Hessle Properties (The Weir) Limited

The Weir Residential Care Home

Inspection report

24 The Weir
Hessle
North Humberside
HU13 0RU

Tel: 01482643120
Website: www.hessle-care.co.uk

Date of inspection visit:
28 November 2018
11 December 2018
10 January 2019

Date of publication:
14 February 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 28 November, 11 December 2018 and 10 January 2019.

The Weir is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides accommodation and personal care for a maximum of 31 older people, some of whom may be living with dementia. It is located in the town of Hessle, in the East Riding of Yorkshire. At the time of our inspection there were 24 people using the service.

The service had a manager who was registered during this inspection, on 4 January 2019. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection, in November 2017, we found there were five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated 'Requires Improvement.' Following the inspection, we asked the provider to complete an action plan to show us what they would do and when by to improve the key questions to at least 'Good'. The provider sent us their action plan and we reviewed this as part of this inspection.

This inspection took place to follow up on our previous findings. We found a number of significant improvements had taken place. The provider had taken action and implemented sufficient improvements to their systems, processes and practice which meant they were now compliant with the regulations. The overall rating has improved to 'Good.'

People using the service said they felt safe and that staff treated them well. There were policies and procedures in place to guide staff in how to keep people safe from abuse and harm. Staff we spoke with understood how to safeguard the people they supported. Medicines were administered as prescribed.

During this inspection, we observed the atmosphere in the home was calm and staff were not rushed when responding to people's needs. We were satisfied that there were enough staff on duty. Appropriate recruitment checks had taken place before new staff started work.

The cleanliness of the home was meeting expected standards. Infection control practices had been reviewed and improved. The home was clean and in the main free from unpleasant odours. Improvements had been made to the design and decoration of the premises to meet people's needs.

People were supported with their health and wellbeing. Drinks were provided throughout the day and a picture menu was provided to support people with a choice of food. People received additional support from diet and nutrition specialists where this was required.

Staff were provided with the training to ensure they had the skills and knowledge to meet people's needs. Since the last inspection the registered manager had created a training plan to ensure regular training and development was available to staff. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have choice about how they lived their lives.

Care planning documentation had been improved and contained information for staff to follow around people's care, support and treatment. People's needs were assessed on a regular basis and care plans were updated to reflect any changes. Risks to people had been appropriately assessed.

We saw great improvement had been made to the activities that were on offer to people. Staff had a good understanding of promoting and respecting people's privacy, dignity and independence. Staff were visible in the communal areas of the home and promptly attended to people's needs.

There was a formal complaints system in place to manage complaints if or when they were received.

Relatives told us there were no restrictions on the times they could visit their loved ones, and that they were always welcomed by staff.

The registered manager had made improvements to the overall leadership of the home and both people using the service and the staff team told us there were opportunities to raise concerns and issues which were listened to.

The provider had reviewed the systems used to assess and monitor the safety and quality of the service, and we saw these were now more robust. The registered manager had provided consistency for staff and had clearly worked hard, alongside the staff team, at making a number of improvements within the service. They encouraged good communication and provided guidance to staff on improving and maintaining standards. Staff felt supported and valued.

The registered manager worked together with other organisations to ensure people's wellbeing. They were pro-active and committed to continuous development which had led to improvement in the managerial oversight of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people had been assessed and measures were in place to manage these risks.

Staff were knowledgeable about abuse and knew how to keep people safe.

There were enough staff to meet people's individual needs and maintain their safety.

People received their medicines as prescribed and people were protected from the risks of infection.

Is the service effective?

Good

The service was effective.

People told us that they received effective support from staff to meet their needs.

People's consent to care and treatment was sought in line with legislation and guidance.

Staff were provided with training and support to enable them to meet people's needs.

People had enough to eat and drink, and told us they enjoyed the food.

There was positive working with other healthcare services.

Is the service caring?

Good

The service was caring.

People were supported in a manner that promoted their privacy and dignity. Peoples religious needs were supported.

People were supported by staff who were caring and knew them well. We saw examples of kind and compassionate interactions

between people and staff.

Staff encouraged and supported people to maintain their independence.

Relatives were welcomed into the home.

Is the service responsive?

Good

The service was responsive.

People had care plans in place that contained up to date and accurate information.

There was provision for activities.

People were supported at the end of their life.

Is the service well-led?

Good

The service was well-led.

