

Hatzfeld Care Limited

Spring House Residential Care Home

Inspection report

21 Eastbourne Road
Hornsea
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Spring House is a residential care home providing personal care to people aged 65 and over, some of whom were living with dementia. The service can support up to 21 people in one building. At the time of the inspection, 19 people were living at the service.

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

People were safe. Risks were well managed and there were systems to identify and reduce risks for people. Staff were recruited safely and there were enough staff to meet people's needs. There were sufficient stocks of personal protective equipment (PPE) which staff used appropriately. Staff had undertaken training in relation to infection control.

The environment was clean. The home had a cleaning regime in place and refurbishment works were ongoing.

People received care which was tailored to their individual needs and the home valued person-centred care. Family members told us the staff were, "Very caring and kind."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People appeared very happy and relatives informed us they felt people were, "Very safe". Relatives felt included in people's lives.

Staff were respectful towards people and supported them in a dignified way. The staff knew how to communicate effectively with people. People told us the staff were, "Friendly and knowledgeable." People and their relatives were involved in care planning and staff had considered innovative ways to do this.

The provider had an effective quality assurance process. Staff felt supported by management and relatives told us they felt confident any complaints would be dealt with appropriately and efficiently. The registered manager was open and approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Spring House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made phone calls to three family members and two visiting professionals after the inspection visit.

Service and service type

Spring House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local safeguarding and commissioning teams. We used the information the provider sent us in the

provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with two people who lived at the home about their experience of care and we observed care provided. Three family members and two professional advocates were consulted for their views. We spoke with the registered manager, deputy manager, team leader and six carers. We reviewed documentation including people's care plans and daily records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place and reviewed regularly. These provided staff with a clear description of any risks and guidance on the support people required.
- The service was well maintained. Regular checks of the environment were completed and where issues were identified, action had been taken. There was an ongoing programme of servicing, repairs and maintenance to minimise risks to people.
- Learning from incidents took place and lessons learned were shared in a variety of ways including through discussions in supervisions and team meetings and handovers.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm.
- Staff received regular safeguarding training and demonstrated a good understanding of how to protect people. Staff were able to tell us the different types of abuse and how to report abuse. They felt confident that concerns they reported were listened to and responded to.
- Where potential safeguarding concerns had been identified, the provider worked in partnership with other agencies to protect people.
- Visiting professionals told us they felt the service was safe. We observed a relaxed atmosphere, people spent time with staff and enjoyed their company. One family member told us, "It is quite a happy home, jolly atmosphere."

Staffing and recruitment

- Staff were safely recruited. All staff had pre-employment checks to assess their suitability before they started working with people.
- Staffing levels were determined by the level of care and support each person required. There were enough staff to support people safely.
- Staff had time to provide people's care and support in a person-centred way. Visiting professionals and family members commented staff were always available for them.

Using medicines safely

- Medicines were safely managed. Staff had been trained in the safe administration of medicines and were assessed as competent prior to administering medicines.
- Medicines were audited regularly with systems in place for investigating any potential medicines errors.
- Some people were prescribed medicines on an 'as and when required' basis, for example for pain management. The service had protocols which provided staff with information about when these medicines should be given.

Preventing and controlling Infection

- During our inspection, adaptations and improvements were made to enhance the cleaning in the high touch areas.
- Family members informed us that the service was well maintained and clean. One relative said, "Home is always clean. Any spillage is cleaned straight away."
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was making sure infection control outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people using the service in accordance with current guidance.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was preventing visitors from catching and spreading infections.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Detailed assessments were completed prior to people's admission to the service. This meant that people's needs could be met by the service and staff knew how to care for people.
- People's physical, emotional and social needs were assessed, monitored and reviewed on a regular basis.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff received training specific to their role. Training was actively encouraged by the provider.
- Staff completed training to support people with complex needs who may experience distress or anxiety.
- Staff interacted with people in a calm way to minimise any distressing situations.
- Staff felt supported by the management team and received regular supervisions to develop their practice. One member of staff told us, "If there is anything we want to train on, they will straight away let us do it and want us to progress."

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

- People were supported to maintain a balanced diet, in line with their needs.
- Care plans contained information of people's food preferences and specific instructions around their diets.
- Any concerns regarding people's dietary requirements were communicated between staff and recorded within care plans.
- The menu was varied, and people were given plenty of choice. Staff identified when people were enjoying their food and offered them further servings.
- The service had systems were to monitor people's food and fluid intake. Staff were able to recognise where additional support was needed.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access community health care professionals such as their GP and mental health services when needed.
- Staff demonstrated a consistent approach to seeking health professional's advice for people to ensure their health needs were met.
- People's care records reflected their current care and support needs. Any input from external agencies was recorded and care plans were updated to provide staff with the relevant guidance.

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

- The service was homely and met people's needs.

- A recent extension provided a larger, brighter communal space for people to use. Staff told us this additional space had a positive impact on people.
- Consideration had been given to a dementia friendly environment and signage, but this was inconsistent throughout the service. We fed this back to the registered manager so they could act.
- A relative told us, "[Person's relative] has all the things important to her around her. It feels like home. She knows it is her home. It has been hard to visit, but we've used the summerhouse and there are pictures up on the walls and I can spend some private time with them there. The garden's beautiful. The new extension has made a huge difference."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, 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.

