

Yorkare Homes Limited

Westfield Park Nursing Home

Inspection report

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17 January 2018
23 January 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 16, 17 and 23 January 2018. The inspection was unannounced. At our previous inspection in November and December 2015 the service was rated as Good. This is the first time the service has been rated Requires Improvement.

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

The care home accommodates 111 people across two separate units. One unit provides nursing care and the other is home to people with dementia, this is known as 'The Haven'.

At the time of the inspection 87 people were living at the home and receiving a service.

The home had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Audits that were in place to ensure guidance and processes to record the storage of people's medicines were at the correct temperature were not effective. Temperature checks were not always completed which meant people's medicines may not work. Protocols were not always available to enable staff to safely administer medicines prescribed to be given only as and when people required them, known as 'PRN'. Because of our findings the provider implemented remedial measures to reduce the associated risks and these actions were on going.

Infection control audits had not been completed monthly in line with the provider's guidance. Systems and processes in place had failed to identify and remedy all areas of the home that were not clean. An action plan was implemented to reduce some of the associated risks during our inspection and further actions were planned.

During our inspection we found that audits had failed to ensure that records maintained for people were always accurate, complete and detailed in respect of each person using the service.

Staffing was deemed to be sufficient to meet people's individual needs. We observed people did not have to wait long when they required support from staff. A dependency tool to determine sufficient staffing was provided to meet people's changing needs was in use but required updating.

Staff received appropriate induction training and supervision to carry out their role. Staff told us they felt supported by their seniors. However audits had failed to ensure that staff received annual appraisal. This

meant staff did not receive the required support in line with the provider's policy. The provider was implementing improvements to make this process easier for staff to complete.

We found checks to assess and monitor the service and maintain standards around the home had failed to ensure that the systems and processes in place were robustly completed following the providers guidance. These included the DoLS register, staff dependency tools, meal time arrangements and staff appraisals.

The provider had failed to ensure systems and processes were effective to communicate information and changes regarding people's care and support to everybody who required that information. This meant staff did not always have up to date information to provide person centred care and support appropriate for people's current needs.

People were supported with meal time arrangements. However we found checks the provider completed had failed to identify the concerns we found. For example, information was not always available regarding the food on offer. The provider informed us that menus were available for people in their rooms. We found that there were inconsistencies in the support staff provided to people to ensure they enjoyed the meal time experience.

Staff had received training and understood the principles of the Mental Capacity Act and supporting people who had a Deprivation of Liberty Safeguards in place. Improvements were required to ensure people's records evidenced their consent to care and support.

People were supported to improve their fluid intake. Innovative ways to promote fluid intake by the provider evidenced a correlation between increased fluid intake and a 67% reduction in falls.

The provider encouraged people to personalise their rooms. Rooms in the nursing unit were spacious with en-suite facilities and access to pleasant comfortable communal areas. The provider had made The Haven environment friendly for people living with dementia.

People were supported with their religious beliefs and personal preferences. Assessments were carried out to ensure the service was suitable for people and this information was recorded in their care plans.

People told us they were happy living at the home. Staff had a good understanding of how to treat people with dignity and respect their values. A range of activities were provided to ensure people were supported both individually and as a group to live fulfilled lives and enjoy their interests.

Families and friends were encouraged to visit their loved ones at all times and take relatives out for meals and visits. Where this was not always possible (due to travelling distances) the provider had purchased virtual reality headsets that enabled individuals to experience family events. An example included one person viewing their son's wedding from a pre-recorded 360 degree video.

A dementia pathways nurse visited the home every month and consulted with people regarding their end of life wishes and preferences. People's wishes and preferences were recorded appropriately.

The provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17: Good Governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Appropriate checks were not always completed to ensure people's medicines were stored at the correct temperatures. Protocols were not always available to enable staff to safely administer PRN medicines.

Risk assessments were completed for any areas of concern but were not always up to date and reflective of people's current needs.

People were safeguarded from abuse by trained staff following best practice guidance.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were supported with fluid intake. Checks completed by the provider failed to identify inconsistencies we found when people required support with their meal time arrangements and associated information was not always available or correct.

The provider understood the principles of the Mental Capacity Act. However, people's agreement and consent to their care and support was not robustly recorded.

Staff received training and support to carry out their role. The process to complete annual appraisals with staff was under review.

Requires Improvement ●

Is the service caring?

The service was Caring.

Staff understood the importance of treating people with dignity and respect and their confidentiality was maintained.

Family and friends were encouraged to visit and people were able to enjoy family events they were unable to attend using 360 degree virtual reality headset videos.

