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

Overall summary

Haworth Court Residential Home is registered with the Care Quality Commission (CQC) to provide accommodation and personal care for up to 37 older people, some of whom may be living with dementia.

This inspection took place on 19 November and was unannounced. The service was last inspected in September 2013 and was found to be compliant with the regulations inspected at that time.

At the time of the inspection 32 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood they had a responsibility to keep people safe and to report any abuse they may witness or become aware of. They had received training in how to recognise the signs of abuse and how to report this to the correct organisations. Staff, who had been recruited safely, were provided in enough numbers to ensure the needs of the people who used the service were met.

Systems were in place to ensure people lived in well maintained environment and they were safe in the event of any emergencies. People's medicines were not always handled safely, particularly with regard to controlled medicines. This was discussed with the registered manager at the time of the inspection.

People who used the service were provided with a wholesome and nutritional diet which was monitored by staff who involved health care professionals when required. Staff supported people to lead a healthy lifestyle and made arrangement for people to access their GP or health care professionals when they needed to. Staff received training which equipped them to meet the needs of the people who used the service and this was updated as required. People's human rights were protected by staff who had received training in the Mental Capacity Act 2005 (MCA).

People were cared for by staff who were kind and caring and understood their needs. Staff upheld people's dignity and understood the importance of respecting people's privacy. People had been involved with the formulation of their care plans and these detailed people's preferences and how they would like to be cared for. The care plans also detailed what was important to the person and how staff needed to support people to keep them safe.

Activities were provided for people to choose from and trips out to visit local attractions and facilities were provided. The provider had a complaints procedure which people could access if they had any concerns or complaints.

The service was run with the input of the people who used it and those who had an interest in the people's welfare. The views of the people who used the service and other stakeholders were actively sought by the registered manager so they could improve and develop the service. The views of the staff were also sought and regular staff meetings were held. The registered manager undertook audits which ensured, as far practicable, the service was run smoothly and well led.

Summary of findings

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 was safe.

Staff knew how to recognise and report abuse and had received training about how to safeguard people from harm.

Staff, were provided in enough numbers to meet people's needs and had been recruited safely.

The provider had systems were in place to make sure people lived in a well maintained, clean and safe environment.

People's medicines were not always handled safely.

Good

Is the service effective?
The service was effective.

People who used the service received a wholesome and nutritional diet which was of their choosing.

Staff received training which equipped them to meet the needs of the people who used the service.

People's rights were upheld and systems were in place to ensure people were supported with decision making when needed.

Staff supported people to lead a healthy lifestyle and they involved health care professionals when required.

Good

Is the service caring?
The service was caring.

People were cared for by staff who were kind and caring.

Staff understood people's needs and how these should be met.

People or their representatives were involved in the formulation of their care plans.

Good

Is the service responsive?
The service was responsive.

Activities were provided for people to choose from.

People received care which was tailored to meet their needs and person centred.

A complaints procedure was in place which informed people who they could complain to if they felt the need.

Good

Is the service well-led?
The service was well led.

The registered manager consulted people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

Good

Summary of findings

The registered provider held meetings with the staff to gain their views about the service provided.

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 was planned to check whether the registered provider was 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 19 November 2015 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

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.

We spoke with six people who used the service and two of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with four staff including care staff and ancillary staff; we also spoke with the registered manger.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and six medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service. Comments included, "There are lots of staff about all the time", "They pop in and see me and make sure I'm ok" and "When I go to bed they make sure all the doors are locked." They also told us they felt there were enough staff on duty. Comments included, "I think there is, there always seems to be plenty about" and "I never have to wait long before they come and help me."

Visitors told us they felt their relatives were safe at the service. Comments included, "I wouldn't leave [name of relative] here if I didn't think she was safe", "I think they are all safe, the staff check who anyone is before they let them in the building" and "I know the staff and I know they wouldn't hurt anyone."

Staff told us they were aware the registered provider had a policy on how to report abuse and they could describe this to us. They told us they would report any abuse to the registered manager and were confident they would take the appropriate action. Staff were also aware they could report any abuse or safeguarding concerns to outside agencies, for example, the local authority or the CQC. Staff had received training in how to recognise and report abuse. They could describe to us what signs would be apparent if someone was the victim of abuse; this included low mood, depression or physical signs like unexplained bruising. Staff understood they had a duty to respect people's rights and not to discriminate on ground of race, culture, sexuality or age.

People's care plans contained assessments of daily living which might pose a risk to the person; this included mobility, skin integrity, falls, nutrition and behaviours which might put the person or others at risk. The assessment described how staff were to support people to eliminate, as far as possible, these risks, for example, assisting with mobility by using lifting equipment or monitoring behaviour and redirecting people. The risk assessments were updated on regular basis.