Audits were carried out and action had been taken to rectify any shortfalls identified.

People and their relatives were involved in the running of the service.

People and staff found the manager approachable.

The Weir Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 28 November, 11 December 2018 and 10 January 2019. The team consisted of two inspectors and one expert by experience on day one. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Days two and three were completed by one inspector.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make.

We checked the information we held about the service and the provider including statutory notifications. This is information about important events which the provider is required to send us. We reviewed information about the service provided from the local authority contracts team.

During the inspection, we used several different methods to help us understand the experiences of people who lived in the home. We spoke with seven people who lived at the home, a visiting relative and a healthcare professional. We spoke with the registered manager, assistant manager of care, and five members of staff, including care staff, kitchen and activity staff.

We looked at the care records and associated risk assessment for three people, three staff recruitment files, staff rotas, training and supervision records, minutes from meetings, medicines administration records, service certificates and quality assurance records. We also observed staff interaction with people who lived

at the home throughout our inspection.

Good

Is the service safe?

Our findings

Safe was rated as 'Requires improvement' at our last inspection in November 2017 and we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was due to concerns with risk management and the safety of the environment. At this inspection, we found that the required improvements had been made and the rating had improved to 'Good.'

People told us they felt safe in the care of the staff at the home. Comments included, "There are people around [I feel] safe as houses." A relative told us, "Yes [relative is safe]. They are checked and turned. I see the check sheet in their room and know this has been done."

Improvement had been made to the management of risk. Risks associated with people's health conditions, care needs, and behaviours had been reviewed and assessed, and measures were in place to manage them to keep people safe. In some cases, the measures to reduce the risk were not recorded appropriately on the risk assessments. We saw these were available for staff to follow in other areas of people's records. We discussed this with the registered manager who assured us a review of people's risk assessments would be completed, so the information would be more accessible for staff.

Staff were able to demonstrate they understood people's individual needs and told us they followed the written guidance provided. One member of staff said, "Risk assessments [have been] done on every resident, and new risk assessments are done by the manager and assistant manager as needs change. Two people who are at risk of pressure sores have two hourly turns and we try and keep them off their back. We check the [risk] areas, [and use] creams. They have hospital beds and pressure mattresses. If a sore did start to develop we would contact the district nurse." Risk assessments covered a range of areas and included risks associated with falling, food and drink and personal hygiene and dressing. They were regularly reviewed and updated when people's needs changed.

Improvement had been made to infection control practices, and people were supported in a clean and hygienic environment. We saw the fixtures, fittings, equipment and rooms at the home were clean.

We noted one bedroom smelt of urine. The registered manager acknowledged this and assured us that the flooring in this room was due to be replaced. Staff we spoke with were aware of the need for good infection control in the service. One said, "We wear personal protective equipment (PPE), use red buckets in the laundry and yellow bags [for clinical waste]." They went on to tell us the home was "Cleaner, and better maintained."

PPE stations had been installed around the home that gave staff easy access to gloves, aprons and hand gel. Staff had received training in the Control of Substances Hazardous to Health. We reviewed the cleaning manual that had been implemented which contained environmental risk assessments and clear procedures for various cleaning tasks. Cleaning schedules were in place, audits were completed and we observed cleaning being carried out. We asked people and their visitors if there had been any improvement with the cleanliness of the home. A relative said, "Yes, cleanliness-wise is brilliant."

We found a range of improvements had been made to the environment. We saw there had been an extensive replacement of floor coverings in the home which was ongoing. Carpets and checked floor tiles had been replaced with plain hard flooring in the entrance hall and dining area. The stone floors had been professionally cleaned, and one bath had been repaired. Checks were completed and recorded on equipment including hoists.

Staff told us about their understanding of safeguarding people from the risk of abuse. 17 of the 18 staff employed had completed workbooks on safeguarding in December 2018 and January 2019. Staff also had access to 'Grab files' which contained information and relevant guidance on safeguarding adults. They were aware of their roles and responsibilities, including what the reporting procedures were, to keep people safe. The registered manager understood their responsibility to raise safeguarding alerts with the local authority where required.

There were enough staff to keep people safe. People we spoke with all felt that staff were busy, but overall there were enough to support them. Comments included, "I use my call system and carers [answer] usually in five minutes, [they are] generally very good" and "I feel they can be a bit short at weekends [if staff call in sick], but I tell [Name of manager] and they sort it out." A visiting relative told us they felt there were enough staff to safely care for their loved one. Staff told us they felt staffing levels were safe. One said, "There are a few more staff now, and we now have a laundry assistant Monday to Friday."

