

Enter & View Residential Care Report - Planned Visit 1

Spring House

21 Eastbourne Road, Hornsea, East Yorkshire HU18 1QS

Date of visit: 13th March 2018

HWERY Representatives: Michelle Harvey & Pam Wakelam

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.

Main Purpose of Visit

In November 2017, Spring House was inspected by the Care Quality Commission (CQC) and East Riding of Yorkshire Council Quality Development and Monitoring Team (QDMO) in response to safeguarding issues that were raised, and subsequently received a rating of 'Requires Improvement' with safety being identified as 'Inadequate'.

The home subsequently contacted Healthwatch East Riding of Yorkshire (HWERY) and requested support to implement improvements to the home identified through the HWERY Enter & View process. Via four initial planned Enter & View visits, followed by a series of unannounced visits, Healthwatch East Riding of Yorkshire will support Spring House to make improvements using recommendations informed by the Enter & View process.

This is the first visit in the first round of four planned visits to Spring House and will be used to investigate initial progress made since the CQC inspection of November 2017 and offer further advice and recommendations based upon observations and discussions held with residents', staff and managers of Spring House.

Summary of Key Findings - Visit 1

From this first planned visit it is evident that since initial inspections by both the CQC and QDMO team in November 2017, Spring House has been swift to respond and have made great efforts to address many of the identified areas of concern made during the original CQC inspection (published February 2018). An action plan was formulated with the QDMO team in November 2017 and observations made by HWERY show that work is being undertaken to complete identified actions.

Through the E&V process HWERY are beginning the process of making their own recommendations which will supplement those made by other organisations and make overall improvements to the service for the direct benefit of service users.

HWERY Recommendations/Observations - Visit 1

- Introduce a 'GOB' (Glimpses of Brilliance) book to help improve staff moral and support staff to recognise and encourage existing good practice
- Display photographs of residents taking part in activities and introduce personal photograph albums to stimulate residents memory and recall of events
- Contact the 'Nutrition Team' to get further advice on residents nutrition
- Distribute Staff & Relative Questionnaires for completion to gauge current views



Full Report

Background

Spring House is one of a group of four residential care homes owned by Hatzfeld Care Ltd, three of which are based in Hornsea and one in Mansfield. Other homes within the group have been inspected and rated at least 'Good' by the CQC and one rated as 'Outstanding'.

In November 2017, Spring House was inspected by CQC and ERYC Quality, Development and Monitoring Officers (QDMOs) in response to safeguarding issues raised and received an overall rating of 'Requires Improvement' with safety in-particular being identified as 'Inadequate'.



The home subsequently contacted Healthwatch East Riding of Yorkshire (HWERY) and requested support to implement improvements to the home identified through the HWERY Enter & View process.

Since the CQC inspection in November 2017, Spring House has held a number of meetings with the ERYC QDMO's and Safeguarding Team, as well as meeting with the CQC, and has developed improvement plans which have been shared with all professionals involved with the service. Spring House has evidently made improvements to both the physical environment of the home and the level of care and service provided during the period since November when the initial CQC inspection took place.

The registered manager that was in post at the time of the original CQC inspection has now been replaced by a different manager from a 'Good' home within the group and a permanent replacement has been identified for the long-term; both people are now working closely together to ensure the long-term sustainability of planned improvements for the home.

Local Healthwatch has a number of specific statutory activities that it is required to deliver, defined in five Healthwatch Quality Statements, specifically

- Strategic Context & Relationships
- Community Voice & Influence
- Making a Difference Locally
- Informing People
- Relationship with Healthwatch England

Within the context of Enter & View:

Under its remit of 'Community Voice & Influence', Healthwatch has a responsibility to support local people to share their experience and opinions of local services.

Under its remit of 'Making a Difference Locally', Healthwatch has a responsibility to capture the experience of local people in our research and reports, use the opinions and experiences of the public to produce recommendations for change and ensure our recommendations for change are heard and responded to by relevant decision makers.