Good ●

Staff received training in equality and diversity and understood the importance of treating everybody equally.

Is the service responsive?

The service was not always responsive.

Systems and processes to share information concerning people's individual care and support with relevant health professionals was not robust to ensure care and support was always appropriate to meet people's current needs.

People had a care plan. However, systems and processes to ensure care staff were kept up to date with people's changing needs were not robust.

Activities co-ordinators ensured people were supported to participate in group or individual events and trips out. This meant they were able to live fulfilled lives, avoid social isolation and enjoy interests of their choosing.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider failed to review and maintain quality assurance checks to ensure they were fit for the purpose. Checks including audits were not always completed following the providers guidance and failed to always identify and action concerns we found within appropriate timescales.

The provider failed to ensure they maintained accurate and up to date records for everybody all of the time. Systems and processes to ensure information was disseminated, received and understood by care staff required improvement.

People told us they were happy with the management team, staff and service they received and that they were able to discuss concerns and influence their care and support.

Requires Improvement ●

Westfield Park Nursing 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 was planned to check 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.

The inspection took place on 16, 17 and 23 January 2018 and was unannounced.

The inspection team consisted of one adult social care inspector, one pharmacist inspector, a Specialist Adviser (SPA), and an expert-by-experience on day one of the inspection. On day two of the inspection the team consisted of two adult social care inspectors and an expert-by-experience. One adult social care inspector attended on day three of the inspection.

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 had previous knowledge of working with older people and people living with dementia.

Before the inspection, we contacted two local authorities, Healthwatch East Riding of Yorkshire and the Clinical Commissioning Group. We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service.

We asked the provider to submit a provider information return (PIR) prior to the inspection and this was returned within the given timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

We spoke with 12 people who lived at the home and 13 relatives. We spoke with the operations director, the clinical lead, the registered manager, two unit managers, the activities co-ordinator seven care workers the housekeeper and the chef. We also spoke with a qualified nurse, a health worker and a G.P.

We observed interactions between people and staff in the communal areas, during activities, and during mealtimes. As part of observations we completed two SOFI observations at lunch time. The SOFI was used to observe, record, and understand the experiences of those people who were unable to communicate with us. For example people living with dementia.

We looked at how the provider managed and administered people's medicines. We looked in detail at 14 Medicines Administration Records (MARs) on the nursing unit and 12 on the Haven unit. We spoke with three senior carers and two deputy managers responsible for medicines.

We spent time looking at records associated with the running and management of the home. This included quality assurance audits, maintenance checks and fire emergency records.

We looked at individual care records for six people who lived there and we looked at records on file for seven care workers.

Is the service safe?

Our findings

We checked the systems and processes in place to manage people's medicines. Provision was available for staff to record daily room temperatures where medicines were stored. However, the provider had failed to complete accurate records to ensure medicines were stored at the correct temperature and were safe to use. We checked medicines which required cold storage and found records were not always completed in accordance with national guidance; on both the nursing unit and the upper floor Haven unit, fridge temperatures had not always been recorded. Storing medicines outside of the recommended temperature may reduce their effectiveness.

We found guidance was not always available to enable staff to safely administer medicines prescribed to be given only as and when people required them, known as 'when required' or 'PRN'. We found that in 9 out of the 14 records we checked on the nursing unit, guidance was not available. We saw that six people on the Haven units were prescribed a medicine to treat anxiety and there was no guidance to indicate exactly when this may be required.

The provider was responsive when we discussed the short falls in medicine management. The clinical lead showed us they had implemented a corrective action plan during the inspection to mitigate the risks and this was on going.

Staff training in infection control was completed and recorded for all staff as part of their induction programme. We observed all care workers using appropriate Personal Protective Equipment (PPE) such as gloves and aprons when dealing with food and providing personal care. The provider had commissioned an outside company to undertake bacteria testing of areas of the service to reinforce with staff those areas that are high risk of contamination. This helped to reduce cross infection around the home. However, infection control audits had not been completed monthly in line with the provider's guidance. The provider told us a new housekeeper had been employed and would be responsible for regular completion of the audits to ensure systems and processes in place were effective in controlling the risks associated with infection control.

Infection control practices were not effective to ensure all areas of the home were clean or free from unpleasant odours. One area of the Haven had an unpleasant odour. The laundry area was not clean and tidy. The sink area was dirty and the area around the washing machines had leakage of cleaning liquids. We discussed this with the director and improvements were noted during the inspection.