The provider had completed relevant recruitment checks, prior to offering employment to new members of staff, to ensure their suitability for their role. People benefitted from a staff team who knew them well. One person commented, "I have got to know them [staff] and that is nice." The atmosphere at the home was relaxed and staff were organised.

Medicines were ordered, stored, administered and disposed of safely. People received their medicines from suitably qualified staff who had completed relevant training, had their competency checked, and had access to up to date guidance. Staff were observed to sign people's medicine administration records, once their medicines had been administered. We were unable to see a clear record of the amount of stock held at the service for the people we checked. During this inspection the registered manager introduced a system to review all stock held every month going forward.

Good

Is the service effective?

Our findings

Effective was rated as 'Requires improvement' at our last inspection in November 2017 and we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was due to concerns with staff training. At this inspection, we found that the required improvements had been made and the rating had improved to 'Good.'

All of the people we spoke with told us they felt staff had the right level of skills and knowledge to provide them with effective care and support. A relative told us, "Yes, they [staff] know how to look after [Name]."

Previous shortfalls with staff training had been addressed, and further improvement was ongoing. Staff felt confident and competent whilst carrying out their role. One member of staff told us, "[I have done] a medication training course. I am doing team leading by distance learning." A newly recruited member of staff said, "I am going on first aid and moving and handling. I am also starting my Care Certificate." The Care Certificate covers the new minimum standards that should be learned as part of induction training for new care workers.

The registered manager had implemented a training plan for the year. Eight long distance learning courses had been booked for staff. We saw some of this training had begun in September 2018 with some staff completing training on safeguarding, dignity, end of life care, health and nutrition, infection control and understanding behaviours that challenge. Observations of practice were undertaken in areas including meal times, the use of personal protective equipment, giving people choice, knocking on doors, moving and handling and infection control practice such as hand washing. Feedback was provided to the staff member to ensure their continuous development.

The registered manager had created 'Grab files' which staff had access to. These files contained a wide range of information on topics such as the Respect process, promoting less restrictive practice, easy read on how to complain, advanced decisions, sight and perception in dementia, and the nutrition mission. Staff had been given information in-house in the form of a presentation on infection control, and had read and signed information summaries on the mental capacity act and infection outbreaks.

Staff received supervision sessions and were also informally supported on a day-to-day basis, with any concerns that arose by the management team. Annual appraisals took place and provided an opportunity for the management team to look at staff performance and to support them in their continued professional development.

At the last inspection, we recommended the provider reviewed how people's individual needs were met by the adaptation, design and decoration of premises at this service. Certain steps had been taken to adapt the premises to the needs of people living at the home including those who were living with dementia. Toilets, bathrooms, communal areas and people's bedrooms were easily identified with signage and coloured doors. Pictorial menus, the day, date and weather were now displayed on whiteboards in the service. This may help people living with a dementia and people who may have a visual impairment. One person's

relative had commented, "I cannot believe the changes in the home since [relatives] last respite stay. It looks so different and has improved so much."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found staff had an awareness of the MCA and could give examples where they asked for consent before providing care to people. For example, we saw staff asking for consent when administering medicines. People's capacity to consent to their care and treatment was assessed and sought where possible and we saw evidence of best interest decisions.

People we spoke with told us they could make some choices about their support, such as when to go to bed, what to eat, and when to get up.

People and their relatives expressed satisfaction with the quality of the food and drink on offer at the home. Comments included "It has improved recently, it is gammon today, but if you don't like it they will make you a sandwich." A relative told us, "It was absolutely gorgeous but [Name] is now on pureed food." They went on to tell us their relatives food was individually pureed and well presented on their plate.

The home's menu had been developed incorporating feedback from people. One person using the service and a cook were both nutrition champions at the home. They gathered feedback from people such as requirements for support with eating, likes and dislikes, and times meals were provided. A choice of food and drink was available and staff helped people choose what they wanted to eat and drink. We saw mealtimes were social events, during which people were provided with any assistance needed to eat safely and comfortably.

Any complex needs or risks associated with people's eating and drinking were assessed with appropriate advice from nutritional specialists, such as the speech and language team. Plans were put in place to manage these risks through, for example, providing texture modified diets.