Under its remit of 'Informing People', Healthwatch has a responsibility to ensure that we provide the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.

Main Findings

How safe is the setting for service users?

CQC Inspection Report Summary Feb 2018

● Inadequate

This service was not safe.

There was insufficient staff working to meet people's needs safely. They did not always have the skills and knowledge required to keep people safe. People who had been assessed as needing one to one care did not always receive that support.

Staff and managers were not clear about their responsibilities with regard to safeguarding people and some incidents had not been notified to the local authority.

People had been restrained by staff locking them in their rooms with no decision making having taken place with professionals or families.

Some areas of the service posed a risk of infection.

The home has taken swift action to address the identified insufficient staffing levels and on the first visit to Spring House, the home appeared to be well staffed. On touring the home, at least one member of staff was present in each of the different areas of the home and none of the residents in communal areas were seen to be left alone/unsupervised; we did not observe residents who were in their own rooms during this visit. The manager informed us that there are now six care-staff on duty during the day and three care-staff overnight, supporting fourteen residents in total.

Staff spoken to on the day said that there were now always sufficient staffing levels and that this helps them provide the required standard and level of care for residents; they acknowledged that this had not been the case previously. We were informed that staff had also been on various training courses, including 'ERYC Behaviours that Challenge' and a variety of 'E-learning' courses, members of staff were also now having regular appraisals to ensure that their training needs were sufficient and met.

On touring the home we could see that 'Medicare' alarms had now been fitted to all residents' rooms to alleviate what had previously been seen as a perceived need for doors to be locked; when a door is opened by a unauthorised person, a signal is sent to the display panel, indicating the doors identity and location, so staff can swiftly and appropriately respond. There is also an emergency button on the unit should extra help be required. The manager told us that the home is also considering installing CCTV as an additional safety measure. 'Hotel door style' locks are also being considered to give some residents the choice as to whether they choose to lock their door or not; the home are liaising with the CQC for advice as to suitable style locks. There are areas of the home that remain locked, such as the meds room, laundry etc. to restrict access to residents for their own safety - these were all locked as appropriate on the day of the visit.

Medicine management procedures have also been reviewed since the CQC inspection and a more robust system is now in place; although the new system is proving to be effective the addition of an extra column on the meds sheet would demonstrate which members of staff had been discharged from their meds duties and improve the system further by demonstrating clear distinction of individual staff responsibilities in relation to administering medication. Weekly medication audits are now also in place and recorded in red pen to highlight each occurrence.

On the day of the first visit Spring House was clean, well maintained and free from any unpleasant odours. The manager told us that the chairs in the communal lounge had been replaced, they are now fully washable to maintain hygiene levels and minimise the spread of infection. Two housekeeping staff are now employed at Spring House and could be seen thoroughly cleaning areas of the home throughout the duration of the visit. Both housekeeping staff have a care-working background which helps them understand and work with the home to best support the needs of residents, they are able to effectively interact with residents (and were observed doing so).

The home is in the process of up-grading its laundry facilities to ensure an effective new system can be implemented, soiled and clean laundry can be kept entirely separate and therefore cross contamination does not occur. The laundry assistant is quite new to the home and has implemented new ways of working and takes pride in her work, she demonstrated how she sorted clothes into colour and fabric types to effectively clean and care for them and told us 'If I wouldn't do it at home - I wouldn't do it here'. The laundry operates 24 hours per day.

The home has a food hygiene rating of 5 (the highest score possible) and the cook was aware of residents likes and dislikes and of any specific needs.

Fixtures and fittings appeared to be safe and a member of maintenance staff from the Hatzfeld Group visits the home twice a week to carry out any repairs. There was a bench outside which had some flaking paint and it was pointed out and noted that this was hazardous and should be repaired at the soonest convenience for the safety of residents.

The home is currently registered for 21 service users, but intends to reduce this to 18.

How effective do service users consider the service to be?

CQC Inspection Report Summary Feb 2018

- Requires Improvement

The service was not always effective.