A bathroom in the Haven was found to be unrepresentative of other higher standards in the newer nursing side of the home. The provider had failed to ensure that timely actions were in place to ensure the health, safety and welfare of everybody. The flooring was not clean, and cupboards contained cleaning items that were not locked away, clean or tidy. The provider told us they were trialling a new floor cleaning machine. This had been on-going for some time. We found minutes of a cleaners meeting in July 2017, which confirmed this. Despite the trials commencing in July 2017, the flooring was still not clean at the time of our inspection. A 'managers workshop' meeting minutes dated 04 January 2018 confirmed the machine trials

had been ineffective with a return to floors being deep cleaned planned.

The provider had completed risk assessments for any areas that were considered to be of concern. We saw individual risk assessments included skin integrity, mobility, moving and handling and falls for people. However, checks the provider had completed, failed to ensure all records were up to date to mitigate risks to people. For example, one person had a history of falls and a falls risk assessment had been completed in November 2017. This assessed the person as moderate risk. However, the person had fallen again on seven further occasions up to January 2018. Additional blood pressure records showed the person had high blood pressure but this had not been recorded again since December 2017. An associated care plan recorded the person, 'Uses walking stick unaided' 'No history of falls' 'Low risk of falling'. We visited the person in their room and found they used a wheeled trolley. A review of the care plan had been completed in January 2018 and showed that staff were not correctly reviewing the events of the past month. The provider had failed to maintain complete and up to date records. A member of staff updated the records during the inspection to ensure staff had access to current information.

There was a contingency plan in place that included advice for care workers on how to deal with emergency situations. In addition to this, each person had a personal emergency evacuation plan (PEEP) in place. A PEEP is a record of the support each person would require to leave the premises in an emergency. However, records were not always complete or reflective of people's needs which meant they may be at risk during a fire alarm. We found one PEEP recorded a person was able to alert staff and understood communications; despite their mental health plan recording they were confused and unable to understand. Their communication plan identified the person did not always wear a hearing aid. This information was not included in the PEEP which may be a risk to hearing an alarm in the event of one being raised. The provider told us, 'Residents are advised to stay put and wait for staff assistance; therefore they would not require their hearing aid to be in.'

There was a fire risk assessment in place that recorded fire drills should be completed every two months. However, information in the 'Fire' file recorded fire drills had been completed every five months. The provider told us after the inspection they had completed eight fire drills in the previous 12 months across the home and as such the service was exceeding its policy requirements. Records showed that in-house checks of the fire alarm system, emergency lighting and fire doors were completed.

The concerns we found during this inspection were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17: Good Governance.

Staffing was deemed to be sufficient to meet people's individual needs. We observed people did not have to wait long when they required support from staff. A dependency tool to determine sufficient staffing was provided to meet peoples changing needs was in use but required updating. We were provided with rotas that confirmed the staff on duty and their role. Staff told us, "There is enough staff most of the time; it is only a problem when there is sickness and we have to use agency as we end up rushing around all day." People provided us with a mixed response, comments included, "I think they struggle sometimes in the winter months when people aren't well. I don't like to complain about anything, I can fit in with their routine; I have no concerns." ""I rang the bell today and they were there immediately. I normally have to wait a little time, which can sometimes be a bit too long."

The provider told us where agency nursing staff were used; they were included on the supervision program at the home to ensure they were suitably supported to provide people with safe care and support. Copies of supervision records confirmed this.

Staff had received medicines management training and their competencies were assessed regularly to make sure they had the necessary skills. Medicines were stored securely and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).

Medication administration records (MARs) contained photographs of service users to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. MAR's had been completed to record the medicines people had received.

Some people were being given their medicines covertly (disguised in food or drinks). Appropriate assessments had been undertaken and decisions made in accordance with the Mental Capacity Act 2005. We saw the use of patch charts for people who needed a pain relief patch. This meant it was clear to staff where and when patches had been applied, and reduced the risk of harm from duplicate application. Body maps and topical MARs were also in use, and these detailed where creams should be applied.

As a result of a National Association of Safety and Health in Care Services national networking event, the provider had formed a relationship with a local authority health and safety team. The team was invited to complete an annual review of the home to look at current practice and to make sure the home was safe. Feedback had led to improvements in the environment and Health and Safety audit. We looked at service certificates to check the premises were being maintained in a safe condition. Current maintenance certificates were in place for the fire alarm system, fire extinguishers, emergency lighting, portable electrical appliances, gas safety and the electrical installation.

