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 effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Haworth Court Residential Home is a residential care home for 37 older people, some of whom may be living with dementia. The service provides accommodation and personal care.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going 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.

The service had a manager in place who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Medicines were managed safely and staff had a good knowledge of the medicine systems and procedures in place to support this.

We found staff had been recruited safely and training was provided to meet the needs of people. Staff received regular supervision and appraisal and told us they felt supported in their roles.

Staff received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

The service was clean and infection control measures were in place. The management had checks in place to monitor the risk and spread of infection.

People 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.

People's nutrition and hydration needs were catered for. A choice of meals was available three times a day and drinks and snacks were made readily available throughout the day.

There was an extremely positive caring culture within the service and we observed people were treated with dignity and respect. Dignity was embedded in the services' values and culture.

People's wider support needs were catered for through the provision of daily activities provided by activity coordinator, care staff and visiting entertainers.

There was a complaints policy and procedure made available to people who received a service and their

relatives. All complaints were acknowledged and responded to quickly and efficiently. The service sought feedback from people who received a service; feedback was mostly positive.

There was a range of quality audits in place completed by the management team. These were up-to-date and completed on a regular basis. All of the people we spoke with told us they felt the service was well-led; they felt listened to and could approach management with concerns. Staff told us they enjoyed working at the service and enjoyed their jobs.

Further information is in the detailed findings 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?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Haworth Court Residential Home

**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 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 17 April 2018 and was unannounced.

Before the inspection we reviewed the information we held about the service, such as information we had received from the local authority, the safeguarding team and notifications we had received from the provider. Notifications are documents the provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service.

We used information the provider sent us in the Provider Information Return. 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.

The inspection was carried out by one adult social care inspector. We spoke with the registered manager, deputy manager, one senior care assistant, two care assistants, one care assistant/activities coordinator, one chef and two domestic staff. We spoke with three people who use the service, five of their relatives and one visiting professional. We looked at two people's care records, two staff recruitment files, staff training and supervision records. We also looked at records in relation to the management of the service, including quality audits, surveys and development plans.

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.

After the inspection, we made telephone calls and emailed three professionals who visit the service to seek their views and opinions, one of whom provided feedback for this inspection.

Good

# Is the service safe?

## Our findings

The service was safe. People told us they felt safe. Comments included, "Yes, I feel safe here. I have a lock on my door if I wanted to use it." A relative said, "At home, my relative wasn't safe but I know that my relative is safe here" and "My relative is very safe here; they wouldn't be here if I thought that they weren't safe."

The provider had systems in place that ensured people's medicines were managed consistently and safely by staff. Medicine information had been included in people's plan of care. We saw each person had a medication administration record (MAR) with instructions for staff on each medicine prescribed. Staff signed this document each time they administered a medicine. We found two minor recording issues relating to medicines, however, this was addressed and actioned immediately by the registered manager and senior care assistant during the inspection.

We looked at the recruitment records for two new members of staff. These records evidenced an application form had been completed, references obtained and checks made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults.

On the day of inspection, we observed sufficient staffing was available to meet the needs of people. People we spoke with confirmed this and said, "Yes, there is enough staff and they are all kind." Staff confirmed they felt staffing levels were safe to meet the needs of people.

Systems were in place to identify and reduce risks to people who use the service. People's care plans included detailed risk assessments. Documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these.

Safeguarding and whistleblowing policies were in place at the service and staff we spoke with demonstrated knowledge of what to do if they had concerns. The local authority safeguarding team were informed when required and although two recent notifications had been delayed, all events had been notified to the Care Quality Commission.

The implementation of infection control procedures was visible and this ensured people and staff were protected from the risk of infection. Staff had access to Personal Protective Equipment (PPE) including plastic aprons and gloves. Regular audits and checks were in place.

Accidents and incidents were monitored to ensure staff followed the provider's policies and procedures and to identify any patterns that might be emerging or improvements that needed to be made.

Good

# Is the service effective?

## Our findings

The service was effective. Relatives felt staff had the right skills and experiences to do the job. Comments included, "Yes, the staff certainly seem well-trained and they all genuinely care."

Care plans we looked at showed people's needs were assessed and evaluated on an on-going basis. People's care plans gave information about their health needs and how they were to be addressed. We saw records which detailed community health professional's involvement, for example GPs, district nurses and chiropodists. Care plans took into account people's diverse needs and included planning on people's sexuality; the plans supported people to express their sexuality within the service.

The chef knew people's dietary requirements, including those who were diabetic or required a soft diet. We were told and we observed people had choice in what they wanted to eat and these choices were accommodated. People told us they were very happy with the food. One person said, "The food here is lovely. It was chicken dinner today, but I didn't fancy that so they have done me a cold meat salad." Relatives were also complimentary about the food. One relative told us, "It's brilliant food here; they have put weight on since they moved here."

Care plans clearly identified people's capacity to make decisions under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack 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. 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS].

We checked whether the service was working within the principles of the MCA. Records we examined showed that any restrictions were deemed to be in the person's best interests and the least restrictive option.

New staff were supported to understand their role through a structured induction and through completing the care certificate. The care certificate is a modular induction which introduces new starters to a set of minimum working standards. Following induction, all staff entered into an on-going programme of training. Staff received training which provided them with skills to meet the needs of people who used the service. The staff we spoke with throughout the inspection were positive about the training provided and they felt supported by management. Records observed on inspection showed staff received regular supervision.

The premises were well-appointed and pleasant throughout. People's bedrooms were personalised with photos, pictures and belongings.

Good

# Is the service caring?

## Our findings

The service was caring. People and their relatives consistently confirmed that staff were kind and caring; we heard comments from people such as, "The staff here are brilliant" and "The staff deserve a pay rise."