The registered manager undertook safety audits of the environment and repairs were undertaken by in house maintenance staff. Any faults were reported and attended to quickly. They had also devised a plan of action if the service was flooded or there was failure in the electricity, water or gas supply. Each person had their own specific evacuation plan and this described how staff were to support the person taking into account their level of understanding and mobility.

Staff told us they had a duty to raises concerts to protect people who used the service and understood they would be protected by the provider's whistleblowing policy. The registered manager told us they took all concerns raised by staff seriously and would investigate. They told us they would protect staff as well and would make sure they were not subject to any intimidation or reprisals for raising concerns. Staff we spoke with told us they felt confident approaching the registered manager and felt they would be taken seriously and would be protected.

All accidents which occurred at the service were recorded and action taken to involve other health care agencies when required, for example, people attending the local A&E department. The registered manager audited all the accidents and incidents which occurred at the service to establish any trends or patterns or if someone's needs were changing and they needed more support or a review of their care. They shared any finding with staff and these were discussed at staff meetings or sooner if needed.

People were cared for by staff who were provided in enough numbers to meet their needs and who had been recruited safely. We saw there were rotas in place which showed the amount of staff that should be on duty daily and the skill mix. Staff told us they thought there were enough staff on duty and we saw staff going about their duties efficiently and professionally. The registered provider told us they used the dependency levels of the people who used the service to calculate the appropriate staffing levels. We looked at the recruitment files of recently recruited staff. We saw these contained references from previous employers, an application form which covered gaps in employment and experience, a check with the Disclosure and Barring Service (DBS), a job description and terms and conditions of employment.

We saw people's medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was updated annually. Records we looked at were accurate and provided a good audit trail of the medicines administered. We saw any unused or refused medicines were returned to the pharmacy. Controlled medicines were recorded, stored and administered in line with current legislation and good practise guidelines.

Good

Is the service safe?

However, when we checked the running total of the controlled medicines this did not tally with what was still available in the packets. This was brought to the attention of the registered manager and they informed us they intended to audit the controlled medicines weekly to eliminate further discrepancies. The supplying pharmacist undertook audits of the medicines system as did the registered manager. Records were kept of the temperature of the room the medicines were stored in and the refrigeration storage facilities.

Good

Is the service effective?

Our findings

People told us they enjoyed the food. Comments included, "The food is brilliant you could not ask for better", "They feed us well here" and "There is always plenty of choice." They also told us they thought the staff were well trained and could meet their needs. Comments included, "They [the staff] seem to know what I want and how to help me", "They help me get dressed in morning" and "I can ask them for anything and they will do it." People told us they were supported to access health care professionals when they needed. Comments included, "They will call the doctor if I need him", "I go to the hospital regularly and they always make sure I get there safely" and "The manager calls the nurses if there is anything wrong with us."

Visitors told us they thought the food their relatives were provided with was of good quality and wholesome. Comments included, "Yes it's good and my wife seems to enjoy it", "I can't fault the food; there is always plenty of choice" and "They get really well fed." They also told us they were kept informed if their relative had to attend any hospital appointments or visit their GP. Comments included, "They [the staff] tell me if she has to go the doctors or if the doctor's visited and what was said."

Staff told us they received training which equipped them to meet the needs of the people who used the service. They told us some training was updated annually, this included health and safety, moving and handling, fire training and safeguarding vulnerable adults. We saw all staff training was recorded and there was a system in place which ensured staff received refresher courses when required. Staff also told us they had the opportunity to further their development by undertaking nationally recognised qualifications. They told us they could undertake specific training, for example dementia and how to support people who displayed behaviours which challenged the service. Induction training was provided for all new staff, their competence was assessed and they had to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent.

Staff told us they received supervision on a regular basis; they also received an annual appraisal; we saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practise and performance. Staff told us they could approach the registered manager at any time to discuss issues they may have or to ask for advice. The staff's annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

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 when this is in their best interests and legally authorised under the MCA. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was in the process of making applications to the local authority for DoLS for those people who had been assessed as needing support with day to day living which would amount to continual supervision and control. The applications were with the local authority and they had informed the registered manager they would be looked at in due course. We saw best interest meetings had taken place and these had involved all those who an interest in the person's wellbeing.