People were protected from avoidable abuse. Staff had received safeguarding training and understood how to escalate any concerns they had. Where concerns had been raised, safeguarding alerts had been the local authority safeguarding team, recorded and evaluated with details of any actions taken to help maintain people's safety. People who we spoke with told us they felt safe living at the home. People said, "Oh yes; we are looked after by all the staff." A relative told us, "Yes, I would say so, more or less (safe), better than at home."

The provider completed appropriate pre-employment recruitment checks. Staff records evidenced that an application form had been completed, references had been obtained and checks had been made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. These checks help employers make safer recruiting decisions and help to prevent unsuitable people from working with vulnerable adults.

Is the service effective?

Our findings

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Where required the provider had applied for DoLS authorisations and was waiting for some to be dealt with. Oversight of applications was monitored electronically and included a summary of the person's name, date of application, approval and brief details of any conditions attached. However, checks by the provider had failed to ensure this information was up to date in the nursing unit of the home. This made it difficult to ascertain the current position of applications in people's files.

We found care plans for people inconsistently recorded how the provider had obtained people's consent in line with MCA guidance. For example, one care plan included an application for a DoLS but this had not been approved. The care plan did not record any input or consent from the person or any legal representative to agree to the content and the care and support provided. Another care plan failed to record the person or their representative's consent where the person had a pressure sensor mat near the bed to alert staff when the person moved from their bed.

Relatives told us they were involved with care planning for people. Comments included, "Yes, I have seen a care plan, I get involved a lot, and the home doesn't do anything without informing me." "I am the only decision maker, I liaise with staff, they always involve me in everything they do or are going to do but I haven't seen a care plan."

We observed meal time arrangements at the home. People told us, "I cannot fault it, I eat every mouthful. I go to the dining room for every meal." "It's ok, some days good, some days ordinary. I'm vegetarian so they leave off the meat". "It is fantastic, choice if you want it. I always have food and drink in my room; I like to be in my room." Meals were cooked in a large central kitchen and taken to the separate dining rooms to be served from hot trolleys in the small satellite kitchens. Staff had access to information which provided details of any special dietary needs.

There were no menus displayed in the nursing unit dining room or on notice boards. One person said, "They ask you the day before what you want. You used to get the menu for the week and I thought that was a better idea." There was a big picture menu displayed on the wall in the Haven dining room where people living with dementia were eating. This showed that scampi and chips would be served for lunch with ice cream as a dessert. However, the lunch was actually cottage pie with jam sponge and custard. One person commented, "I wouldn't take any notice of that, [the picture menu] it's never changed."

Staff were available to support people with their meals where this was required. People were observed to be eating where they chose to. However, people were seen to be waiting for their food whilst other people on their table had been served and had finished their meal. When assisting people, staff interaction was observed to be inconsistent. In the nursing unit dining room we observed staff undertaking pleasant conversations with people and supporting them to enjoy their food. However in the Haven dining room where people with dementia were assisted, the process was observed to be task led with minimal interaction or encouragement from staff. We observed two staff holding a conversation across a person they were supporting. The person was not involved in the conversation.

We discussed our concerns with the registered manager and a director. They told us they completed lunch time observations but the checks had not previously evidenced the concerns we raised. The director told us they would implement further observations and spot checks to verify the observations we had completed.

People were confident that staff had the relevant skills to meet their needs. Comments included, "They all have the skills required, every one of them, they're great." "Skilled, yes, well, I assume so." "They are busy but they are good when you need them."

Staff received an induction to their role, the service provided and the people who lived there. This included an oversight of policies and procedures, housekeeping and an introduction to peoples' records. Where staff had not completed diplomas in health and social care, records confirmed they had completed the Care Certificate during their three months induction period. The Care Certificate is a set of basic standards in providing care and support for care workers to adhere to in their daily role.

Staff we spoke with confirmed they received regular training and that this was managed electronically. Staff said, "We are offered a variety of ways to learn. We do some practical work, some computer work and we complete workbooks." "Support for training is good; there is always something to complete." The provider told us how staff used virtual reality headsets to view a 'staged bedroom'. For example, containing an image of a spilt drink a drink out of reach and a sensor mat not in place. Staff were then tested on their observations skills. The provider told us this helped raise staff awareness whilst completing their daily duties.

The provider told us how they had invited relatives, staff and people from the community to attend a visit from a 'virtual dementia tour bus', in November 2017. The provider told us staff thought this was the best dementia awareness training they had received. Family members also stated how useful the training had been in raising their awareness and understanding of supporting people with dementia.

