

# Hatzfeld Care Limited

# Stuart House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Stuart House is a residential care home providing accommodation and personal care for up to 19 people. The service provides support to adults living with dementia. At the time of our inspection there were 16 people using the service. The care home is made up of three Victorian houses which have been adapted to make one premise.

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

This was the first inspection under the new provider. The provider had identified various elements of the service which needed improving and had an action plan to monitor improvements. Although the provider had identified some concerns in relation to documentation and the safe management of medicines before our inspection, these processes were not yet firmly embedded. We could not be assured medicines were always being managed safely and people were receiving these as prescribed.

Records to support people to receive the correct care and support were being developed and monitored to ensure the correct information was recorded and regularly reviewed and updated. However, processes had not been consistently implemented and embedded; documentation was not always accurate and complete, and we could not always be assured people received safe care and treatment. Auditing systems had been implemented into the home, but these needed further work. We have made a recommendation about this.

During the inspection we identified some concerns in regard to risk management. The provider took immediate action to address this. We have made a recommendation regarding the management of risk.

We noted some areas of the environment were not always suitably maintained to ensure effective cleaning. The provider had already identified these concerns and had developed an action plan to address this. Decoration and refurbishment had started in the home, to improve the environment.

People, their relatives and staff told us the new provider was making positive changes at the service. Positive outcomes had been achieved for people in a short space of time. People were referred to external services and healthcare as required.

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.

Staff were kind, caring and knew how people preferred to be cared for. People and their relatives were involved in their care and treated people with compassion and respect. The provider and registered manager prompted a person centred, open culture which was driving improvements of the service. People who lived at the home were happy and felt safe. Relatives said they would recommend the home to others.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 27 January 2022 and this is the first inspection. The last rating for the service under the previous provider was good, published on 04 December 2017.

#### Why we inspected

We undertook a targeted inspection to look at infection prevention and control measures following an outbreak. When we inspected, we needed further reassurances around infection control, so we widened the scope of the inspection to become a comprehensive inspection looking at all the key questions.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the safe management of medicines and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Stuart House

## 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.

#### Inspection team

The inspection was completed by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Stuart House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stuart House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave 24 hours' notice of the initial inspection. Our second visit was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the provider had registered with us. We also sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all

this information to plan our inspection.

#### During the inspection

We carried out a visual inspection of the building and we spoke to four people. We looked at care plans for six people. We reviewed various paperwork relating to the health and safety of the building and staff recruitment. We used technology and electronic file sharing to enable us to review documentation off site. We spoke with eight members of staff during the inspection, including with the nominated individual, registered manager, carers and seniors. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three professionals who had recently visited the service. An Expert by Experience spoke with ten relatives.

#### After the inspection

We continued to liaise with the provider to discuss our findings and to gain reassurances on aspects of the inspection.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- The provider had identified the management of medicines as an area for development and had devised an action plan to ensure improvements were made. However, we found that processes were not fully embedded and good practice guidance was not consistently followed. We could not always be assured people received their medication as prescribed.
- There was poor management of topical creams. Body maps or care plans were not consistently in place to instruct staff how and where to apply. It had not been documented when creams had been opened and therefore, we could not be assured these medicines were effective.
- Care plans to support and guide staff in relation to 'as and when' medication were not always in place. This meant that staff did not always know when it was appropriate to administer 'as and when' medication. Staff did not routinely record a reason for this medication been given.
- There were missed signatures on the Medication Administration Record (MAR) chart which meant we could not be assured people were always receiving their medication correctly.

The provider did not ensure the safe and proper management of medicines. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and plans were in place to manage these appropriately. However, these systems were not fully embedded to the new service.
- Daily checks of the environment had not always been effective and had failed to identify potential risks to people.
- People's risk assessments had not always been updated, this meant staff did not always have the correct and relevant information to keep people safe.

We recommend the provider seeks to continue to develop their systems to assess, monitor and mitigate the risks to the health, safety and welfare of people using the service.

