

Denestar Limited

Willerfoss House

Inspection report

6 Victoria Avenue
Withernsea
Humberside
HU19 2LH

Tel: 01964614290

Website: www.denestarltd.co.uk

Date of inspection visit:
04 October 2018

Date of publication:
19 November 2018

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

Willerfoss House is a care home that is registered to provide personal care and accommodation for up to 26 older people, including those living with dementia. People in care homes receive accommodation or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 22 people living within the service.

This inspection took place on 4 October 2018. The inspection was unannounced.

At our last inspection we rated the service 'good'. At this inspection, the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported by staff who received training on how to safeguard people from abuse. Information was available for staff to raise concerns if needed.

People were kept safe by staff who were trained to monitor and risk assess the safety of equipment and utilities. The environment was clean, tidy and welcoming.

Staff received regular supervision and training. The service ensured safe staffing levels with consistent staff that worked both day and night shifts.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff provided person centred care to people who lived at the service. Staff had knowledge of peoples likes, dislikes and beliefs. Staff treated people with dignity and respect.

People who used the service told us staff were caring. We observed meaningful interactions between staff and people throughout the inspection; feedback from people and their relatives was positive.

Care plans were person-centred and contained information about people's support needs. Some care plans lacked detail of particular health conditions but there was no impact as staff had a good knowledge of people and their needs.

A variety of activities were available every day and people who lived at the service were involved in the planning of these activities.

A new registered manager was in post, supported by an operational director. Quality assurance systems

were in place to monitor the quality of the service. These were not always completed consistently and the new registered manager was enthusiastic to implement a more robust process.

Further information is in the detailed finding below.

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

Willerfoss House

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 was planned to check whether the 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 inspection took place on 4 October 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

We reviewed information we held about the service, such as notifications we had received from the provider, information from the local authorities that commissioned services with them and Healthwatch. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. Healthwatch is an independent service which exists to speak up and publicise the views of local people in health and social care settings.

Before the inspection, we reviewed the Provider Information Return (PIR) that the provider completed in January 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people living at the service and two visitors. We also spoke with the operational director, the registered manager, one care team manager, one team leader, one care worker, the maintenance person and the activities coordinator.

We looked at records including; three care and support plans for people who used the service, three medication records, two staff recruitment files, training and supervision records. We looked at records involved with maintaining and improving the quality and safety of the service which included a range of audits and other checks.

Is the service safe?

Our findings

At the last inspection in February 2016 we rated the service as 'Good'. At this inspection, we found the service remained 'Good'.

People who lived in the service told us they felt safe there. Comments included, "I feel safe here," "I am well looked after" and "The staff know me well and make me feel safe."

Staff were aware of how to keep people safe. They had completed safeguarding training and information about reporting abuse was displayed in the main hallway in the service. Staff understood the different types of abuse and how to report any concerns they had to ensure the safety of people.

The service was clean and tidy. Cleaning schedules were in place and the communal areas were cleaned twice a day. Staff had knowledge of infection control and personal protective equipment (PPE) was available for staff throughout the building. We observed staff using PPE when supporting people.

Assessments were in place to manage risks within the environment. Risks to people had been assessed and continually monitored to ensure people's safety. Regular checks were carried out in the service by the maintenance person to ensure the premises and equipment were safe for people to use. Fire safety checks were consistently completed and the service had plans in place to manage people's safety, in the event of a fire.

Staffing levels were sufficient. A dependency tool was used to ensure there was enough staff working in the service to meet people's needs and to support people. We observed rotas which showed staff worked a rolling rota, which included staff working both day and night shifts. This meant people were receiving care from consistent staff.

Appropriate recruitment checks were carried out. Checks included staff's previous employment, references and Disclosure and Barring Service checks (DBS). These checks helped to ensure people were supported by staff who were suitable to work in a care service.

Systems were in place to monitor accidents and incidents in the service. Records were completed in detail and any actions that had been identified were clearly documented. This was communicated to staff through handovers and staff meetings to prevent the risk of re-occurrence.

Medicines were managed and administered safely. Records confirmed people had received their medicines as prescribed. We observed staff administering medication to three people living at the service. The staff member communicated well with people and explained the medication they were taking. Staff gave people time and did not rush them in anyway. Training records showed medication training was completed annually and regular competency checks were completed by the registered manager.

Is the service effective?

Our findings

At the last inspection in February 2016 we rated the service as 'Good'. At this inspection, we found the service remained 'Good'.

Care plans and risk assessments were in place and consistently updated to inform staff on how to provide care and support to people in line with their likes and dislikes. Some care plans we looked at, required further details to reflect people's current needs. For example, one care plan detailed how to support with medication. The medication administration records showed this person received occasional covert medication. A best interest meeting had been completed to agree this person should receive covert medication when required but there were no instructions for staff about when to offer medication in a covert way or how to administer covert medication. We discussed this with the registered manager who said she would update this person's care plan straight away.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of this legislation and when they should be applied. The registered manager had made appropriate applications to deprive people of their liberty. Mental capacity assessments and best interest decisions were clearly documented. The service provided staff with a pocket-sized information card to support them to understand the five principles of the MCA.

We observed staff seeking consent from people. They encouraged decision making and provided people with sufficient information to enable them to make a decision. Staff were patient and gave people time to digest the information given. One person told us, "They are very patient with me."

Staff had the knowledge and skills to support people's needs. People told us, "They [staff] are wonderful, they listen and they treat me well." Staff received appropriate training to support them to carry out their role and this was updated when required. New staff completed The Care Certificate. The Care Certificate is a nationally recognised set of standards that sets out the knowledge, skills and behaviours expected of care staff.