Staff told us they felt supported in their role and confirmed they received regular supervisions and regular '6C reviews' (care, compassion, courage, communication, commitment and competence) in which their practice was discussed. The provider told us, 'We hold staff 6C reviews to highlight good and poor practice and allow them the chance to feedback'. However, we found that records to evidence where annual appraisals had been completed were not up to date. Quality assurance checks were in place to control the delivery of appraisals and supervisions but this had not been completed. The registered manager told us they were changing the way appraisals were delivered to ensure a more manageable process for staff.

People were supported to maintain their health and wellbeing. Care plans included contact details for people's G.P and other health professionals. People confirmed they could access a doctor without undue delay. This was confirmed by a GP who visited during our inspection who told us, "I have only visited the home a couple of times as I am a locum but the staff have been helpful and appear caring and professional, I have no concerns here."

People were supported with hydration. A trial and evaluation of increasing people's fluid intake was completed in February 2017 and evidenced a direct correlation between good hydration and mobility with a 67% reduction in falls evidenced to those people who participated. The provider continued to implement innovative ways to encourage people to consume more fluids. Examples included social coffee mornings and 'Mocktail Mondays' which included fruit drinks and fruit skewers which contained fruits that were high in water content. A director provided us with additional information that indicated five people who were prone to infections had a reduction in those events.

People with mobility aids had personalised their walking frames as part of an activity exercise. Whilst the activity has not reduced falls people have been encouraged to take ownership of their equipment which staff told us they would be less likely to leave behind as a result.

People's rooms in the nursing unit were spacious and the furnishings were of a high standard. People were encouraged to personalise their rooms and make them their own. The home had an attractive pub facility which was used by residents for their own special events. There was a well-equipped hair salon and a hairdresser was employed by the home. Other facilities included a small sweet shop.

The Haven unit included a cinema room with comfortable chairs and a themed 'charity shop' had been created to simulate a shopping experience for people. The provider had implemented improvements to make the Haven 'dementia friendly' with themed décor. Bathrooms and toilets had signs on them and other 'shop fronts' had been installed to help identify different areas. Different colours, names and pictures had been applied to some doors to assist people in identifying their rooms.

Is the service caring?

Our findings

People told us they were happy living at the home and that they felt staff cared about them. Comments included, "Very caring, staff are lovely, they really are." "Very good, they're all very good with everything, they're smashing." "I think they are very good, I'm lucky I don't really need them but if you needed them they'd be there I'm sure." All staff appeared caring throughout the inspection; although at lunch time a more task centred approach was at times observed.

We observed people moving about the home and spending time in different communal areas. Staff members were never far away and when passing one person, several staff members all stopped for a few minutes to pass the time of day. One person showed signs of confusion and distress. Staff noticed this quickly and provided the person with immediate emotional support. Staff showed compassion and assisted the person to regain composure in an unhurried manner.

We observed that staff respected privacy by knocking on doors and asking for permission before entering the room. One person confirmed, "Everybody always says 'may I come in' before entering my room." "I don't think there's one of them who enters without knocking. Staff understood the importance of treating people compassionately and respecting their privacy and dignity. A care worker said, "When providing personal care such as bathing I would always discuss everything with the person and encourage the person to be actively involved in the process to do anything they can do for themselves." This was confirmed by one person who told us, "They help me with showering my back, and areas I can't reach. I have no concerns regarding my privacy or dignity."

People confirmed they had been involved in their care planning. Care plans recorded people's preferences. Staff confirmed their awareness and supported people as they had chosen. Records included the preferred name people liked to be called and we saw that these were used by staff. Peoples preferences for any particular gender of care worker was discussed and where specified this was recorded in their care plans. The provider was addressing staffing to ensure where people had a preference there needs would be met.

Baths and showers were available at the home. A member of staff said, "People can choose when they want to have a bath or wash; it doesn't matter what time of day it is; it's their choice." A relative we spoke with said, "[Persons name] can get up when they want and they are encouraged to try and do things by themselves. That includes bathing, personal care and mobilising around the home."

People in the home told us they received their care and support from regular staff. Comments included, "Yes, I do know them, but can't always put names to them." "New staff that are from agencies are usually with other staff who I know; they sometimes need telling what to do but are mostly okay."

Care plans included information that ensured people were communicated with and received information that was easy to understand. Where people had difficulty with speech or hearing this was recorded and staff confirmed they knew to be patient and speak clearly with those people. We observed staff were aware of people who had hearing and sight problems around the home. People were supported and encouraged to

wear their spectacles and hearing aids. The provider told us they one person living at the home was frustrated as they had no speech to communicate their needs. Working with the person's relative they told us they created laminated cards of pictures and words. This meant the person was supported to communicate with their staff and family which had improved their quality of life, reducing anxiety and improving their health.