Staff did not always receive appropriate training or have their practice checked to enable them to provide effective care for people, particularly where people's behaviour challenged staff.

Staff were not able to demonstrate a clear understanding of the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's nutrition and hydration needs were not always met.

The registered manager that was in post at the time of the original CQC inspection has now been replaced by a different manager from a 'Good' home within the group and a permanent replacement (who is just returning from maternity leave) has been identified for the long-term; both people are now working closely together to ensure the long-term sustainability of planned improvements to the home.

An action plan has been created in conjunction with the East Riding of Yorkshire Quality, Development & Monitoring Officer which identifies issues to be addressed and has been shared with staff and HWERY; on the first visit we saw evidence that all areas are being addressed and work continues to ensure that targets will be met; the current leadership had a clear understanding of what needs to be achieved and are sharing this with the staff.

Since the CQC inspection the home has been swift to increase staffing levels, review training needs and introduce regular appraisals with all staff to review and maintain performance; staff have also worked across different sites to observe and share good practice. As part of an on-going conversation, one member of staff commented 'I went on a course the other day and I found out....', they mentioned a number of things which they had learned and how they were applying this to their role, demonstrating that training is beginning to have an impact upon the standards of care provided and that the member of staff is beginning to understand the level of expectation linked to their role.

The home is continuing to work towards filling any current vacancies; one member of staff was seen 'shadowing' and observing another - this was part of a thorough induction programme at the home that was in place previously, but had not consistently been carried out.

The manager in post at the time of the CQC Inspection had been reluctant to use agency staff which had led to the home having insufficient staffing levels, which has now been addressed; agency staff are now used as necessary but the home uses one particular agency who are able to supply adequately trained staff and are consistent in providing the same people. One member of staff told us 'There have been rapid changes due to the increased staffing levels - the level of care has really increased'.

Staff roles have also been more clearly defined e.g. housekeeping staff are now only responsible for housekeeping and carers can concentrate on their role supporting residents; residents have their own key-worker and staff showed that they have a clear understanding of the needs of each resident and an understanding of their background. The current manager has also introduced 'staff champion' roles in areas such as dignity and dementia to give staff ownership and responsibility of promoting best practice in different areas.

We asked one member of staff specifically how things had changed and they told us 'Staff attitudes have changed; I will now say it how it is. Negative feedback has had an effect, but moral is now getting better because I now feel well supported and we are like one big family. If you have problems they support you and if you have appointments, they are flexible - it's things like that that help you do your job when you're here'.

Residents have access to the services that they need, GP's visit on request and also regularly review resident's medication. The home uses 'Visioncall' opticians and a chiropodist visits every two weeks, the District Nurse attends as and when required. The home also has contact with the local 'Falls' team to seek advice and support as necessary.

The home offers a 4 weekly menu and differing tastes are catered for; if there is something a resident does not like, the cook is happy to provide an alternative and we saw evidence of this on the day. Themed nights are being introduced and the following day a 'Steak Night' was being tried with prawn cocktail and fillet steak and chips being offered. In January the home had celebrated Burns night and the residents had tried Haggis as part of the celebrations. As part of the Improvement Plan, both cooks have attended nutritional training courses.

Residents can choose where they would like to eat, there is a small dining room and individual foldable tables in the communal area; residents were seen to eating in both areas and given assistance as necessary. There were no menus visible in the dining area; however the cook did show us written menus and photographs of meals/flashcards that we were told were used with residents (as suggested in the Improvement Plan), it was suggested that these could be placed in the dining room for easier access by residents.

Fixtures and fitting in the home promoted independence; recent improvements have included a redecoration of the communal area and dining room (including murals for sensory interaction), new chairs and stools have been purchased, the colour had been carefully chosen to contrast with the surroundings to aid those with Dementia. Door frames were also painted in contrasting colours and individual picture frames with photographs were being introduced on some residents doors to aid identification; although some residents had chosen not to have these and their wishes had been respected. There is some dementia friendly signage around the home but investigations are being made with 'Visioncall' to provide improved signage around the home that will be more Dementia friendly and provide consistency.

