Hatzfeld Care Limited

Willowgarth

Inspection report

Willowgarth Care Home
Rolston Road
Hornsea
Humberside
HU18 1XP

Tel: 01964534651
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

Summary of findings

Overall summary

Willowgarth provides residential care for adults who have mental health needs, some of whom are over 65. It is located in a rural setting close to the town of Hornsea on the East Riding of Yorkshire coast. The service is registered to provide support to up to 68 people and at the time of our inspection 67 people were using the service. There is one main building and two further areas of accommodation on the site. People who need a higher level of staff support usually live in the main building but there is opportunity to move on to living more independently in the other accommodation on the site, as people's skills and confidence develop.

At the last inspection in August 2014, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe and were well cared for. Risk assessments were developed in relation to people's individual needs. Care plans contained information about potential triggers for deterioration in people's mental health, risk factors and details of how staff should respond. Staff were knowledgeable about how to report any safeguarding concerns.

There were sufficient staff to meet people's needs and the provider followed robust recruitment checks, to employ suitable people. People's medicines were managed safely and in a person centred way.

Staff received an induction and completed relevant training. We found that staff received supervision and an annual appraisal, to assist them in fulfilling their roles effectively.

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. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People's health needs were identified and they had access to a range of appropriate healthcare professionals in order to support their physical and mental health. We received positive feedback from visiting professionals about the support provided by staff, including some specific examples which demonstrated a highly person centred and flexible approach to meeting people's needs.

People said staff were kind and treated them with dignity and respect. We found that people were supported to develop their independent living skills where possible.

Staff were knowledgeable about people's individual care needs and care plans were in place to ensure staff were consistent in their approach. There was a range of activities available, including trips out, group and therapeutic activities and support to access community facilities. There was also a day centre based on the site, which people could access if they wished.

People told us that the service was well managed and they knew how to raise any concerns. The provider

assessed and monitored the quality of care provided to people; satisfaction surveys were conducted and regular quality audits completed. People also had opportunity to give feedback in residents meetings and individual reviews.

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**

Willowgarth

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 13 June 2017 and was unannounced.

The inspection was carried out by one adult social care inspector, an inspection manager, 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 care services. In this instance, the expert by experience had experience of caring for someone using services.

Before the inspection, the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the 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 service.

We asked the local authority quality monitoring team and the local NHS Clinical Commissioning Group safeguarding team for their views of the service provided. We also contacted Healthwatch East Riding to see if they had received any feedback about the service. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services.

During the inspection we spoke with ten people who used the service and two visitors. We spoke with the manager, two deputy managers, the specialist support manager, the medication coordinator, a senior support worker and a specialist support worker. We looked around the main building and around the site, including one person's bedroom with their permission. We observed daily routines in the home such as medicines being administered and the lunchtime experience. We looked at three people's care records in detail, and elements of two other people's care records. We also reviewed three staff recruitment files, induction and training records, and a selection of records used to monitor the quality and safety of the service.

Following our inspection, we received feedback from a professional involved in one person's care, a relative and another person who used the service. We also spoke with two more healthcare professionals who visit the service.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at Willowgarth. Their comments included, "I feel safe around staff and around other people. I like it here," "There's loads of staff around and it's safe as we're out in the country" and "(I feel) safe because staff look after me." A relative confirmed they were happy with everything the staff team did to support their relation safely.

Staff received training in safeguarding vulnerable adults from abuse or harm and there was a safeguarding policy and procedure in place. Staff told us they would report any concerns to the manager or deputy managers and were confident any issues would be acted upon straightaway. We saw records of safeguarding referrals which showed that appropriate action had been taken in response to concerns. One person raised a concern with us on the day of the inspection and this was investigated and resolved by the provider.

Risk assessments were in place for each person based on their assessment of needs and risk history. Risks had been identified and action was taken to minimise potential risks without unnecessary restrictions being placed on people. We saw examples of positive risk taking, which enabled people to continue with their interests and hobbies. For instance, for one person this included using power tools for furniture making and gardening. Another person had strategies in place to support them to manage situations which could be a known trigger for alcohol consumption, which was a particular risk for them. A visiting professional told us how well staff managed an identified risk for one person and kept them informed about issues in relation to this.

