

Hatzfeld Care Limited

Willowgarth

Inspection report

Willowgarth Care Home
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Willowgarth is a care home providing personal care and accommodation for up to 68 people, who have mental health needs, some of whom are over 65. At the time of the inspection 67 people were living at the service.

People's experience of using this service: People and their relatives told us they were happy with the service they received and felt staff had a clear understanding of their needs and preferences. They told us they considered staff to be well trained and skilled.

People described a range of activities and events both within the service and the local community, based on their interests and preferences. There was also a day centre based on the site, which people could access if they wished. People and their relatives were supported to receive information in an accessible way either through easy read, large print and pictorial formats to enable them to be involved in their care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. People were treated with respect and dignity and their independence was encouraged and supported. Where people required support at the end of their lives, this was carried out with compassion and dignity.

The environment supported people to have time on their own and time with other people if they chose this. A variety of different accommodation was provided to enable people to practice and develop skills to enable them to live more independently. Cleanliness and health and safety were well managed.

Staff had appropriate skills and knowledge to deliver care and support people in a person-centred way. Staff recruitment was safe and staff understood how to keep people safe. The registered manager used information following accidents and incidents to reduce the risk of future harm.

The registered manager and staff team worked together in a positive way to support people to achieve their own goals and to be safe. Staff told us they were well supported by the registered manager and management team.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The values of the organisation of offering choice, inclusion and respect were embedded. This supported people to receive the positive service described.

Rating at the last inspection: At the last inspection the service was rated Good (published 29 July 2017).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Willowgarth

Detailed findings

Background to this inspection

The 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 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.

Inspection team: The inspection was carried out by three inspectors 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. The expert by experience area of expertise was mental health.

The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

Notice of inspection: The inspection was unannounced.

What we did: We reviewed information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. Providers are required to send us key information about their service, what the service does well and improvements they plan to make. This information helps support our inspections.

We spoke with 18 people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy managers, senior carers, care workers, cook, domestic staff and activities coordinator. We also spoke with two health and social care professionals.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were considered during and after the inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; staffing and recruitment

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They received appropriate training in this topic area.
- People and their relatives told us they felt safe and supported by members of staff. People told us, "I don't have to worry, I am safe here." and, "I've not had any problems but if I had, everyone is approachable, I feel very safe here."
- The provider operated a safe recruitment process.
- People and their relatives told us they received care in a timely way. The registered manager monitored the amount of staff required to keep people safe based on people's needs.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The management team reviewed how they assessed the risk of people falling and how to implement control measures based on best practice.
- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- The environment and equipment used had been assessed for safety.

Using medicines safely

- Medicines were safely received, stored, administered and disposed of when no longer needed. People were encouraged to manage their own medicines where they had those skills.
- Where medication errors were found during audits they were investigated and action taken as needed.
- People told us they were happy with the support they received to take their medicines. One person told us, "Yes everything is provided on time. The staff are very good with my medication."

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- A slight odour detected in one area of the service was raised with the registered manager. They shared with us the actions in place to address this. This included, additional deep cleaning and the providers refurbishment plan to replace the floor in this area.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- There was a holistic approach to assessing, planning and delivering care and support. Staff produced comprehensive assessments on admission and developed person-centred care plans. Care and support was reviewed regularly to understand progress and make changes when needed.
- Staff worked closely with health and social care professionals, people and their families to ensure people's abilities, hopes and preferences were recognised, recorded and shared amongst staff.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, the environment provided different areas to enable people to practice and develop independent living skills in preparation for independent living.
- People were free to access all areas of the service, including the garden which they had been involved in adapting. This included a barbeque area, and raised beds to enable people to grow their own fruit and vegetables and promote healthy eating. This had been put in place following feedback from resident's meetings.
- People enjoyed the environment which had plenty of communal spaces where people could spend their time. One person told us, "I love it here. I was offered an alternative placement, but I have told them I want to stay here." Relatives told us, the service was a 'family-friendly' home and they had spent happy celebration times with their family member.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. One person told us, "All the staff seem very well trained here, there is nothing they won't do."
- Staff had completed a comprehensive induction and training programme. They had the opportunity for supervision and appraisal. One staff member told us, "Everyone in the staff team has the same opportunities to develop further and access further training. We are all encouraged to develop further in our roles."
- The registered manager had good systems to understand which staff needed their training to be refreshed and who required supervision.

Supporting people to eat and drink enough with choice in a balanced diet; Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People had a choice and access to sufficient food and drink throughout the day. Menus were planned in consultation with people using the service based on their likes and dislikes. Menus were flexible and took into account people's preferences and patterns of eating and drinking.
- People told us, as well as the planned meals in place, they could speak to the cook and order additional

meals, or lighter foods if they wanted this. People had free access to hot and cold drinks and a variety of snacks including fresh fruit throughout the day.

