

HW Reference: 20180612

Time & Duration of Visit: 11.20am-12.20pm

Number of people engaged with: 6

## Enter & View Residential Care Report

**Specialism/Service:** Accommodation for persons requiring nursing or personal care, Dementia, Caring for adults over 65 years

# Spring House

21 Eastbourne Road, Hornsea, East Yorkshire HU18 1QS

Date of visit: 12/06/2018

Date of publication: [Office to complete]

HWERY Representatives: Denise Lester and Martin Davies

**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

This is the first unannounced visit in the planned programme of Enter & View visits to Spring House. During this visit we continued to focus on making general observations around the home to inform further recommendations based upon observations and discussions held with residents, staff and managers and also made observations of how the home presented itself during the course of an unannounced/unexpected visit. We also continued to make investigations into progress made towards implementing recommendations made from previous visits.

## Summary of Key Findings

This this was the first unannounced visit made by Healthwatch; the manager had a meeting to attend, so we were looked after by the deputy manager who was able to discuss progress towards the recommendations made in reports from previous announced visits.

Spring House continue to make good progress and implement improvements made both from outside recommendations and their own identified objectives.

## Recommendations/Observations

No further recommendations were made.



# Full Report

## Background

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?

By safe we mean people are protected from abuse or avoidable harm.

All rooms are protected by a 'Medicare' alarm which activates when the door is opened, if the alarm activates on a room and the resident is seen not to be in their room, this is investigated; the system appeared to be working effectively during the visit.

The previous recommendation regarding the positioning of Fire Escape signs has now been fully addressed and signs appear to be appropriately positioned and not obscured.

Additional training has been sourced on infection control and will be undertaken shortly.

### How effective do service users consider the service to be?

By effective, we mean does residents care, treatment and support achieve good outcomes and promote a good quality of life?

Improvements continue to be trialled in the dining room. Following a previous recommendation to replace tablecloths in the dining room to a more Dementia friendly design, new tablecloths were trialled; however they proved to be easily damaged and one resident was ripping them up. The manager has put forward a proposal to purchase a ToverTafel system for the tables. This projects images onto the table, including memory games. Improvements to the day and date notices are still on-going.

We spoke to a resident who was described as recently appearing to have 'lost her mojo'; however with staff assistance and motivation she is now able to visit local cafes with support, she was pleased to tell us that she had recently had a gin and tonic, which she enjoyed immensely.

Other residents told us they had been enjoying looking at the photographs of events and activities that they had taken part in that were now on display and in their photograph albums, as per a previous Healthwatch recommendation.

The Nutrition Team have been contacted for further advice on nutrition; however as the 'Nutrition Mission' project is not running at the moment, the manager is looking at other available training options. The new skin integrity system is also being monitored on a monthly basis.

### **How caring do service users find the service?**

By caring, we mean that the service involves and treats people with compassion, kindness, dignity & respect.

Whilst at the home we witnessed staff positively interacting with residents.

The home has replaced signs with Dementia friendly signage which has now been adjusted to ensure it is at eye level and easily identifiable for residents; door wraps have also been purchased that display the number of the room and along with 'street signs', make the setting feel homely and individualised for each resident.

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

By responsive, we mean that the services meet people's needs.

The home appeared responsive to resident's needs; a World Cup Football sweep has been recently arranged and has proved popular. In response to new activities being introduced a 'Motion Company' recently visited and proved to be very popular. The home hopes to introduce a 'Pet Therapy' session when the activities co-ordinator is on leave.

One resident tends the gardens, growing vegetables and putting together hanging baskets. The garden continues to be an excellent resource being safe and secure with artificial grass and raised beds. We were to residents can have their lunch outside in good weather if they wish.

In response to a recommendation made by Healthwatch, a new report form has been devised for use by the activities coordinator to show the activities by day/week that each resident has taken part in; this is reviewed by the manger and senior staff weekly ad we saw evidence of this. Care plans are also audited weekly by the manager.

A meal auditing process has also been introduced and significant weight losses are reported to the GP and followed up on.

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

By well-led, we mean that the leadership and management assures the delivery of high quality and person-centred care, supports learning and innovation and promotes an open and fair culture.