There were records of accidents and incidents that occurred at the service and these were reviewed to ensure appropriate responsive action had been taken and to prevent recurrence.

There was a business continuity plan in place so that staff knew what to do and who to contact in the event of an emergency. The provider conducted checks on the premises, electrical equipment and fire safety equipment. Servicing records and maintenance certificates were also in place in relation to the electrical installation, call bell and fire alarm systems. There was hoist and sling equipment which had been in use at the service for just under six months. The manager agreed to ensure that six monthly maintenance checks were conducted on this equipment, as required under LOLER (Lifting Operations and Lifting Equipment Regulations).

Most people we spoke with told us there were enough staff to support them and we observed staff were available around the service throughout the inspection. Staff were deployed staff flexibly to ensure people received support when they needed it. Staff told us they worked as a team to ensure people's needs were met and safety maintained. There was a management on-call arrangement for assistance in the event of emergencies or additional support being required.

Recruitment procedures were in place, to make sure new staff were suitable to work in a care service. These included application forms, interviews and reference checks. The 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 arrangements for supporting people with their medicines were safe. The service had a medication suite, with facilities and space available for visiting healthcare professionals to support people with certain regular medicines that required a clinician to administer. The service used an electronic medication recording system, and clear records were in place to show that medicines were administered as prescribed. The service had a medication co-ordinator who was responsible for the oversight of medicines support at the home. Medicines were offered at structured times during the day and we observed that this was done in a very person-centred way. Staff discussed the medicines with people and took time and care to establish whether certain medicines which were prescribed for use 'as required' were needed on each occasion. All medicines were administered by staff who were trained and competent to do this. A community pharmacist who visited the service regularly and conducted medication audits told us that staff were proactive and ensured that any issues were dealt with; they felt the arrangements for medicines at the service were well-managed.

Good

Is the service effective?

Our findings

We spoke with people about whether they felt staff had the skills and knowledge to support them effectively. Everyone we asked said staff did, and one person commented, "I think so, they're all nice; no problems with any of them." A visiting healthcare professional told us, "They do a really good job." Another professional provided a statement to us with positive feedback about how staff had supported one person they worked with who had complex support needs. This stated, 'From the start I have found all members of staff to be professional and cooperative, they have, I feel gone above and beyond my expectations in both accommodating and supporting this particular resident.'

Staff received an induction and training on a range of topics such as safeguarding, moving and handling, fire, health and safety, first aid and infection control. There was also service specific training in relation to people's needs, which included mental health awareness, alcohol awareness, crisis intervention, breakaway techniques and MAPPA (management of actual or potential physical aggression). Training records were retained and there was a matrix which enabled the manager to monitor when staff's training expired.

Staff we spoke with were satisfied with the training they received. One told us "I think the training has been amazing. Everything they've offered me has helped me develop. They are always willing to offer training and I can say if I'm interested in learning more about something." We found that staff received regular supervision sessions, to give them the support and guidance they needed to care for people effectively.

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 received training in MCA and DoLS and we found that staff had a good understanding about people's rights and the importance of obtaining people's consent to their care. At the time of our inspection eight people were subject to a DoLS authorisation and the provider had submitted applications for a further five people; these were pending assessment by the relevant local authority. There were records to evidence that the provider had contacted the local authorities involved to check on progress of these applications. Where people had conditions on their DoLS authorisation we found the provider was adhering to these. People we spoke with told us that staff sought their consent and offered them choice. Some people were subject to a community treatment order, and there were clear records in relation to this in their care files.

We talked with people about the quality and choice of meals available at the home. People told us "It's not bad. There are two choices for dinner and tea, plus others. There's enough and it is hot," "I get a choice and as much as I want," and "The food is lovely. There's a new cook. The pasta is great. There's lots of different stuff, we get fish on a Friday." We observed that in the main dining room there was a serving area where people could go and choose what they wanted to eat. There was also a drinks machine, available for people's use at any time. Staff noted who attended for meals, so that they could monitor that people had eaten and could take food to people in their own rooms where required. People's weight and nutrition were

regularly monitored, and staff we spoke with were aware of people's nutritional needs, including one person who required food supplements. In one care file we viewed the potential link between a particular medication and the risk of weight gain had not been recognised; the manager agreed to look into this as the person's weight gain was becoming a potential health concern.