People we spoke with told us family and friends were always made welcome. They said, "I receive regular visits from [Name]. I don't think there are any restrictions on when they can visit." A manager confirmed there were no restrictions on visitors to people living at the home. A relative said, "If there's anything wrong they call me straight away." "They always ring me if there is a problem and will tell me about anything when I come in. I visit regularly throughout the week." The provider told us they held 'Family Forums' and afternoon tea sessions to maintain communication with family members.

The provider had invested in virtual reality headset technology and this was used to share experiences by family members which people could not always attend. The headsets enabled people to virtually experience safaris, walking the Great Wall of China and skydiving. In December 2017 one person who was living at the home was able to experience her son's wedding in Italy from a 360 degree recorded experience of the event.

People were supported to express their views and were assisted to ensure they had access to up to date and relevant information about the service they received. People were allocated a keyworker on admission who they could call upon with any concerns. Information about advocacy support was available. Where people do not have close relatives or others to support them, advocacy seeks to ensure people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

Confidential information and records were held securely and only accessible to those people who were required to do so. Staff recognised the need to maintain people's confidentiality. A care worker said, "I wouldn't discuss routine conversations, with anyone else, unless there was a problem, for example, to keep the person safe or provide treatment."

Staff completed workbook training in equality and diversity. We were told that people from all backgrounds were welcome at the service and that steps were taken to ensure that all people were treated with dignity, respect and without discrimination. The provider ensured people's personal beliefs were supported and this was recorded when people completed their initial assessment to live at the home. This included likes, dislikes, cultural needs, interests, and advanced care planning.

Is the service responsive?

Our findings

Where people required care and support from other health professionals, a member of staff said that information was added to care plans by the senior. However, we received mixed feedback from staff and other health professionals that ensured all staff had an awareness of current information to respond to their needs. A health worker told us information to enable staff to better understand the needs of two people was not shared resulting in the home serving them with notice to leave. They said, "This resulted in carers not understanding the residents and not being able to provide appropriate support for their needs." The provider told us they would only serve where the service was not appropriate for a person's needs. Another health worker said, "They [provider] do take concerns on board and document [information] on the computer."

Systems and processes to share information were not always robust and fit for the purpose. Staff told us that changes in people's needs was discussed after each shift but discussions only included senior staff and management. A staff member told us, "Keeping up to date can be difficult; we have access to information but don't have a lot of time to study people's care plans. Seniors provide us with updates but if we have an emergency or we are busy we don't always get to know about important changes in people's care." The registered manager confirmed this process and told us it was the responsibility of the senior staff to share the information with staff on duty after the meeting. A senior staff member said, "A written hand over is made out that is kept in the office which staff on shift can look at to find out if there is anything they should be aware of."

Care plans were informative. However, there was no evidence to confirm that care staff had read or understood the plans or when changes in people's needs had been communicated. This was commented on by a visiting relative who stated "I tell the nurse or senior staff things about [person's name] but instead of it being passed on or put in the plan, its forgotten, some staff don't appear to know what I have asked or told them before 10 times, so I have to keep repeating things."

The registered manager told us they were reviewing the current systems and process with a view to implementing an electronic system to ensure information was disseminated to all staff without undue delay and would confirm staff had read and understood people's records, including any updates. The actions would ensure staff provided people with person centred care that was responsive to their needs.

People told us staff were responsive to their individual needs. One person said, "They [staff] support me very well indeed, and they seem to understand and meet my needs." The provider told us an Independent Physiotherapist with success in working with people living with dementia and physical illnesses such as Motor Neurone Disease visited the home and following an assessment has worked with five of six people following an individualised programme of treatment for each. The provider told us this had led to one person regaining the confidence to mobilise around the home in a new electric wheelchair which enhanced their independence and quality of life.

Everybody living at the home had a care plan in place. Before people moved into the home their needs were

assessed to ensure the service was suitable for them. The assessments formed the basis of the person's care plan which was held electronically. It was clear from those records that the person or their nominated representative had been consulted with, and their wishes and preferences recorded.

The provider told us how they had worked, in conjunction with the local authority to implement an Enhanced Dementia Care Unit. The provider told us people have been unable to live in other care homes but have settled in well in the unit and as a result did not need to move out of the area. The provider said some residents have settled so well that they have been able to move from the Enhanced Unit into less restrictive areas of the Home, such as the Haven or nursing unit.