Following a previous recommendation made by Healthwath East Riding, the footwear policy was now under review at group level and being revised by the Hatzfeld HR team for distribution across the whole group. Also under review following previous recommendations was the system for cross referencing policies which is also being undertaken at group level; however the manager has already introduced a system where induction training has been

revised to initially included key polices, followed by a 'Policy of the Month'. Each month a different policy will be reviewed by all staff to ensure understanding and is then signed-off. Staff have been observed reading a policy in groups and then answering a short questionnaire on the key points of the policy to ensure understanding. The manager then discussed the answers, answered any questions and then staff signed to say they understood the policy.

The 'GOB' (Glimpses of Brilliance) book to help improve staff moral and recognise and acknowledge existing good practice has proved to be effective and staff that we spoke to said that they appreciated its inception.

Staff recruitment for the 'twilight shift was still on-going as the management strive to employ on the most suitable staff.

There have been some recent dismissals made; however this has to been seen as a positive move with management not being afraid to address poor practice/performance as necessary. Agency staff are being used to fill any identified gaps in staffing until appropriate staff are recruited to ensure adequate staffing levels are maintained.

From what we witnessed the manager came across as enthusiastic and knowledgeable. From the adverse CQC report the home has made many positive steps towards making the necessary improvements; this can only come from positive leadership and motivated staff which appear to be currently in place.

**Response from Setting:**  
*[To be completed by office once received]*

Signed on behalf of HWERY		Date:
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## Enter & View Residential Care Report - Planned Visit 1

# Spring House

21 Eastbourne Road, Hornsea, East Yorkshire HU18 1QS

Date of visit: 13<sup>th</sup> 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
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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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## Enter & View Residential Care Report - Planned Visit 2

# Spring House

21 Eastbourne Road, Hornsea, East Yorkshire HU18 1QS

Date of visit: 19<sup>th</sup> March 2018

HWERY Representatives: Michelle Harvey & Chris Mills

**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

This is the second visit in the first round of four planned visits to Spring House. During this visit we focussed on making general observations around the home to inform further recommendations based upon observations and discussions held with residents, staff and managers. We also made investigations into progress made towards implementing recommendations made from the first visit.

#### Previous Recommendations (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

### Summary of Key Findings - Visit 2

Spring House have started work to implement some of the recommendations made from the first visit. Photograph albums have been purchased and a new notice board to display photographs of residents activities. Staff Questionnaires are still in the process of being fully distributed; however some have been completed and returned. Contact has not yet been made with the Nutrition Team, however is planned.

Time was spent talking to residents who were able to tell us about their experience of living in the home and about some of the activities they took part in.

### Recommendations/Observations - Visit 2

- Review 'Fire Escape' signs to ensure that they are all accurately located and not obscured
- Ensure that all Dementia Friendly signage is displayed at eye level for residents
- Review footwear policy/process to minimise the risk of trips and falls



## Full Report

### Main Findings

#### How safe is the setting for service users?

We found the main fabric of Spring House to have a good standard of safety throughout; the home was in good repair with no signs of damage or wear and tear.

The home is kept safe by the use of key pads on external doors. We observed areas of the home which are locked so that residents cannot access; as expected these were areas such as the medicine room, kitchen, cleaning cupboard and laundry. There was a store room in the summer house in the garden that was not locked, so care should be taken as to what is stored in there to ensure the safety of residents.

The home was clean and showed a high standard of cleanliness. We met the cleaner who said he takes a lot of pride in his job and described himself as having 'a touch of OCD' which adds to his work ethic of making the home as clean as can be. We did not detect any odours, as in the first visit to the home the previous week.

The home has a relatively small kitchen for its size; however it was observed to appear very clean and well organised.

There were plenty of fire extinguishers in place around the home as well as fire exit signage. We did however note that some of the fire exit signage was obscured from sight. We also noted that there was no fire exit sign in the music room, there are two doors from the room, only one of which can be used as a fire exit and this should be highlighted.

There were two infection control stations situated in the entrance hall and the other on the first floor. Staff also carried personal hand sanitisers on them to aid in infection control.

Agency staff are still being used to ensure that there are sufficient staff on duty while permanent staff are being recruited. There was one member of staff who mentioned that an additional member of staff would be helpful on the night-time/evening shift to be left on the main floor.

#### How effective do service users consider the service to be?

There is a lift from the ground floor to the first floor and a stair lift from the first floor to second floor for residents to use if they are unable to use the stairs. There are also handrails in place on all staircases to aid independent movement.

The residents were encouraged to act independently in various ways, such as using the toilet, choosing where to eat and moving about the home freely.