People were supported to access community healthcare services when they needed to, such as GPs and the community mental health team. We saw evidence that there was a range of healthcare professionals in regular contact with the service to support people. Professionals we spoke with told us staff contacted them if they had any concerns about people, or if there were changes in their health, including their mental health and wellbeing. One healthcare professional felt the size of the service was too large but told us, "They (staff) do tend to follow the advice I give them yes. This is generally good." They also gave us an example of how well the team had supported someone in a period of ill-health and had worked alongside them to ensure the person got the support they needed. They told us the example showed how well staff knew the person and how to respond to them with sensitivity. They also explained that extra staff had come in to work to offer additional support, which helped to minimise the person's distress and ensure their safety and well-being. Care files contained details of people's physical and mental health needs, including triggers for deterioration in their mental health and how to support with this. The service also employed therapists who provided a range of interventions to support people with their emotional well-being.

Good

Is the service caring?

Our findings

We asked people who used the service if staff were kind and caring, and those we spoke with told us they were. People's comments included, "They are caring," "Yes, they must be," "I get on well with staff," "They talk nicely to me" and "They come in and listen to my music and see if I am okay." One person who used the service sent us a statement about how the specialist support team at the Willowgarth had worked with them and helped them to feel positive about the future.

People told us they were treated with dignity and their privacy was respected. We observed staff chatting to people during our inspection and interactions were friendly and positive. People told us staff always knocked on their door before entering their rooms and we observed that staff were discreet when discussing personal matters with people. Many people came to the office at the service during the inspection and we found that staff were welcoming and patient, and responded to people's queries and requests positively.

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 app as an additional aid. 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 in order to ensure their needs were met. 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.

Information was on display for people around the service, including residents meeting minutes, menu options, events, the complaints procedure and satisfaction survey responses. Care files also showed how people were involved in decisions about their support and day to day routines. Some people accessed independent support from local advocacy services to express their views.

Staff promoted people's independence and encouraged them to be involved in as much of their personal care and daily living tasks as possible. For instance, there were laundry facilities available at the service, for those who wished to do their own laundry. There was a day centre on the site, which included a kitchen area so that people could develop their cooking skills. Some people had been supported to achieve recognised qualifications; this had enabled three people to get a job working in the kitchen at the service. The service had worked with a local college to support people in achieving these qualifications.

People told us staff encouraged them to do as much for themselves as possible, but gave them assistance where needed. Their comments included, "They (staff) do my washing and cooking but I wash and dress myself," "I keep my own room tidy, use the canteen service and get my own money" and "I don't need a lot of encouraging as I do a lot myself." Another told us, "Sometimes I shower and dress myself – bit of independence. I also do my own breakfast" and they showed us the fridge, kettle and toaster they had in their room. Staff told us a key focus of their work was to support people to develop their skills in order to potentially be able to move on to living independently in the community.

Good

Is the service responsive?

Our findings

We found that staff were knowledgeable about people who used the service. People's needs were assessed before they moved into the home to ensure staff knew what support people required. A visiting healthcare professional told us that the manager discussed with them the needs of any people who were considering moving to the home from outside of the local area, prior to the person's admission. This was to ensure that the local community mental health team was aware and could provide any additional professional support that may be required.

Care plans were developed on people's admission to the home. People's care plans detailed the support they required and included people's aspirations, strengths, social interests and family inclusion. It was evident that people were involved in their support planning. People had a risk assessment which was cross referenced with their care plan. For example, for one person who had a history of being vulnerable to financial abuse, the care plan accounted for this risk in detail and safeguarding procedures were incorporated into both the risk assessment and the care plan. As a result any potential issues with other people who used the service were quickly dealt with and recorded in the person's daily record sheets.

The level of detail in care plans meant that staff had the information they needed to provide care that met the person's needs and preferences in a consistent way. Not all the people we spoke with could recall being involved in reviewing their care plan, but we found evidence that care plans were reviewed monthly as part of regular one to one support sessions between the person and their keyworker.

