views about the food available. There was no evidence of the actions taken in response to concerns or comments raised about food provision. However, in discussion the registered manager told us they reviewed these to make sure actions were taken.

After this visit we received a notification of an incident in the service. Although this had been notified to us correctly, the information recorded on the form was not clear and required improvement.

We saw that accidents and incidents were reviewed by the manager. This helped to make sure any patterns were identified. Actions could then be taken to prevent re-occurrences.

We saw a quality assurance calendar. This helped the manager plan for different audits of the home throughout the year. This included health and safety, medication and care plans. Audits had been undertaken regarding maintenance records, water temperatures and staff appraisal and any improvements needed were noted. The manager told us the file would be signed when identified areas of improvement had been completed.

The home had arranged for an audit to be undertaken by a professional external company and had used this to add to their own review of the service.

We saw staff meetings took place within the home and we reviewed some of the minutes of these. At the meeting in February it was recorded that staff should "Cajole" people on a regular basis. This did not reflect a positive culture within the home. However, the manager told us how this was not the culture of the home and this had been written incorrectly as people were only encouraged.

Staff told us they were supported in the home and had an appraisal every month. They told us if a senior carer was unable answer their query, they felt able to ask the manager for support.

Staff told us there was a resident's monthly meeting and staff monthly meeting. They told us how at the meeting each member of staff would be consulted and asked if they had any concerns. These would be minuted, dealt with and reviewed at the next meeting.