Residents were seen moving around the home independently and a resident with better mobility than some was seen climbing the stairs using the handrail. The garden area is particularly accessible for residents and is fully enclosed; it includes continuous level paths which are pale in colour, contrasting to the artificial grass for easy identification. Raised beds are also in place and we saw seeds being raised ready for planting by the residents in better weather. There is also a large outdoor cabin with seating, kitchenette, and toilet facilities which offers a quiet space for residents to enjoy or a more private space to use when family visit.

How caring do service users find the service?

CQC Inspection Report Summary Feb 2018

- Requires Improvement

The service was not always caring.

People told us that staff were caring and we saw some positive interactions between people who used the service and staff but other people's support needs had not always been considered by staff.

Staff did not always respect people's dignity.

Staff had not always encouraged people to retain skills and independence leading to deterioration in one case.

Observations were made in communal areas of the home during this visit and interactions between staff and residents were friendly, supportive and encouraging. When a resident was reluctant to eat, a member of staff was heard to offer the resident a number of different food choices to encourage them to eat and was successful in doing so. Another resident was being encouraged to walk independently from one room to another by a member of staff and was heard saying 'Come on [resident], just one more step, that's it - well done'; although the resident took some time, the member of staff was very patient and encouraging and the resident managed to move independently from one room to another.

Residents have their own rooms which we were told they can personalise with their own belongings; there is currently one shared room which is shared by a couple at their request.

On the day of the visit one resident was getting ready to go out on a shopping trip to the local Freeport, he told us 'I go out for walks with [activity co-ordinator]. I have walked miles and miles with her, the longest I have ever walked. I'm going on a bus today, but I haven't done that for a long time, it's the first time I have done it.' We were told that they would be buying items for Easter and had made a list; the resident also had their own

money to spend on what they wished. Other residents could not tell us what type of activities they do; however there was a three-weekly activities timetable in place and staff told us about different activities that are offered.

The home has introduced a 'Wish Tree' in the form of a mural on the wall with residents photographs, each resident had chosen a personal goal/target which they would like to achieve and work was being done with each resident to help them achieve this. One resident, who is currently bed bound, is working towards being able to visit the sea front; this is being broken down into smaller achievable targets for her to work towards.

Relatives are now able to visit when they wish; the previous manager had placed a restriction on visiting times previously apparently due to one problematic relative who had at times become confrontational with both staff and other residents.

How responsive to their needs do service users find the service?

CQC Inspection Report Summary Feb 2018

● Requires Improvement

The service was not always responsive.

Care plans were in place outlining people's care and support needs but these were not always detailed.

Activities for people were not consistent and there was little evidence of one to one support for people.

People had raised complaints with the service but these were not recorded so no actions were seen.

Staffing levels have increased since the time of the CQC inspection and throughout the visit, residents were seen receiving one-to-one care and attention on numerous occasions; on initial arrival at the home we observed there to be as many care workers as residents in the communal area.

Residents now have a named carer that takes responsibility for their care plan and staff told us that they are encouraged to liaise closely with relatives to identify the needs of residents. One member of staff told us how they now spent more time recording details in individual residents care plans and how they could see the benefit of this, they said that by being responsible just one or two care plans they were able to complete plans in adequate detail. Staff also told us that they have a 30 minute hand-over period at each end of their shift to ensure that essential information is shared regarding residents on a daily basis.

In response to concerns raised over some residents losing weight, residents are now weighed weekly on a Wednesday and if they appear to have lost weight they are re-weighed on a Friday; this is recorded so that appropriate action can be taken in a timely manner when findings are discussed at management meetings every Monday. Graze bowls have been introduced in the home and one resident in-particular was seen frequently accessing snacks from these. One member of staff told us that they had recently been on a course which had helped them understand the importance of hydration and the negative effect that dehydration can have on physical and mental health and well-being for residents; they now knew the recommended daily fluid intake and were recording this as part of residents care plans. The manager told us that they would welcome any further advice available regarding meeting the nutritional needs of all residents.