### Preventing and controlling infection

- Processes were in place to manage the risk of cross infection. During the inspection we observed some staff were not wearing personal protective equipment [PPE] appropriately. This placed people at risk of harm. The registered manager took immediate action. When we visited the service a second time, we found all staff were wearing their masks correctly.
- Areas of the home did not always allow for effective cleaning. These were highlighted to the registered

manager who gave us assurances some of these concerns had already been identified. Immediate action was taken following our feedback.

- People were happy with the overall cleanliness and hygiene of the home. One person told us, "They clean my room every day without fail. My bed is always made, and the toilet is always clean."
- Relatives we spoke with had consistently positive feedback about the cleanliness in the home. Comments included "The home is clean, and plans are in place to improve", and "[Relative]'s room has been re-furnished since the take over."

#### Staffing and recruitment

- There were sufficient levels of staff to meet people's needs.
- The provider had reviewed the staffing levels and increased the number of staff on duty over busier periods.
- We observed people being supported in a timely manner. One person told us, "I have a pusher thing [call bell] and within seconds they are through the door."
- Relatives had positive feedback regarding staffing levels; "Since the takeover, there seem to be more staff."
- Staff were recruited safely, however gaps in employment history were not always explored by the provider. We have reported on this in the well-led section.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. Comments included, "We think that mum is safe, there is always someone around" and "The way the staff look after mum makes me feel that she is safe."
- Staff had received safeguarding training and understood correct safeguarding practices.
- The service had a safeguarding policy to support the management team to follow internal and external processes to keep people safe.

#### Learning lessons when things go wrong

- The provider had a system in place to review incidents and accidents and these were used as opportunities for learning.
- The registered manager was notified of incidents which occurred and acted appropriately.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they felt supported.
- Staff had monthly team meetings and told us they found these useful and inclusive.
- The provider had not yet commenced formal supervisions with staff but had plans to commence these shortly after our inspection. Since the inspection we have had assurances supervisions have commenced.
- Staff were provided with training to ensure they had the correct skills to meet people's needs. The provider had introduced a new training programme for all staff to undertake, regardless of their length of service, role or previous experience.
- Staff spoke highly of the training on offer from the new provider. One staff member we spoke with said, "I am constantly learning and there are things I had never even heard of before."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access advice and guidance from healthcare professionals such as GPs, speech and language therapists, podiatrists and dietitians.
- The provider had already achieved various positive outcomes for people. We saw examples of people's medication being reduced, especially those in relation to anxiety and people who had previously remained in bed, were now in the communal areas and engaging with others.
- A visiting professional told us they had noticed huge improvements since the new provider had taken over the service.

Adapting service, design, decoration to meet people's needs

- The provider had a documented, extensive renovation plan for the home and had already commenced work on the service. These plans had considered the impact of the renovations on the people who live at the service.
- There was an accessible garden and summer house which relatives commented on. One relative said, "They do have a beautiful garden". Residents told us they liked to sit outside in warmer weather.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered enough to eat and drink.
- People were complimentary of the food on offer. One person told us, "The cakes and sweet things are particularly lovely."
- Staff provided choice to people and were aware of people's preferences. Staff told us people could have

an alternative to the planned menu if they did not like what was on offer. There were homemade cakes and fresh fruit available for residents.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff sought people's consent before delivering support and respected people's decisions.
- The registered manager had identified when people required a DoLS and had taken appropriate action.
- Staff had received training in relation to MCA and had a good knowledge of how they applied this in practice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care.
- People had been asked for their opinions on their bedroom décor and furniture before any plans were made.
- Interactions between staff and people were very positive and we observed people being offered choice in relation to everyday decisions. Staff promoted and encouraged people to make their own choices. One relative said, "[Name of person] is well respected; they always ask her not tell her".
- The provider told us they were planning to implement new processes to improve people's involvement and further develop person-centred care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was protected. Care plans included information on what people could do and where they needed support.
- Relatives told us they felt the care and attention had increased with the new provider and others noted an improvement in their relative's appearance and presentation.
- We observed staff knocking and asking permission to enter people's bedrooms.
- Relatives told us staff were respectful and promoted independence.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind and caring. One person told us the staff were "A bunch of good eggs [referring to staff]" and another said, "I have a lovely relationship with the carers, they are lovely people and so kind."
- Relatives thought their loved ones were well cared for. They said the caring nature of staff extended to relatives too. One relative we spoke with said, "The staff are very caring and understand the family's needs too."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives felt the service had supported them to remain involved in their loved one's care.
- The provider had introduced new activities within the home. Consideration had been taken to ensure activities were unique to people and centred around people's individual interests.
- We saw one person had been enjoying trips out of the home to cafes and shops after spending several years indoors due to the pandemic.
- People took part in activities such as reading, puzzles, dancing and having their nails done. Staff told us people had the opportunity to visit another of the provider's services for a "change of scenery" and to meet new people.
- Staff supported people to maintain relationships and avoid social isolation. One person told us, "The staff write letters to my family for me, cards and things. It is the little things that matter".

