

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 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 68 people were living at the service.

People's experience of using this service and what we found

Best practice in relation to risk management was not always in place. The provider had plans in place to address this. We made a recommendation about this. The provider had systems in place for oversight and monitoring and this drove forward improvement within the service.

People and their relatives were happy with the care being provided and told us they felt safe. Staff knew how to report allegations and concerns of abuse and understood their roles clearly and what was expected of them. People's medicines were managed safely, and safe recruitment and selection processes were in place.

People and relatives knew the management team well and felt they were approachable and would immediately address any concerns they may have. Staff felt well involved with the running of the service and that their ideas and suggestions were listened to. Staff felt their morale was a priority for the management team and recognition rewards were in place.

The service worked closely with a wide range of health professionals. All professionals felt the service was proactive at engaging with them and seeking additional support and advice.

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

For more details, please see the full report which is on the Care Quality Commissions (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (Last report published 5 March 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Willowgarth is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there were two registered managers in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 July 2022 and ended on 8 July 2022. We visited the service on 4 July 2022.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with both registered managers, one of which is the nominated individual, the deputy manager and a medicines coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with four staff via telephone and we received feedback via email from 14 staff. We spoke with two people who used the service about their experience of the care provided and six relatives via telephone. We received feedback from four visiting professionals. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- Risk assessments were in place and reviewed on a regular basis. We discussed with the management team how some care plans and risk assessments could provide further detail to ensure staff had a clear understanding of people's risks and how these could be reduced.
- The provider needed to ensure more detailed guidance, reflecting best practice, was in place for staff to make sure people's environment and access to belongings was managed appropriately when they expressed a wish to self-harm.

We recommend the provider continues to review best practice in relation to management of risk including NICE Guidance and therapeutic therapies and ensures this is implemented where applicable.

- Personal emergency evacuation plans were available and detailed the level of support each person would require in the event of an emergency evacuation.
- The equipment had regular checks to ensure it remained safe to use.
- Accidents and incidents were reviewed by the registered managers and lessons learnt was considered.

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. 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- There were safe medicines processes in place. Medicines were safely received, stored and returned to pharmacy when they were no longer required. Dedicated medication coordinators ensured systems were in place, followed and monitored for accuracy and consistency.
- Staff who supported people with their medicines had good knowledge of medicines processes.

- People received their medicines on time and were proactively supported to manage their own medicines where they could.

Staffing and recruitment

- There were enough staff to meet people's needs. Rota's and a dependency tool which were regularly reviewed evidenced this. Staff and people told us there was generally enough staff to meet people's needs. One person told us, "There is generally enough staff, the one's they have are all nice."
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies and their local community to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Relatives felt their loved ones were safe, as did the people using the service. One relative told us, "I have absolutely no complaint about the care. I feel [Name of person] is being very well looked after. Yes, I think it is safe."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting arrangements followed current government guidelines. Risk assessments and care plans were in place to support safe visits to the care home and when people visited family and/or friends.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes to monitor the quality of the service were in place. Some gaps in best practice had been identified by the provider and plans were in place to address this. Where best practice was shared with the management team, they were engaging and proactive to introduce this.
- Staff felt well supported in their roles and felt management listened and respected their views. One staff member told us, "There is an open-door policy and I am constantly receiving their support and guidance with my work, and they encourage me to be confident in my work and make me feel like a valued member of staff and thank me often."
- The management team and staff were motivated to provide the best possible person-centred care and support for people. Morale in the staff team had improved and staff said this was due to increased recognition and rewards including gifts, days off and birthday bonuses.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon. Comments included, "Staff ideas are acted upon" and "When staff do make suggestions to improve either their working day, or something to improve the resident's lives, their opinions are listened to, and are openly encouraged." A number of examples were provided by staff members to evidence this.

Working in partnership with others

- The service worked closely with other agencies and professionals. Professionals shared examples of positive working relationships with the service. One professional said, "I feel the staff do a good job in a very difficult environment. I have observed them being caring, compassionate and treating residents with dignity and respect." Another comment included, "The care team, and particularly the registered manager, are very mindful of risks and they have made appropriate referrals to GP, Dietician, Community mental health teams and Safeguarding team when required, without needing to be prompted."
- The provider was responsive during the inspection when areas of potential further input from professionals was identified. The provider sought advice during the inspection which would improve outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered managers understood their responsibility in relation to duty of candour. They also knew what important events needed to be notified to CQC and understood they were required to be open and honest in the event of something going wrong with people's care.