People were supported to maintain a healthy diet in line with their needs. The food was home cooked and people were given a choice of what they would like to eat. Drinks and a variety of snacks were offered to people between mealtimes. We observed people eating their meals with the use of adapted utensils and staff who were patient and kind.

People received appropriate care when they required it. Records showed people were visited by health professionals at their request or where there were concerns with the person's health. A visiting relative told us, "They are very good at informing us when [relative's name] is not well and they have contacted the doctor." A health professional told us, "They listen to what we advise and contact me when they have concerns." Hospital passports were in place to share with health professionals when people needed to

access services. These contained people's preferred methods of communication and information of health needs.

Is the service caring?

Our findings

At the last inspection in February 2016 we rated the service as 'Good'. At this inspection, we found the service remained 'Good'.

People within the service consistently told us staff were caring. Comments included, "Staff are wonderful," "They always have time for me." A visiting relative told us, "Staff are busy but always have time to give [relative's name] a cuddle."

The atmosphere within the service was warm and friendly. People liked living at the service, one person told us, "I love it here, I came here when my [family member] died, I couldn't manage at home on my own, the staff are brilliant and I still have my independence. What more can I ask for." People in communal areas were sharing stories with each other and there was a lot of laughter. This showed that people within the service had formed relationships with each other and were happy.

Staff we spoke with were passionate about providing person centred care to people. Staff knew people and their needs well. They told us "It's not a chore to come to work, it's like one big family," and "I love my job." We observed staff having meaningful conversations with people and one member of staff sat holding a person's hand. This person did not want to talk to the staff member, she just wanted to hold hands and the staff member sat with them for around 20 minutes. This showed staff had time to spend with people.

People's bedrooms were personalised to their own choices. They had free movement around the service and could spend time the way they wanted to. Daily activities were available, we saw people taking part in a quiz, reading books and helping staff with task around the home. For example, one person helped to set the table for meal time .

People were encouraged to remain independent and their care plans detailed what they could do for themselves and how staff should support and encourage them to retain these skills. For example, where people could take part in their own personal care, the care plan informed staff of how to support them.

People told us staff treated them with dignity and respect. Comments included, "They always knock on my door before coming in to my room," and "Staff know when I like to be on my own and they leave me alone until I open my door again."

Confidential information was stored securely, records were kept in locked cabinets in a room when not in use. Policies had been updated in line with the General Data Protection Regulation [GDPR]. GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

At the last inspection in February 2016 we rated the service as 'Good'. At this inspection, we found the service remained 'Good'.

Care plans were person centred and held information on people's beliefs. Observations were completed by staff for 72 hours following admission to support staff to write detailed care plans. These incorporated people's life history, religious beliefs, sexuality and what was important to make them feel settled within the home. For example, one care plan informed the staff to talk about the person's family whilst supporting with personal care to engage them in conversation and help form a relationship. Information about the person's daily wellbeing was clearly documented.

One person's care plan lacked information on specific instructions from a health professional. For example, the person received support from a physiotherapist who advised daily stretches for the person. Staff we spoke with were aware of these stretches but the instructions were not recorded within the care plan. We discussed this with the registered manager who said they would address this straight away.

People's end of life wishes had been recorded within their care plans. Information was available for staff to ensure people received end of life care in line with their beliefs.

Adult social care providers are legally required to provide people with information they can access and understand in line with the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. Care plans detailed how people preferred to communicate and displays and posters, which were around the service, provided people with information in an accessible way to meet this standard.

An activities coordinator planned activities with people in the service. Group activities and one to ones were completed every day. The activities coordinator recognised the importance of planning activities that were meaningful to people and spent time finding out their preferences.

The service had a complaints procedure displayed in the main entrance for people and visitors to access. All complaints were investigated and outcomes had been recorded including required actions and lessons learnt, in line with company policy.

Is the service well-led?

Our findings

At the last inspection in February 2016 we rated the service as 'Good'. At this inspection, we found the service remained 'Good'.

At the time of inspection, the registered manager had been in post for one week. They were supported by an operational director who had been the previous manager and worked within the service for the past 29 years. The registered manager also managed another service within the provider group and spent three days within this service and two days at the other service. When the registered manager wasn't present the operational director was present in the service to ensure management were always available.

People knew the operational director well and were aware the new registered manager had started at the service the week of our inspection. People told us, "I know [operational directors name] she is good always comes to see me. There is a new manager, who I have met but cannot remember her name."

Staff told us they felt supported by the management team and their first impressions of the new registered manager were positive. Records showed staff received regular meetings and supervisions and staff told us they were confident to approach the management team with any concerns. One staff member told us, "Any problems I would speak with the management." The service was supportive of staff and staff supported each other. People were supported by staff who were happy in their work.

Staff received regular supervision meetings with the management team. They told us they felt management were approachable and would go to them if they had any concerns. One staff member said, "Any time I need to I can discuss things with [name of operational director], she is very approachable." Supervisions are meetings between staff and managers where they get the opportunity to discuss any concerns and agree development needs.

Systems were in place to ensure the service was consistently monitored and quality assurance was maintained. The operational director completed regular audits to ensure procedures were being followed and records were up to date. Some audits had not been completed in line with the quality assurance monitoring. Where these gaps had been identified the registered manager informed us that she would be putting plans in place to ensure a more robust system.

Daily health and safety checks were completed by a dedicated maintenance staff member who worked with the management team to create action plans to address all aspects of health and safety within the service.

Feedback was sought annually from people, relatives and health professionals; we saw comments from a community nurse, "All residents are happy, clean and well cared for."

People engaged with the local community by attending events within the area and by inviting the community to join in their in-house events.