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider encouraged person centred care. The service ensured that decisions around people's care were made through choice.
- People and relatives told us that staff were knowledgeable about their preferences and how they liked to be cared for. Staff were flexible in their approach to meet people's needs. One relative we spoke with said, "I think that they know [name of person] well and adjust their behaviour accordingly to their behaviour or mood."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had knowledge of people's communication needs.
- The provider's electronic system allowed for information to be shared in various methods including large print and easy reads if required.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and felt confident to do so.
- Any concerns raised had been treated as a complaint and documented fully. The provider ensured an

internal investigation was completed and 'lessons learnt' shared as a conclusion.

#### End of life care and support

- End of life preferences had been recorded for each person.
- At the time of the inspection, the service was providing support for end of life care. The service had sought support from external services in relation to end of life care.
- Staff had received training to ensure they could support people appropriately in the final stages of their life.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the new provider's leaders and culture were not yet fully embedded in the service and these require consistent good practice over time.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- We could not be fully assured people always received their care in line with their care plan, as documentation was not always accurate or complete. For example, care plans did not always accurately reflect people's needs and wishes and records did not always show that care had been provided.
- We spoke with three visiting health professionals who commented documentation regarding people's care was often not thorough enough for them to make informed judgements on an individual's health needs. One health care professional said, "I am not sure the staff understand the importance of their recording and how this impacts the resident's access to healthcare."
- The registered manager had implemented some additional quality assurance measures in response to concerns identified in audits, but these had not been consistently completed by staff. For example, the provider had introduced safety checks on the medicines fridge but these checks had not always taken place as directed and when concerns were identified, no action had been taken to rectify this.
- Action had not always been taken following audits. For example, the provider's medicines audit identified issues with the storage of topical medicines, but action had not been taken.

Systems were either not in place, followed or robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke to the registered manager, about the quality of the records who assured us they had prioritised care plans based on risk and showed us an action plan detailing how this was being completed.

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

- The provider had focused their efforts and resources on promoting and sharing a positive culture and the values of person-centred care.
- Staff told us the changes have been fast paced and challenging but had promoted positive outcomes for people. Comments from staff included, "The new provider has broken down strict regimes, they are encouraging choice - they tell us to just go for it a lot. Nothing is too much for the people who live here, and they are eager to modernise the place."; "They are determined to get it to their high standards".

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

- Throughout the inspection, the registered manager was open and honest regarding the development plans for the service and areas which needed addressing. The provider was responsive to our comments and made immediate changes to provide reassurances.
- The registered manager had apologised to people, relatives or professionals when a something had gone wrong and was open with their staff team about this too.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives felt involved and engaged with the service.
- Relatives we spoke with said the service's communication with relatives was commendable; "The staff ring me as soon as there are any changes to [person name]'s health".

Continuous learning and improving care

- The provider and registered manager were committed to improving the service.
- The provider had a thorough action plan in place to drive improvements in care and had prioritised staff training and ensuring the care provided was of good quality.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not properly managed; we could not be assured people were receiving their medicines as prescribed. This was a breach of regulation 12 (2) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider has failed to maintain an accurate, complete and contemporaneous record in respect of each service user. This was a breach of regulation 17 (1) (2) (c).