We saw the food was well presented and looked wholesome and nutritious. People could choose where to eat their meals and this was accommodated; however, the majority of people ate in the dining rooms. We saw these were social occasions and an opportunity for people to catch up with friends and have a chat. Staff were heard encouraging people to eat and asking people if they would like more to eat. Staff provided assistance to those who needed it discreetly and sat next to people to support them. Food had been prepared to accommodate people's needs and pureed diets were provided where needed. People's food and fluid intake was recorded daily and they were weighed each week. If the staff identified any fluctuation in the person's weight they made referrals to the appropriate health care professionals for advice and assessments; they also made referrals if someone

Good

Is the service effective?

experienced other difficulties such as swallowing. Records we looked at showed staff were recording the information required by the health care professionals so they could provide ongoing support and assessments.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits form GPs and where people's needs had changed following a hospital admission.

The service was decorated in way which helped people who were living with dementia find their way around and identify bathrooms and toilets. Doors were painted different colours and signage was clear. There were memory boxes outside everybody's bedrooms and these contained items which were meaningful to the person and stimulated memories, for example, wedding photographs, pictures of people at work and pictures of pets. One of the lounges had been converted into a memory lounge and was filled with furniture and domestic items which would be familiar to the people who used the service and would evoke memories from their past. The dining room was set out like a café and it contained a shop where people could purchase toiletries and sweets. It had a working till so the purchasing experience was real.

Good

Is the service caring?

Our findings

People we spoke with told us they found the staff kind and caring. Comments included, “The staff are wonderful to me”, “They are all so kind and they take the time to listen to me” and “I think they are marvellous, they care for us really well.”

Visitors told us they though the staff were kind and caring. Comments included, “They make sure [relatives name] is well cared for”, “The staff have lots of patience with them all” and “They are all really kind.”

We saw staff treated people with kindness and respect. They explained any caring tasks they were undertaking to the person and asked for their permission. For example, when using a lifting hoist staff explained what they were doing, what they wanted the person to do, if this was acceptable to the person and that they had understood what had been said. Staff described to us how they would maintain people’s dignity and ensure their choices were respected. They told us they would ask people and make sure they had understood what had been said and they would allow people time to answer.

The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people’s background and culture. This was also recorded in people’s care plans along with their preferences about how they chose to be cared for and spend their days.

We saw staff were sensitive when caring for people who were living with dementia and had limited communication and understanding. They spoke softly and calmly and gave the person time to respond. They used various ways of communication including verbal and non- verbal, for example, smiling and nodding, to make sure people understood what had been asked of them. We saw staff caring for people in a relaxed and unhurried manner. Staff were supported by ancillary staff that included catering, laundry and domestic staff, so they could concentrate on caring for the people who used the service.

Staff knew the people they were caring for and supporting, including their preferences and personal histories. Care plans we looked at contained information about people’s preferences, likes and dislikes and their life experiences. Staff we spoke with were able to describe people’s needs and how these should be met. We saw and heard staff talking to people about their families and their hobbies and interests.

Staff had a good knowledge of the person’s past history and were able to engage with people about their previous jobs and where they used to live. This was seen to be enjoyed by the people who used the service and was done in a spontaneous way by the staff. Staff told us they enjoyed spending time with people and learning about them, they told us it gave them a better understanding about the person. One person spoke in detail about their war time experiences and how they had owned a sweet shop in Hull. This gave the person and the staff great pleasure as they shared jokes and memories.

Care plans we looked at demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people’s input into these had been recorded. Those family members who we spoke with and who had an input into the care and welfare of their relatives told us they knew what was in their relative’s care plans and the registered manager kept them well informed about their relative’s welfare.

Good

Is the service responsive?

Our findings

People we spoke with told us they knew they had the right to make a complaint and who they should complain to. Comments included, "I know I can make a complaint but I don't have any, it's all very nice", "I would see the boss; she would sort things out for me" and "I would tell my son and he would get it sorted with the manager." People also told us they were provided with lot of activities to participate in, comments included, "Oh yes, we do lots of things from arts and crafts to going to the theatre to watch plays", "We get up to all sorts of things, it's fun living here" and "I like it best when we go out and about."

Visitors told us they knew how to make complaints and knew the service had a complaints procedure they could access. Comments included, "I would see the manager if I had concerns at all" and "I know all about the complaint procedure they gave me a copy when [relatives name] first moved in."

Care plans we looked at contained information about the person and their likes and dislikes, they also contained information about how the person's needs were to be met by the staff. Assessments had been done by the placing authority prior to the person moving into the service to ensure their needs could be met by the service. From these assessments a care plan had been developed. The care plans were updated and reviewed regularly and changes made where required, for example, following a stay in hospital or deterioration in the person's needs. Assessments had been undertaken about aspects of daily living which might pose a risk to people, for example poor mobility, tissue viability and behaviours which might put the person or others at risk. These instructed staff in what to monitor and what action to take to keep the person safe.