The service has built open and trusting relationships with people and their families. Comments from relatives included, "They get more than care here, they get love; it's a family and nothing is too much trouble for them. I can't fault them" and "I am really pleased with the care of my relative. They make you so welcome here; it's like we are all family." There were no restrictions in place for relatives and friends to visit. During the inspection, we observed many visitors arriving and being made to feel welcome by all within the service.

Respect and dignity was at the heart of the service's culture and values. There were three dignity champions undertaking activities which included a dignity/wish tree, where people were invited to place a wish on a tree. Wishes had been granted by the service including one person, aged 93 years old returning to their previous place of work as a nurse. There were themed nights for people's entertainment including an Elvis impersonator. The champion's held a dignity tea party, promoting dignity and respect amongst people and staff, they kept a record of discussions, which checked that people felt respected. Champions also checked staff's knowledge and understanding of dignity and fed back to management where additional training was required. This ensured that dignity was embedded in practice and at the forefront of people's minds at all times.

Staff were sensitive to times when people needed caring and compassionate support. Relatives told us how people were cared for when returning from hospital and how this resulted in quick and vast improvements in people's health. A relative told us, "[Person's name] returned to the service from hospital with bed sores and wasn't eating. Here, they are getting him up every day and at the entertainment event last night he was eating. It's amazing the difference in him." Another relative told us that their loved one had become very poorly and the service and doctors had asked if they should be moved to a nursing home. They told us, "I begged them to keep them here and they have pulled round now; it's the care from the staff that has done it."

People's independence was promoted through the care they received. Detailed care plans recognised people's abilities and skills and ensured staff encouraged and supported people to maintain their independence.

People's cultural and religious needs were considered when support plans were developed. Care plans included personal history information and cultural and religious needs.

People were supported to communicate in accessible ways which met their needs; this included the use of verbal and non-verbal communication, including facial expressions and body language.

Staff positively welcomed the use of advocates and some people had advocates in place. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Good

# Is the service responsive?

## Our findings

The service was responsive. People told us, "I would tell them if I wasn't happy, but I don't need to." Relative's comments included, "If I had a complaint, I would go to the registered manager; they are here all the time.  I haven't needed to."

People were enabled to engage in activities, both within their home and in the local community. A dedicated activity coordinator worked at the service five days a week and other members of staff had lead areas for activities. Activities were group-based and individual, including knitting, arts and crafts, floor games, pampering and themed parties. The activities coordinator planned activities for the coming week but would change the plans to suit what people wanted. Another worker was the 'gardening lead' and completed gardening activities within the summer months including making hanging baskets. There were plans for a themed seaside area. The dignity champions organised activities in line with 'wishes' from people and also regular themed meal nights. In addition to the activities provided within the service, there were a number of external agencies that provided activities within the home. These included regular visits from singers and impersonators.

People were supported to maintain relationships that were important to them. Relatives were welcomed to be part of events at the service and during meal times, which created a family atmosphere.

People and their relatives were involved in the development of their care plans. Plans contained individualised information about all areas of support. Alongside the care plan was a summary detailing 'what is important to [name of person]' and 'how best to support [name of person]'. This document provided high level of detail on how best to support people. The provider complied with the accessible information standard through asking, recording and sharing communication needs people had. People's communication needs were recorded in care plans and care plans included evidence of regular care plan reviews.

The service routinely listened to people to improve the service on offer. Meetings took place regularly for people and their relatives and topics discussed at these meetings included; laundry, days out, activities, complaints and menu options.

The service was responsive to concerns or complaints raised. The provider had received one complaint in the last year; this had been dealt with quickly and effectively. The provider had a complaints policy and procedure in place and information on how to make a complaint was on display.

People's end of life preferences were recorded in line with individual choice. Where information was recorded it provided person-centred information about who was to be informed, the person's religion and funeral preferences. Feedback from relatives regarding end of life care was extremely positive and focused on the proactive and caring nature of the staff team.

Good

# Is the service well-led?

## Our findings

The service was well-led. People were positive about the senior care assistant and management. Comments included, "The senior [senior care assistant], pops in and out of my room all the time. I would happily speak to them if I had any concerns or worries." Relatives confirmed the registered manager and deputy manager were regularly at the service and available to speak to. Comments included, "The manager is always around if we need to speak to them" and "I am welcomed on arrival and if there is anything to tell us, the management are there straight away to keep us up-to-date."

All of the staff we spoke with felt able to approach the registered manager and said there was an open-door culture in the service. Staff told us, "The registered manager is brilliant; I can go to them for anything and often ask for their advice" and "The registered manager is a good manager; if I have any problems, I can go to them and they will sort it."

Feedback from people, their relatives and staff was sought through meetings and annual surveys. Recent surveys were in the process of being returned and collated by the administrator. Feedback topics included privacy, laundry and activities. Six people and their relatives, seven staff and two external agencies had responded so far, with responses predominately positive. There was evidence that these surveys had been reviewed by the registered manager and any actions resulting from the feedback were being put together.

We found that leadership within the wider organisation was visible. During the inspection, staff told us they knew the directors and they often visited. Comments included, "They come and sit with us when they visit and ask us if we get enough support. Last time they came they bought us all a takeaway meal for our tea. It is little things like that, which make us feel they appreciate what we do."

There was a quality monitoring system in place to help monitor and drive improvements to the care people received. The registered manager and deputy manager completed a large number of weekly and monthly internal audits to ensure they understood what was happening directly with people and to establish how they could learn from any mistakes made.

Feedback we received confirmed staff had built positive relationships with visiting professionals. Comments from them included, "I have worked in care homes for 35 years and this is one of the top ones. I even nominated them for an award." Comments left on the service's compliments tree included a comment from a social worker. This said "Staff are all very attentive and supportive."