At the last inspection, we recommended the provider and the registered manager seek support from a reputable source to ensure people's rights under the MCA were upheld and recorded appropriately. The provider had made improvements.

- Consent to care and treatment was sought in line with the legislation and guidance. Where people were unable to provide consent, appropriate applications for DoLS had been made in accordance with people's best interests.
- Capacity assessments and best interest decisions were completed when required.
- Staff demonstrated good knowledge of the MCA. Staff asked for consent before any care was provided.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind and attentive staff.
- A relative said, "Care is centred around [person's relative] and what is important to her. She has the kindest key worker in the world." Another relative told us, "I have not known anything else from the staff other than caring and kindness."
- Staff were patient in the way they spoke with and supported people. Interactions between staff and people were natural and showed positive relationships had been developed. Staff took the time to sit with people and comfort them if they were anxious or upset and needed reassurance.

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

- Staff understood the importance of providing choice to people. People were encouraged to make day to day decisions about their care. One staff member told us, "Giving choice and respect to people is the most important thing at Spring House. Nothing is regimented or structured. There are no set times or routines at the service, it really is their home."
- People were involved in planning their care delivery where possible. Where people were not able to make their own decisions, relatives and advocates were fully involved in the care planning process.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were always maintained by the staff. Staff considered the CCTV when attending to people's needs and ensured additional measures to maintain the person's dignity.
- People were supported to maintain and take pride in their appearance in line with their preferences.
- Staff respected people's privacy and personal space. For example, they knocked on bedroom doors before entering people's rooms.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- At the last inspection, we recommended the provider take steps to ensure documentation contained clear guidance for staff to follow when supporting people at times of distress. At this inspection we found improvements had been made for how staff supported people at times of distress. There were opportunities for staff to update support plans and forums for staff to share information about people.
- People's care plans were individualised and included their life history, preferences and early warning signs they may be distressed.
- The staff understood the needs of people and delivered care and support in a way that met people's needs and promoted equality. All staff spoken with expressed how important personalised care was at the service. One staff member stated, "We strive to be person-centred and each approach for every resident is different."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff demonstrated knowledge of people's preferred method of communicating.
- Communication support plans contained information on how people preferred to receive information and any adaptations required.
- The deputy manager told us there were plans to improve and support people's decision-making regarding meals. This will include visual aids to support with meal choices.

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

- Arrangements for social activities met people's individual needs, and followed best practice guidance so people could live as full a life as possible.
- The service had focused on activities to ensure these were person-centred and catered for all the people in the service. One staff member told us, "enrichment really covers the values of the home and how we ensure that every approach is person centred."
- A relative told us, "[Person's relative] likes to go out and staff will walk into town with him and he will carry shopping back. He has a purpose and that is massively important."

Improving care quality in response to complaints or concerns

- People and their relatives were involved in regular reviews of how the service managed and responded to

complaints. The service demonstrated where improvements have been made as a result of learning from reviews.

- Family members and staff were aware of the complaints procedure. Everyone we spoke to felt comfortable to raise concerns and felt they would be acted upon. A relative told us, "I would know who to get in touch with. I know the staff and they would do something immediately if I had a concern."

End of life care and support

- People's needs had been considered as part of their end of life care plan and this had taken account of language, communication, ability to understand and capacity.
- Every resident had a 'thoughtful life plan' in place which captured their wishes and preferences for the final stages of their lives. These were personalised and captured the personality of the person.
- There were members of staff with specific skills to understand and meet the needs of people and their families at the end of a person's life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff and management were aware of the importance of developing a person centred culture in the service.
- People had choice and control and were involved in day to day decisions. One staff member told us, "We strive to be person-centred and each approach for every resident is different. While someone is at Spring House, we want a positive experience for them."
- All staff we spoke with told us the management team were approachable and supportive. A staff member told us they, "Could not wish for more support".
- Feedback from relatives about the management of the service was positive. A relative told us, "Management is inclusive, responsive and I am the first to know if anything happens and they call me straight away. The manager is approachable – her door is always open. Never too busy. Will always listen and help. I can't think of anywhere else I would rather [person's relative] be."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities to be open, honest and apologise if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a robust system of quality assurance to check the quality of the service and to drive improvements. For example, the service had an electronic quality assurance system in place with platforms which all staff had access to. This gave staff quick access to policies and procedures and provided management with tools and prompts when recording incidents. There was a clear method of progression of actions.
- The provider had completed a 'mock inspection' in line with CQC guidance documents. There was an attached action plan which had been reviewed.
- The registered manager had notified CQC of events which occurred in line with their legal responsibilities.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had identified alternative ways of gaining feedback. Visiting professionals, family or others had been asked to provide feedback. The service used this feedback to improve the service.

- There were regular staff meetings in which improvements were discussed to support good practice and lessons learnt.
- Visiting professionals spoke highly of the service. One professional told us, "There are always enough staff when I visit, and they answer the phone promptly when I ring. There is someone to let me in and accompany me when I visit and they have sent notes through to me promptly too."

Continuous learning and improving care

- There was a culture of learning. Various staff explained they could ask for training if they felt it was required for their role or had an interest. Family members also commented, "Staff are constantly training."
- The service had identified members of staff as 'champions' which was used to ensure their knowledge was up to date on specific areas of care. The champions were then responsible for additional quality audits to reflect on and share good practice to support continuous improvements.
- The registered manager told us there had been approved refurbishment for the property including new flooring in the entrance and stairs.