Residents can choose where they eat although are encouraged to eat together in the dining room at lunch and tea time. We witnessed a male resident being given excellent support whilst eating breakfast and taking his medication in the main communal area. The carers were very patient, caring and supportive to this resident during the whole time it took to eat his morning meal which was approximately an hour; the carer then spent additional time ensuring that his medication was taken. Another resident clearly had a tendency to wander during mealtimes and one of the carers was observed patiently re-directing him to ensure that he ate a sufficient meal. A member of staff also noticed that a cup of tea had gone cold and replaced it with a hot one after checking with the resident.

Residents told us that they like the food on offer, one said 'It is good food - we had lamb yesterday and I liked that'; another said 'There's three chefs and they all try to help you and give you what you want. They'll always give you an alternative - I don't like corned beef hash, but I can always get something else'.

All residents have a named carer who takes responsibility for their care plans, staff told us that they only have a maximum of two care plans that they take personal responsibility for, which ensures the compilation and completion of plans is manageable. One member of staff told us of they now use Care Plans much more effectively; they told us that they update plans at least once a week and they are able to use the document to support care for residents by using it to look at trends in behaviour patterns for example. One member of staff told us that they now understand the importance of monitoring the daily intake of fluids for residents and described the handover system at the start and end of each shift as 'superb'.

We noticed dementia friendly signage around the home to highlight areas such as the dining room and toilets etc. We recommended to the home that some of this signage be lowered to eye level as it was above the doorframe. The areas noted were the dining room, downstairs toilet and door to the garden. The manager told us that new dementia friendly signage was on order and they would put this in a more convenient place upon its delivery.

During this visit one resident was seen without any footwear and it was noted that during the previous visit, another resident had difficulties in keeping one of her slippers on which had to be pointed out to a member of staff, both of which could be a potential falls hazard.

### How caring do service users find the service?

Residents appear to be well cared for, they appeared clean and tidy and while one of the residents was receiving a hand massage, the member of staff took the opportunity to check the resident's nails to ensure that they were clean and manicured. The key worker for each resident will also take responsibility for getting items from the shops for their residents such as toiletries and personal items.

All interactions observed between staff and residents were friendly and supportive and from what was observed, trusting relationships were held between staff and residents. One member of staff told us 'Building relationships with residents is most important'. Another member of staff who had begun working at the home shortly after the last CQC inspection told us 'The biggest change that I have seen over recent months is the residents smiling - I have noticed a big change in their happiness and that's the most important'.

There is an activities coordinator employed full time at Spring House who presented herself as very passionate and enthusiastic about her role. Activities are planned seven days a week with activities in both the morning and afternoon, they also run external trips to local shops, the park, seafront and local nursery. Social events in the past have included visits to Bridlington, the Floral Hall and fish and chip lunches. The activities co-ordinator told us that she was trying to introduce more activities and said that the recent themed events based around Burns Night and the Steak Night had proved popular so this type of activity/event would be continued using different themes. The activities co-ordinator also told us about the life histories of some of residents and appeared to have a good understanding of their general likes and dislikes. With some support, one resident was able to tell us about visiting a local gymkhana with a group of other residents and how some local farmers had recognised them and spent time speaking with them. Another resident

told us 'I used to like gardening, but it is a bit too much for me now - I have been to Bridlington for fish and chips though'. One resident was taking part in a painting activity which he said he enjoyed doing now and again. Hand massages are offered to those residents that cannot participate in regular activities and one resident was observed also having his feet massaged, which he seemed to find relaxing. A couple that share a room and are currently bed-bound told us that they had joined the local library and were getting audio books to listen to on a regular basis; both were able to tell us of the books that they liked and disliked as they had very different tastes in literature.

When discussing the activities timetable, one member of staff told us that there were different activities going on and trips out, but was considered the majority of activities to be limited to just a few of the 'easier' residents.

All residents have their own rooms which have en-suite facilities. When speaking to one resident he told us that he had lived in Hornsea since 1953 so was glad to be still living there; although he said he would of course much rather still be in his own home even though he felt well looked after. He said the only thing was 'I have some people that come into my room and take things and I don't like that, so they lock the room sometimes when I'm not in it. They try to help, but it is hard to guard it all the time.'

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

Respite care and day care is available if the home has free rooms; although there is a current suspension in place for taking new residents, we were told of one resident who began his life at the home on 3 day per week respite care, but is now a permanent resident and goes home weekly on a Wednesday to visit his wife.

Since visiting the home, there have been no relatives present although questionnaires have been distributed and are awaiting return; we were told that the majority of relatives tend to visit on a weekend.