People had regular access to healthcare professionals where required. We saw evidence on peoples records of contact with professionals and the completion of referrals in relation to nutrition and hydration. We also saw healthcare professionals had visited people at the service, and letters of recommendations were found in people's care records.

Good

Is the service caring?

Our findings

Caring was rated as 'Requires improvement' at our last inspection in November 2017 and we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was due to concerns that people's privacy and dignity was not always respected. At this inspection, we found that the required improvements had been made and the rating had improved to 'Good.'

People and their relatives consistently spoke of a kind and caring staff team. Comments included, "You can have a laugh with them [staff]" and "The carers are good and have a great sense of humour." One person told us, "I would not want to go anywhere else." A relative told us, "Yes [staff are caring]. They love [Name of relative]."

All of the people we spoke with told us staff respected their need for privacy, dignity and independence. One person told us, "I get myself up, staff help me get dressed but I get undressed and into bed on my own." Another said, "I do what I can."

The staff we spoke with told us they understood the importance of treating people in a respectful and dignified manner, and gave us examples of how they did this in their day-to-day work with people. One staff member said, "If giving people personal care, I close the door and curtains. I always ask them if it's okay. I don't talk about people in the open in front of other people."

We saw a private staff room had been created since the last inspection. This provided usable space for staff to hold private conversations if required. Regular observations were carried out of staffs practice in terms of approaching people with support for personal hygiene, knocking on doors, addressing people and supporting them to maintain their appearance. We also saw that people had been supported to create 'Do not disturb' signs for their own use on their bedroom doors.

Staff were seen to treat people with respect. Everyone we spoke with told us staff at the service treated them equally. People's cultural and religious beliefs were documented in care records. The registered manager had created a handbook for staff and people to access. This included a range of information and guidance on various faiths and cultures, and how to respect these. Two people at the service followed a specific faith. We saw over the festive period some of the activities had been adapted so everyone could take part. For example, a 'Friendship tree' had been made where people were encouraged to write down what they liked about each other. These thoughts were then hung from the tree. The service had proactively planned specific one to one support for staff to take people out when festive celebrations were held in the home. This showed that the service was sensitive to issues important to people's faith.

We observed caring interactions between staff and the people they were supporting. We saw staff engaging people in conversations, reminiscence, activity and singing, as well as other positive social interactions which demonstrated that the staff had good relationships with people. We observed lots of laughter and chat. It was clear that all staff regardless of their role could talk to people easily. For example, the cook could demonstrate knowledge of people and their needs. We saw activity and domestic staff taking the time to

talk with people and respond to their needs if required.

Staff told us they valued the relationships they had formed with the people within the home. One member of staff told us, "The staff and residents all get along. It's like one big happy family; it's really nice. We know people so well." Another said, "Everything here is better. It's massively improved. We spend time with people, have coffee and interact more. One individual seems to be much calmer."

The service actively promoted people's independence. Since the last inspection people had been encouraged to become involved in social activity, menu planning, reminiscence sessions, collecting papers from the local shops and preparing their own evening meals with support from staff. One person living at the home was working alongside the cook to ensure peoples nutritional likes and dislikes were known and respected.

Photographs we looked at showed people were awarded prize cups for their contributions, and were involved in preparing their own choice of meals such as pizzas, salads, sandwiches and desserts for themselves. One person had commented, "I enjoy going out for the newspaper every day. It makes me feel useful." Others said, "I feel as though I have done and said some things that are constructive today" and "I have thoroughly enjoyed arranging my salad and I can't wait to eat it."

The home provided people with a magazine each day called the 'Daily chat.' Some people liked to do the crosswords in this and others liked to read the interesting facts from the past. We saw these were available in people's rooms, in the dining area and lounge for people to access.

People's relatives and friends could visit without any restrictions. We saw one relative visiting during our inspection. We spoke to them and they told us they came regularly. They went on to tell us they had no concerns with the care their relative received and were always kept informed by the staff of any changes.

People were involved in making decisions about their life and care. People's needs were regularly reviewed. One person told us of their care plan, "They [staff] have gone through it with me." Other people we spoke with were unsure if they had a plan of care, but told us they were able to make their own choices about their care. One person said, "I have internet and sky TV. I have always been independent." Another told us, "I decide, and my lads too." There was evidence in people's care records that family members were involved in discussions about people's care.