Some people chose to remain in their rooms they had access to a call bell which they used to alert staff if they required assistance. This was responded to in a timely manner. One person said, "Oh, they [staff] are ever so polite, they say that's what that's for (they pointed to their call bell) if you want us." Another person said, "The staff are caring about me, very occasionally I get very hot in the night and they come and open my window and give me a sheet rather than a duvet."

Care plans provided staff with information regarding their interests and hobbies. Details of people's participation in activities was recorded and evaluated to ensure people were supported to live fulfilled lives. Three activities co-coordinators were employed. The provider discussed a "Make a Wish" initiative for people. As a result they told us a Motorcycle Club attended the Home so a resident could see a rare motorbike which they had ridden in the war. Another example included one person and their wife who were lifelong Hull City fans being supported to attend a game and meet the team manager. One resident who was an avid poet was supported to write and perform his poetry at a local venue in a poetry competition. Other activities included input from the local community such as car boot sales, McMillan coffee mornings and baby and toddler family fun days.

The provider supported people to live fulfilled lives. They told us how one person had always enjoyed an Italian meal each Tuesday with their husband. A care worker identified the persons anniversary was also on Tuesday and surprised the service user with flowers, wine and an Italian meal. Other positive examples included, a staff member supporting a couple by taking them to a family members wedding and the manager took another person on Boxing Day to the hospital to see their wife.

People were supported to follow any religious beliefs. A religious service was held in the lounge on the nursing unit and four people attended. People had the opportunity to join in with hymn singing on Sundays, and local clergy visits at other times. The Methodist Minister visited the home every Wednesday. People told us at Christmas the home had been 'inundated' with choirs and singers.

The home did not have its own transport. However, the provider completed various fund raising events and had regular excursions using the Goole 'Go Far' bus. Prior to Christmas, eight people visited the 'winter wonderland' at 'Gilberdyke garden centre' and had lunch there. An activities coordinator told us, "We arrange trips out and meals at various restaurants; we have one planned at a pub in Goole at the end of this month."

The provider ensured people were supported and able to join in activities regardless of any diverse needs or preferences. Staff had attended a 'York LGBT forum' training session delivered at the home. The training provided certificated learning on raising awareness to support people to be accepted for who they are. Further information to raise awareness of inclusion was displayed on a notice board at the home. A staff member told us, "I would never discriminate against anybody; the additional guidance is very useful and provided me with a wider awareness about the importance of supporting everybody."

People were supported with their end of life wishes. The provider told us on the PIR, 'Our local Dementia Pathways Nurse visits the home monthly to help complete end of life care plans with the residents. We have 3 Dementia Care Mappers, who completed the course at Bradford University.' The provider told us, 'This group have introduced lidded beakers for those [people] whom require them to enhance fluid intakes and independence, assessed and made changes to our room temperatures decreasing dehydration and increasing energy levels and implemented chair mats to improve resident safety.'

The provider told us how one person came into work on days off to support the daughter and other staff where a person was receiving end of life care. Where people had chosen to, their end of life care wishes and any advance decisions were documented in their care plans and kept under review. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate. A manager told us this was a sensitive subject to discuss with people and their relatives but that they were pro-active in recording people's wishes.

The provider had a complaints policy and procedure. When complaints were made we saw they were recorded on a log with actions taken and outcomes recorded. The provider completed duty of candour by writing a letter of response to the complainant and other interested parties detailing the investigation and outcome. One relative told us that they had made several complaints and they were dealt with quickly.

Is the service well-led?

Our findings

We were shown a wide range of checks that were completed to maintain, and where required improve the quality of the service provided. The provider had a range of audits that were required to be completed monthly. However, we found that these had not always been completed in line with the provider's guidance. For example, we saw medicines checks which included monthly audits by managers and an external pharmacy had been completed. A recent medication audit identified that temperatures associated with the storage of people's medicines had been completed. However, shortfalls we found during our inspection with regard to incomplete recording of fridge temperatures and failure to implement PRN protocols had not been identified.

Quality assurance checks completed for people's records were not effective in their purpose to check that people's care records were accurate, complete and contemporaneous. Audits had not always been completed monthly in line with provider guidance. During the inspection we found examples where people's records were not always up to date or reflective of the person's current needs. Some risk assessments had not been completed / updated and falls records were not always up to date. Care plans did not always include documented evidence where restrictions were in place and where best interest decisions had been made. Audits had failed to ensure where people had capacity that this was always recorded.