The service employed a full time dignity champion. When we spoke with the dignity champion they told us they planned activities for people to join in with on daily basis, this included, board games, reminiscence sessions, exercise sessions or talking individually with people and looking at photographs. They told us they were provided with enough resources to make sure people were occupied during the day and could pursue individual hobbies and interests. They were aware of the importance of engaging with people who spent time in their rooms and had ensured they had been offered the opportunity to participate in activities as well. The dignity champion was also aware of the importance of engaging with those people who lived with dementia and understood the need to provide them with activities which they could do and for the length of time they chose.

The dignity champion told us they never forced anyone to participate in activities if they did not want to but always gave people the option. Activities undertaken with people were recorded on a daily basis in their care plans, these ranged from crafts to listening to their favourite music in their rooms. People were also supported to attend activities outside of the service. During the inspection a student on placement from college was undertaking craft with the people who used the service; they were supporting them to make Christmas decorations.

The registered provider had a complaints procedure which people could access if they felt they needed to make a complaint. This was displayed around the service and provided to people as part of the service user guide. The registered manager told us they could supply the complaint procedure in other formats which were appropriate for people's needs, for example, another language. They told us they would read and explain the procedure to those people who had difficulty understanding it.

The registered manager told us they received very few official complaints, however, there was a system of recording these which included what the complaint was, how it was investigated and whether the complainant was satisfied with the investigation. Information was provided to the complainant about who they could contact if they were not happy with the way the investigation had been carried out by the service; this included the Local Authority and the Ombudsman.

Good

Is the service well-led?

Our findings

People told us they had been consulted about how the service was run and felt part of the decision making process. Comments included, "Yes we have regular meetings with the manager, she lets us have our say", "I like going to the meetings, everybody gets together and we a real good natter" and "The manager is always asking me if there's anything I would change."

Visitors we spoke with told us they were consulted about any changes at the service and any future plans. They also told us they had attended meetings with their relatives. Comments included, "The manager keeps us well informed of any changes and keeps us up to date" and "We have meetings to discuss outings and other entertainment, they told us they're are off to the pantomime at Christmas." They told us they found the registered manager approachable. Comments included "Oh yes, [registered manager's name] is fine she will listen to what we have to say."

Staff told us they could approach the registered manager and felt their views were taken seriously, one member of staff said, "[the registered manager's name] is very supportive and approachable, I can go to them about anything and they will try and help", another said, "We have team meetings and we can discuss whatever is bothering us and [the registered manager's name] provides us with information about anything that's new."

The registered manager told us they tried to create an open culture at the service where staff are enabled to share their knowledge and experience and feel empowered to approach them. This was achieved through regular staff meetings and staff supervision where their practice and issues which might be affecting the smooth running of the service were discussed. The meetings were also used as a time to celebrate achievements and good things about the service, for example, what went well and any events which enhanced the quality of life for the people who used the service.

Staff we spoke with were aware of their responsibilities, for example to protect people from harm and to report any abuse; they were also aware of procedures in place which guided them to undertake this effectively.

Staff were aware of their responsibility to support people to be independent and to lead a life style of their choosing. Care staff were enthusiastic about and proud of the service they provided to people. They were also positive about the achievements people had made while at the service, for example, recovering from illnesses or regaining skills and interests.

The registered manager had systems in place which gathered the views of people who used the service, their relatives, staff and health care professionals who visited the service. These were mainly in the form of surveys and questionnaires. These were given out periodically and respondents were asked for their opinions on aspects of the service provided. The results were analysed and a report made of the findings. If any issues were identified these were addressed using an action plan with time scales for achievement.

We saw meetings were held with the people who used the service and their relatives; a record of these was kept. Topics discussed included entertainment, activities, food, outings and the general running of the service. Relatives we spoke with confirmed they had attended meetings and found them a useful forum for airing their views. This ensured, as far practicable, people who used the service and other stakeholders could have a say about how the service was run.

The registered manager had systems in place which evaluated the environment and helped to identify areas for improvement, it also monitored the level of cleanliness of the service.

All accidents and incidents were recorded and an analysis of these was undertaken to identify any trends or patterns. The registered manager told us if they identified any trends or patterns and this involved staff practice they addressed this through the registered provider's disciplinary process and provided re-training; if this was felt appropriate. They told us they would not tolerate poor practice and if this continued despite the re-training they would deal with it effectively. Staff confirmed they understood the disciplinary procedures and felt the registered manager managed them fairly but firmly.