The registered manager provided details about advocacy services to people who lived at the home. At the time of our inspection no one was using an advocate. Advocates help to ensure that people's views and preferences are heard.

The registered manager was aware of their responsibilities with regards to confidentiality and protecting people's data. Records were stored securely.

Good

Is the service responsive?

Our findings

Responsive was rated as 'Requires improvement' at our last inspection in November 2017 and we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was due to concerns that care and treatment had not been planned and reviewed to meet people's preferences. At this inspection, we found that the required improvements had been made and the rating had improved to 'Good.'

Improvements had been made to people's care records which contained up to date and accurate information about people's needs. A new review sheet had been implemented at the front of the person records and we saw that each care plan and risk assessment was reviewed each month or when there had been changes in people's needs. For example, one person's care plan for capacity had been reviewed in November 2018 after a best interest decision had been made for the use of bedrails.

People were given the opportunity to agree with the content of their care plans. One person told us, "The staff go through the care plan with me." If the person did not have capacity to do this their representatives were involved in the process. One relative told us, "Me and my sister were fully involved in care planning."

Staff knew the people they were supporting well, and we observed them having conversations with people about their past and things of importance to them.

At the last inspection we recommended that the provider research a suitable programme of activities, based on people's interests and choices. During our inspection we spoke with the activities coordinator who told us they planned activities around people's interests and abilities. We saw an activities board on display, showing what activities were on offer that day and an events board with upcoming events. People told us they were happy with the activities available. One person told us they were the activities champion. They told us, "I listen to people's suggestions and pass their comments on. One person suggested a Tea Party and to talk about school days so that was organised." During our inspection we saw people taking part in activities such as bowls and bingo. We saw people winning prizes and other people applauding them. It was evident people were enjoying the activities. People were supported to access the local community by visiting local shops.

People and their relatives told us they would feel comfortable to raise any complaints or concerns. Comments included, "I would go to the manager, but I have never had any complaints." And "I would go the manager or senior, but I have nothing but praise for them." The service had a complaints procedure in place. We reviewed the complaints log and found there had been no formal complaints. The registered manager told us, they encouraged people and their relatives to discuss any problems with them, so they could rectify these concerns, and this in turn resulted in less complaints.

The service supported people at the end of their life. We saw people had end of life care plans in place detailing how people wanted to be supported. The service put together end of life care boxes, including items such as, keep sakes including photos and hand creams. Staff had knowledge about how to support

people at the end of their life. One relative told us, "The staff know how to look after [name], they keep me fully up to date and I can visit at any time. I come every day." We saw the service had received compliments on the end of life care provided.

Good

Is the service well-led?

Our findings

Well-led was rated as 'Requires improvement' at our last inspection in November 2017 and we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was due to concerns with the governance of the service and inaccurate care records. At this inspection, we found that the required improvements had been made and the rating had improved to 'Good.'

During this inspection, we found the governance of the service had improved. Following the last inspection, the provider implemented an improvement action plan. The management team met weekly, to discuss the action plan and document any progress made. This occurred until actions had been completed. The provider had reviewed the systems used to assess and monitor the safety and quality of the service, and we saw that these were now more robust. We saw audits were taking place and action had been taken if required. We found the governance systems in place helped to ensure records contained accurate and up to date information.

Staff and people's relatives told us they had seen improvements since the last inspection. One staff member told us, "Its more structured now, the team is much happier and we have more time to spend with people." One relative told us, "There is such a big difference in how the home is run, it's like a breath of fresh air."

We saw the registered manager did 'walk around' audits. This included checking the environment, speaking to people and any visitors and observing staff practice. We saw this enabled the manager to identify positive practice, or any practice that could be developed. People were given feedback following these audits so improvements could be made.

The service had a new registered manager in post. People were positive about the registered manager. One staff member told us, "I feel supported, I can go to them about anything and feel comfortable."

We saw a variety of systems had been developed to include people and their relatives in the running of the service. People who lived at the service were champions for various roles such as the menus and activities. Resident and relative meetings took place so they were kept up to date with any changes or progress within the home and people had the opportunity to raise any concerns or suggestions. People also took part in the interviewing of new staff.

Staff meetings had taken place and regular observations were completed so continuous learning and development could be embedded.

The service worked in partnership with other agencies, such as health professionals. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided. The registered manager told us they attended provider forums. This helped them stay up to date with best practice and allowed them to develop links with other providers.