Residents told us that they can choose when they get up and go to bed, when we arrived at 8.30am, six residents were out of bed and in the communal area and dining room; we were told that others tend to get up a little later as they choose. A member of staff told us that there is now a proper structure in place to help them get residents up in a morning, which helps them work as a team to support everyone's needs.

The home has recently been decorated and given a facelift with the addition of themed walls and murals to act as a reminiscence aid to residents.

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

The staff we spoke to all spoke positively about the home and its management since the new manager has come into post; there was a positive vibe from the majority of staff that could be felt by the positivity of their comments. One member of staff told us 'The biggest change has been the support for staff from management - it is this support for staff that then feeds down to the residents'; another member of staff said 'We have all noticed a positive change since [manger] started. Adequate staffing levels have made a big difference and management now listen to staff concerns'. Only one member of staff had a slightly weary attitude commenting 'I have been working in care for over 30 years, maybe that's too long and is why I sometimes get fed up.' However overall there was a real sense

of there being a strong team emerging with clear roles set in place to aid the organisation and structure.

A new member of staff who had been recently recruited told us of the excellent induction that he was taking part in which would last for a whole month; comparatively at his last place of employment he had been given just one hours induction and was then left to ‘just get on with it’ in stark contrast to his experience so far of Spring House. We saw evidence of a number of training course on offer to all staff - eight in all, which all staff were in the process of completing.

***Response from Setting:***

*[To be completed by office once received]*

Signed on behalf of HWERY		Date:
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## Enter & View Residential Care Report - Planned Visit 3

# Spring House

21 Eastbourne Road, Hornsea, East Yorkshire HU18 1QS

Date of visit: 27<sup>th</sup> 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

This is the third visit in the first round of four planned visits to Spring House. During this visit we focussed on making general observations around the home to inform further recommendations based upon observations and discussions held with residents, staff and managers. We also made investigations into progress made towards implementing recommendations made from the previous visits.

#### Previous Recommendations (Visits 1&2):

- 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
- Review 'Fire Escape' signs to ensure that they are all accurately located and not obscured
- Ensure that all Dementia Friendly signage is displayed at eye level for residents
- Review footwear policy/process to minimise the risk of trips and falls

### Summary of Key Findings - Visit 3

The current management at Spring House continue to work hard towards making the necessary improvements to the home and are open and receptive to any suggestions that are made, evidence of progress being made towards previous recommendations is being observed at each visit, driven forward by the manager.

### Recommendations/Observations - Visit 3

- Cross reference policies across all platforms to ensure clear designation and easier access and reference for all staff



- Replace table cloths to a more Dementia friendly design (no patterns) and replace metal table grips with plastic ones
- Review day and date notices to make more visible and understandable for residents, ensure details are updated and accurate/consistent in each room
- Log and regularly audit each residents inclusion in activities to ensure all are accessing appropriate activities on a regular basis
- Investigate the provision of 'Pet Therapy' an additional activity option
- Consider adjusting some staff on day shift to an 8am start/8pm finish to alleviate potential staff shortage during busy evening period

## Full Report

### Main Findings

#### How safe is the setting for service users?

As at previous visits the home showed a high standard of cleanliness with no prevalent odours.

There continues to be a high ratio of staff to residents and staff are aware for the need to ensure that all areas are adequately supervised at all times; when one resident asked a member of staff to leave the communal lounge with them, the member of staff asked them if they would wait and explained 'I can't go yet as there will be no-one left on the floor, we can go soon'.

New fire escape signs have been ordered which will be put into place as appropriate once they have been received.

Following on from the recommendation from the previous visit to review the footwear policy/process, time was taken with the manager to go through a 'policy journey'. Although there was an adequate policy in place, discussions were held with regard to the benefits of cross referencing policies across all platforms and how this could be achieved to improve outcomes for staff and residents. The management were very open, honest and receptive to discussing ideas on how this could be best achieved.

In the dining room, metal table cloth clips were found lying on top of tables which had been used to help keep table cloths in place; it was suggested that if necessary, plastic clips would be safer, especially when they became loose and were accessible to some residents.

The office space at Spring House is small and quite cramped, it was advised that a 'de-clutter' could improve the working environment, make it a more effective work-space and create a better impression.

#### How effective do service users consider the service to be?

Staff were observed effectively communicating with residents and giving individuals the opportunity to make their own choices. One resident indicated that they would like to move but needed assistance; the carers first asked the resident if they would like assistance but then asked 'are you ready?' before giving them assistance that they needed. We observed equipment being used safely and effectively to move another resident.