Infection control audits had not been completed monthly following the provider's guidance. The provider told us the failure to maintain audits had not resulted in any increase in infections in the service and no outbreaks of communicable illnesses. However, we found areas of the home that were not always clean and one area had an unpleasant odour. They told us a new housekeeper had been employed and would be responsible for regular completion of a revised infection control audit, that once implemented would prevent the concerns we highlighted during our inspection.

Actions to maintain cleanliness of flooring had not been implemented within reasonable timescales. We found minutes of a cleaners meeting in July 2017, which confirmed the provider was trialling a new floor cleaning machine. However, during our inspection one bathroom floor was not clean. The trial had been on-going for some time. A 'managers workshop' meeting minutes dated 04 January 2018 confirmed the machine trials had been ineffective with a return to floors being deep cleaned planned.

Other audits and checks had failed to ensure systems and processes around the home were being robustly completed following the providers guidance. These included fire drills, the DoLS register, staff dependency tools, meal time arrangements and staff appraisals. We found these areas required further improvements to maintain standards and drive improvements for everybody.

Systems and processes to ensure information regarding people's care support and welfare was effectively communicated were unreliable. Feedback from health professionals included examples of poor communication and partnership working. This meant staff did not always have up to date information to provide person centred care and support appropriate for their current needs.

The provider was responsive to the concerns we raised and implemented some remedial actions during the inspection to mitigate any immediate risks to people. Where the provider had an awareness of the concerns actions were in place to review and implement revised systems and processes. There was a lack of overall analysis and review of the systems and processes. There was a lack of oversight to utilise quality assurance data to identify trends and associated areas that may require further improvement. The provider had an awareness of these shortfalls and told us they had identified and recruited a suitable individual to manage these areas of the service.

The concerns we found during this inspection were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17: Good Governance.

People told us they were happy living at the home. Comments included, "I've made some nice friends and I feel perfectly safe." "It's a home from home, this is my home for the rest of my days, and everything is good." "I am happy here; I suppose it's better than being at home on my own."

There was a manager in post who was registered with the CQC. The registered manager understood their role and responsibilities. For example, providers are required to submit certain notifications of important events to the CQC. Pre-inspection checks confirmed the registered manager had submitted these where required. The Registered Manager told us they had held a meeting and invited managers from local care homes to meet and share ideas and best practice and a further meeting was planned.

The registered manager had an office in the nursing side of the home. The Haven had two managers. The management team was supported by a clinical lead manager, deputy manager, a training officer and an office administrator. The provider had a range of 'Champions' who were key contacts for areas of the service that included dementia care, end of life, relationships and LGBT. We were supported throughout our inspection by a director of the company who had a hands-on approach to the running of the home and visited on a regular basis. Ancillary staff were employed which meant care staff were able to concentrate on providing care and support.

People and relatives told us they were happy with the management of the home and the service they received. One person said, "The two managers who run the Haven used to be seniors and I know them well. I will get in touch with [registered manager] if necessary." A relative told us, "It's good, most times when I come here I see [registered manager]. As homes go I think it is good."

Staff told us they were happy in their role. They said they understood their roles and responsibilities and were supported by management who were approachable. The provider operated staff reward schemes and incentives. The provider told us how they rewarded long term service after five years with a thank you letter, vouchers and gift that was delivered in front of people at the home. Staff who were found to be 'Going the extra mile' were rewarded with a letter from the director and vouchers.

The provider had sought the views and feedback from people who lived at the home and their relatives via a survey sent out in October 2017. The survey had been evaluated and identified satisfaction with service performance. A copy of the findings which included areas targeted for improvement was available on the main notice board.

Managers and senior staff were kept up to date with changes at the home and able to contribute ideas to monthly meetings that were held at senior level. The meetings included discussions between management and individuals responsible for key areas of the home. This included nurses meetings, senior carer meeting, cook meeting, maintenance meeting and ancillary staff meeting. One staff member said, "The meetings are

useful; we receive updates on any planned changes in the home and can discuss any ideas we have."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have effective systems and processes to continually evaluate the quality or effectiveness of the service, including the quality of the experience of service users in receiving those services.
Treatment of disease, disorder or injury	The provider did not ensure systems and processes were effective and in place to reduce or remove known risks within a timescale that reflects the level of risk and impact on people using the service. Identified risks to people who use services and others did not always include appropriate action to ensure staff had the information required where a risk has increased.
	The provider failed to always maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Systems and processes to disseminate information to authorised people as necessary was not always efficient in order to deliver people's care and treatment in a way that meets their needs and keeps them safe. This applies both internally and externally to other organisations.
	Regulation 17 (2) (a)(b)(c)