- Where people required their food to be prepared differently because of a medical need or problems with swallowing this was catered for. People also had equipment to support them to remain as independent as possible when eating their meal and drinking. Assessments had been completed by healthcare professionals to support people with eating and drinking.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were made in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum 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.
- Where required appropriate applications had been made to deprive people of the liberty within the law.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed people were treated with kindness and people and their relatives were positive about the staff's caring attitude. Relatives told us, "The care our family member is receiving is excellent and staff are proactive in managing their well-being." One person told us, "I couldn't have managed without their help." A health and social care professional told us, "Staff are very good and develop good professional relationships with people."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. This included understanding people's life history which is a known way of promoting positive relationships between people and staff. A member of staff told us, "As a team what we want is; for people to achieve the best possible outcomes and be supported to achieve their goals and their independence."
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- Staff gave us examples of how they made suitable adjustments to meet the diverse needs of people who used the service, such as those related to disability, gender, sexuality and ethnicity. For example, a translator was accessed for one person to assist in communication, and staff used a translation device on their mobile phones as an additional aid.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- There was a monthly multi-denominational faith service held at the home for those who wished to attend. People's diversity needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

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

- Staff enabled people to make decisions about their care; and knew when people wanted help and support from their relatives. People were directed to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- People were enabled to maintain and develop relationships with those close to them and to develop social networks and links within the local community.
- People were supported to focus on their independence in all areas of their lives. They were supported to be independent in their ideas and choices and this meant people enjoyed freedom and control of their life.
- We observed how staff supported people with dignity and respect and provided compassionate support in an individualised way.

- People's rights to privacy and confidentiality were respected.
- Dignity champions within the service involved people in the promotion of dignity within the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Progress was regularly monitored. A member of staff told us what person-centred care meant to them, they said, "It means giving people what they want, what they ask for and supporting them wherever we can. We have a key worker system in place so we can develop professional relationships with people based on trust and respect."
- People were empowered to make choices and have as much control and independence as possible, including developing care, support and treatment plans. Relatives were also involved where they chose to be and when people wanted that.
- The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- Where people were unable to come to the dining room or needed a more flexible arrangement in relation to their medication support, staff arranged this to ensure their needs were met.
- People's feeling of wellbeing benefitted from the staff promoting social events, access to the community, and activities based on their preferences.
- People were engaged in a programme of activities if they chose this. This included on site activities and activities within the local community including access to further education, smoking and alcohol cessation programmes, work placements, outings, gardening and therapy sessions.
- A gardening project and nutrition project had been introduced at the request of people, who wanted to grow their own vegetables and cook them. A coffee shop facility had also been created based on people's feedback, offering two people paid work placements to practice and develop skills they required for future employment.
- A music festival was held in the grounds of the service annually and local bands and market stalls invited to participate, encouraging further community involvement.
- Senior staff attended meetings with the local community and licenced traders to promote positive relationships with the local community. The police visited and attended a monthly coffee morning at the service to promote positive relationships with people.
- People were supported to prevent ill health and promote good health. Staff worked with people to support their recovery to enable them to return to more independent living. One person who had lived in several settings, told us said this place was the best for them as staff 'treated them as an individual and with respect'. A health and social care professional told us, "The staff are very responsive, and work well with healthcare professionals to ensure people get the support they need. I would not hesitate to refer anyone to this service."
- The registered manager explained that when required people would be supported to make decisions about their preferences for end of life care. Professionals were involved as appropriate to ensure people

were comfortable and pain free. Relatives told us they were involved in this process and staff support of the family and their relative was "excellent."

- Staff were aware of good practice and guidance in end of life care, and knew to respect people's religious beliefs and preferences.

Improving care quality in response to complaints or concerns

- People knew how to feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to. The registered manager acted on complaints in an open and transparent way. They used complaints received as an opportunity to improve the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff

- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.
- The service involved people and their relatives in day to day discussions about their care. A healthcare professional told us, "My client has been involved throughout and is now ready to move on. The service used a positive risk-taking approach and have done some really good work in supporting them to get this far."
- People had completed a survey of their views and they met frequently to discuss the service they received. The feedback had been used to continually improve the service. For example, to plan menu's, plan outings and activities. One person had asked to have a pet dog and staff had pointed out the responsibilities and cost of keeping a dog. A compromise was reached by the group where visits from a 'PAT' (Pets as Therapy) was arranged.
- Staff told us they felt listened to and that the registered manager and nominated individual were very approachable and supportive. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One member of staff told us, "I absolutely love my job." Staff told us they received bonuses for good work and felt valued and appreciated.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles. Staff were held to account for their performance where required.
- Regular checks were completed by the staff and registered manager to make sure people were safe and that they were happy with the service they received.
- All appropriate reporting had been carried out to alert CQC and local authorities when incidents occurred.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements: Continuous learning and improving care

- Regular checks were completed by the staff and registered manager to make sure people were safe and they were happy with the service provided.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

- All feedback received was used to continuously improve the service.