Most people we spoke with were satisfied with the range of activities available at the service. People could attend activities and socialise with others in the separate day centre that operated from the service, if they wished. Some people pursued hobbies in the local community and others attended educational and therapeutic activities, such as a photography group and art therapy. Some people had voluntary jobs. People told us, "I do gardening as I enjoy it" and "I do chairobics, exercises and I attend a coffee morning once a week." Others said, "I do a bit of cooking in the day centre and I like doing gardening and look after my plants outside" and "I like my CDs and watch TV. I please myself."

Staff also supported people on trips out, such as a visit to Hull, trips to the local supermarket and activities taking place at the provider's other services locally. There were service vehicles and a caravan and staff told us how they used the caravan to support one person to visit their family. At the time of the inspection, staff were organising a music festival to be held in the grounds of the service over the summer. They planned to invite people from the local area, in order to develop further community links and social opportunities.

Information about how to make a complaint was displayed in the service. People told us they knew how to raise any concerns and would feel comfortable doing so. Their comments included, "I would see [Name of manager] or [Name of deputy manager], they are easy to contact," "My keyworker would sort it" and "Go to [Name of manager] and tell him." One person told us they had once discussed a concern with their keyworker and that things had been "A lot better" since.

We saw records of complaints and compliments held on file. There had been four complaints in the year prior to the inspection and we saw that in most cases there were clear records about how the complaint had been investigated and responded to. In one case however, it was not clear what action had been taken. The manager was able to tell us the action that had been taken and agreed to ensure all responses were consistently recorded in future. The service had received three compliments and thank you cards/letters in the year prior to our inspection. Three further complimentary emails/statements were provided to the service as part of our inspection, from a visiting professional, a relative and a person who used the service.

People also had opportunity to raise any concerns or give feedback in annual satisfaction surveys, residents meetings and individual care reviews.

Good

Is the service well-led?

Our findings

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission 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.

People told us the service was well run and that the management team were approachable. Most people knew who the manager was. One person described them as "A nice bloke" and another told us, "[Name of manager] is kind and easy to talk to." Visitors and healthcare professionals we spoke with told us the service was well run. A healthcare professional told us, "[Name of manager] is approachable and caring. He knows people really well and they can talk to him." The manager was supported by three deputy managers, one of whom managed the specialist support team.

We found staff were motivated, enthusiastic and knowledgeable about people's needs. They were also clear about their roles and responsibilities. Staff said they felt the manager was supportive and there was a professional, yet family orientated, culture in the home. One staff member told us the "Management support is brilliant." They acknowledged there had been some staffing turnover in the last year, but said all the current team were very committed and there was generally good staff morale. Staff received supervisions, annual appraisals and attended team meetings. This meant staff had opportunities to reflect on their own practice and to discuss issues affecting people and the running of the service.

There were staff incentives and interest free loans available to help staff who wished to complete degrees or therapy courses. Staff were also nominated for care awards every year; one staff member had been successful at winning an apprentice of the year award. In addition, there was a dedicated budget to enhance the lives of people who used the service who had limited access to funds; this had been used for trips away and days out.

The manager told us they kept up to date with best practice by attending care forums, reading information from the Social Care Institute for Excellence, Skills for Care, social care magazines and CQC updates. The provider had signed up to the Social Care Commitment. The Social Care Commitment is a Department of Health initiative and is the adult social care sector's promise to provide high quality services.

People had opportunities to share their views about the service and were encouraged to make suggestions through formal surveys and informally by chatting with staff and attending residents meetings. We saw that the results of a meal survey in 2017 had been collated and passed to the chef.

In addition to satisfaction surveys, the management team completed quality assurance audits. These included monthly audits of care plans and the workplace environment, and weekly medication audits. There was also a monthly internal quality assurance report. This report included checks on complaints and compliments received, accident and incident records and staff supervisions. These audits meant the provider could monitor for any trends in the safety and well-being of the people who lived at the service and

identify any action for improvement. It was not always clear from records when actions had been completed. However, we found examples to show that actions identified in audits, such as those in some care plan audits we reviewed, had been completed.