

Bluecroft Estates Limited

Haworth Court Residential Home

Inspection report

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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

Haworth Court is a residential care home providing personal care for up to 37 people. The service provides support to older people some of who may be living with dementia. Accommodation is provided in one purpose-built building over two floors. At the time of our inspection there were 32 people using the service.

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

People and their relatives told us the service was safe, people were protected against the risk of harm and abuse as staff had received safeguarding training and knew the provider's safeguarding procedure. There was sufficient numbers of staff to provide safe care to people. Risks associated with people's care was managed well by staff.

People were supported to access healthcare services and had support and input from a range of health and social care professionals. Relatives and staff were supportive about the management of the service and commented on it been a homely environment with caring staff. We observed a range of positive interactions between people and the staff team.

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

Systems in place to recruit staff were not robust, this meant staff were not always recruited safely. We have made a recommendation about recruitment processes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was good (published 10 May 2018)

Why we inspected

The inspection was prompted in part due to concerns received about infection control. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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.

Haworth Court Residential Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was completed by two inspectors.

Service and service type

Haworth Court Residential Home 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

The first day of our inspection was unannounced. The second day of our inspection was announced

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the 'provider information return'. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two people's relatives about their experience of the care provided. We also spoke with the registered manager and the deputy manager.

We reviewed a range of records. This included four people's care records and multiple medication administration records. We inspected three staff files in relation to recruitment and training. A variety of records relating to the management of the service were also reviewed.

After the inspection

We spoke with three members of care staff, a domestic staff, three relatives and three professionals by telephone. We continued to seek clarification from the registered manager to validate evidence found. We requested and reviewed additional records including audits, staff rotas and other records relating to the management of the service.

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.

Staffing and recruitment

- Recruitment processes were not robust.
- Staff recruitment records did not always contain sufficient pre-employment checks including employment references and up to date checks with the disclosure and Barring Service (DBS). The provider took immediate action to address this and commenced an audit of all staff records following our inspection.

We recommend the provider reviews their systems to make sure recruitment processes are safe.

- Staffing levels were assessed and reviewed to ensure people's needs were being met. Staff told us "We always give the best care we can and there is enough staff around to make sure we can do that."

Systems and processes to safeguard people from the risk of harm

- The provider had a safeguarding policy and the registered manager followed their system and processes when dealing with any potential safeguarding concerns. Any concerns were reported to safeguarding teams as required to keep people safe.
- Staff received safeguarding training, they knew how to identify suspected abuse and escalate any concerns.
- People and their relatives felt the service was safe. Their feedback included "I do think that [name] is safe and well cared for" and "I like it here, I feel safe."

Assessing risk, safety monitoring and management

- Personal emergency evacuation plans (PEEPs) were available and detailed the level of support each person would require in the event of an emergency.
- The environment and equipment were safe and well maintained and regular checks were recorded.
- Staff used care plans and risk assessments to plan how to safely support people and these were regularly reviewed and updated in line with changes to people's care and support needs.
- The provider worked closely with a range of health and social care professionals to ensure any possible risks to people's health and wellbeing were reduced.

Using medicines safely

- Medicines were safely received, stored, administered, and returned to pharmacy when they were no longer required. People received their medicines as prescribed.
- Staff who supported people with their medicines were appropriately trained. Regular checks of practice were carried out to ensure they were following the correct procedures.

- There were regular random and monthly audits with action plans in place to identify any errors or where improvements could be made.

Preventing and controlling infection

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

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19 unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The registered manager reviewed all incidents and accidents to ensure these were dealt with appropriately by staff and to identify any learning to reduce the risk of future incidents.
- Staff followed the processes for reporting and recording accidents. They knew how to take appropriate action when further medical advice or support was needed after an accident or incident.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received safe and consistent care that respected their needs and wishes.
- Relatives spoke positively about the service, comments included "They [staff] are outstanding, they treat her [name] like their family" and "They [staff] always keep us informed about any changes to her [name] care, they are really good with that."
- Staff told us they found the service was a good place to work, they felt listened to and respected by the registered manager and were confident to speak to them with any concerns.

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

- The registered manager understood their responsibility of being open and honest with people if things went wrong.
- Statutory notifications had been submitted to CQC to inform us when events such as accidents and incidents had occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and deputy manager were clear about their roles and responsibilities.
- Regular audits and checks were carried out by the registered manager and deputy manager to manage the quality and safety of the service.
- Staff were clear about their responsibilities, they were professional and open, with a good knowledge base of the people they cared for.
- Staff told us they felt supported by the registered manager. The registered manager told us they felt supported by the senior managers who offered them the support needed to carry out their role effectively.

Continuous learning and improving care

- The registered manager took on board the views of staff, relatives and professionals. This contributed to a culture of continuous improvement in the service. Comments from staff included "If we need something to improve someone's quality of life, we speak to the registered manager and if it is appropriate she gets it for us."
- The registered manager is proactive in changing how she communicates with staff, using media and team meetings to cascade information and learning.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Evidence we looked at demonstrated the service consistently worked in partnership with a wider group of healthcare professionals.
- Professionals gave positive feedback about partnership working, comments included "any change in care is always updated in the care plan, you can see they have followed your advice the next time you visit."
- The service supported people with diverse needs and promoted their equality and inclusion. Staff were learning a different language to overcome a communication barrier with one person.