When one resident had become quite unsettled and was beginning to get a little upset, a carer sat with him and held his hand, giving him re-assurance until he was calm again.

Improvements in the dining room are still on-going, it was noticed that the table cloths in the dining room had a spotted pattern on them which can be confusing for those living with Dementia; plain coloured cloths would be more Dementia friendly. It was also noted that the time and date on the display board had not been updated and were different in the lounge and dining room, which could cause confusion for residents.

A new display board is now being developed which shows photographs of residents taking part in various activities, and of residents and their relatives spending time together at the home, which will be useful aid to stimulate the memory and recall of events for residents. It was suggested that some of the photographs could be made bigger, but this was a positive step in personalising the environment for both residents and their families.

### **How caring do service users find the service?**

All interactions observed between staff and residents continue to be friendly and supportive. One carer was observed assisting a resident reading the newspaper and discussing some of the articles, the resident showed an interest in the football pages and the carer said they would make arrangements for him to watch the match scheduled to be shown on TV later in the day, if he would like that (to which he said he would) .

With regard to activities, one resident indicated that he didn't take part in any activities at the home and was unaware of what activities took place, but did indicate that he would very much like to go out. The resident also told us that he would like to drive again, but unfortunately can't as he has Parkinson's disease; the manager explained to us that they are working closely with the resident's family to discuss all available options as it is the residents family that are not confident in caring for the resident at home. Evidence showed that regular meetings were being held and that all possible options were being explored, the resident had their own key for their door and were encouraged to live as independently as possible while at the home.

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

We observed one carer taking the opportunity to write up notes while supervising the communal lounge where the residents that were present were dozing after their lunch, ready to respond should the need arise.

There was less evidence of activities taking place during this visit compared to previous visits and from scrutiny of the activities timetables and after speaking to some residents, it seemed that some activities may be a little repetitive and potentially being accessed by the same few residents, this was supported by comments made by a few staff via staff questionnaires. It was suggested that an activities audit should take place to ascertain who was engaging and the relevance of each activity for the residents currently at the home. A rummage box has been provided for residents, however during this and previous visits, we have not noticed it being accessed by any residents; it may be better positioned in another place or again undertake a monitoring exercise to ascertain its effectiveness. From discussions held with residents, it was suggested that 'Pet Therapy' might be beneficial and meet the interests of a number of the residents spoken to.

Staff told us that they still find the evening period very busy when many of the residents choose to want to go their rooms and need assistance at a similar time, the manager told us that the home was currently trying to recruit a member of staff for the 'twilight shift' to alleviate this; however there was always a member of staff 'on-call' should a situation arise or should additional support be required.

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

The current management at Spring House continue to work hard towards making the necessary improvements to the home and are open and receptive to any suggestions that are made, evidence of progress being made towards previous recommendations is being observed at each visit, driven forward by the manager.

Staff tell us that the current manager is approachable and listens to any concerns that they have and that this gives them the support that they need to do their job well; one member of staff told us, 'We have never not cared, you can't do this job without caring, but without the support we have now you never used to be able to do what you needed to do'. Via the staff questionnaires that were distributed at the first visit, the overall consensus is that staff now feel positive about working at Spring House and that the changes that have been made are positive, one member of staff commented, 'I am now very confident that if I need help or need to know something either other staff or the management will be able to give me the answers'; another 'Spring House has made considerable progress and is now looking forward'.

With regard to current staffing levels, the only concerns raised by staff are over the 'twilight shift' which is currently being advertised, so should be able to be addressed shortly; however it appears to be an intermittent problem and is dependent on the immediate demands made by the residents at the time.

A number of staff questionnaires have now been returned and there were some negative comments made; however the negative comments that were made were generally in relation to the previous management where staff had felt ignored and let down by not only the temporary manager that had now left, but by those higher up the management chain at area management level. Staff had felt their concerns were ignored and that they are the ones now left to suffer the consequences, rather than those higher up being held to account. Some staff have also expressed concerns that disparities in pay and hours etc. have left them feeling that they are not as good or as valued as other staff within the Hatzfeld group, despite their best efforts and them implementing and supporting all of the current improvements. The current manager has implemented regular staff meetings and individual appraisal meetings where these concerns can be raised and discussed.

#### **Response from Setting:**

*[To be completed by office once received]*

Signed on behalf of HWERY		Date:
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