The home has a full time activities co-ordinator in place who works on a rolling shift pattern that means she also covers different days of the week, including weekends. A three

weekly activities timetable is now in place and the timetable for the week on display in the main communal area of the home. Timetabled activities included group activities such as chair exercise to music, Bingo, Easter crafts and film nights and individual activities such as hand and foot massage, nail painting, baking and visits out. An Easter Egg Hunt involving children from a local nursery had also been arranged for later in the month. One resident was observed baking in the dining-room with one-to one support from the activities co-ordinator, he was able to tell us what he had done so far; other residents that we spoke to needed encouragement and reminders to be able to tell us about the different activities that they had taken part in.

Resident and family meetings have now been merged into one meeting and are advertised so that people can attend as they wish; some members of staff told us that they regularly communicate with family members via the telephone to ensure that they are kept updated and to share information.

There are Wi-Fi, Skype and Smart TV facilities within the home should residents wish to use them.

How well-led do service users consider the service to be?

CQC Inspection Report Summary Feb 2018

- Requires Improvement

The service was not always well led.

There was a registered manager in post but feedback about the support staff received from management varied. Staff did not always feel supported or listened to.

The quality monitoring of the service was not effective. Although some audits were completed they did not have associated action plans and no learning from the outcomes of these audits was taking place.

Spring House is one of a group of four residential care homes owned by Hatzfeld Care Ltd, three of which are based in Hornsea and one in Mansfield.

Since the time of the CQC inspection there is a new management structure in place. The manager in place at the time of the November CQC inspection is still named as the registered manager of the home and is also the area manager for the three local homes in Hornsea; however the home is now being managed on a daily basis by a different manager from another 'Good' home within the group and a permanent replacement has been identified (who is just returning from maternity leave) for the long-term. Both people are now working closely and with staff to ensure the long-term sustainability of planned improvements for the home.

The new team have requested that through the E&V process HWERY make recommendations which will supplement those made by other organisations and make overall improvements to the service for the direct benefit of service users and support them on the road to getting to 'Good'.

Staff that we spoke to on the day said that things have improved rapidly since the new management team have been in place, in part due to adequate staffing levels now being in place, but also due to the fact that staff now felt that the current management team are approachable and responsive. Staff said that attitudes have now changed; one member of

staff told us ‘Negative feedback had a big effect, but moral is now much better as staff are getting the training that they want and need and we feel well supported’.

The home is actively recruiting new members of staff to provide consistency and ensure adequate staffing levels are maintained. Existing staff are now being put through a seemingly robust training programme to ensure that staff are competent in their roles and understand their roles and responsibilities; regular appraisal meetings are now taking place to monitor the progress of individuals and poor performance is being addressed via this system. The manager told us of a conversation she had held with a colleague when she was asked ‘What if you train staff and then they leave?’ the managers response was ‘What if you don’t train them and they stay?’

We were told a mix of face-to-face training and on-line training with staff has taken place, one member of staff told us ‘I don’t think on-line training is as good, experiencing it is better’; however the manager told us that she was aware that some members of staff need to improve their IT skills and had enrolled one person on the ECDL training course.

There are a number of staff incentives in place for all staff within the Hatzfeld Group as detailed below:

- Interest free staff loans are available up to £350
- An ‘Employee of the Month’ award is made with a £100 bonus attached
- Four ‘Team Players’ of the month are awarded with a £25 bonus
- A £100 hamper & £20 meat voucher from a local butcher is provided at Christmas and a Christmas party
- Regular Team Building events are held

The management team have also introduced a system of weekly management meetings, monthly staff meetings and ‘The HUB’ Spring House chat room, to ensure that all members of staff are kept updated on current developments and issues can be quickly identified and resolved.

Response from Setting:

[To be completed by office once received]

Signed on behalf of HWERY		Date:
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