

GCH (South) Ltd

Willowmead Care Home

Inspection report

Wickham Bishops Road
Hatfield Peverel
Chelmsford
Essex
CM3 2JL

Tel: 01245381787

Date of inspection visit:
17 August 2022
25 August 2022

Date of publication:
06 October 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Willowmead Care Home is a care home in a rural location near Hatfield Peverel which provides accommodation with personal care for up to 60 older people, some of whom may be living with dementia. At the time of inspection there were 58 people living at the service. Willowmead Care Home is made up of two units called Hatfield and Wickham which are based in separate houses attached by shared communal gardens. The main offices are based in the larger Hatfield Unit.

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

Most people at Willowmead Care Home had some form of dementia and were unable to speak with us. We carried out observations to look at the care they received.

We found some broken fixtures and fittings that posed a risk to people's safety, however, these were rectified either on our day of inspection or shortly afterwards.

Infection prevention and control measures were in place. However, some staff were not wearing their face mask effectively. We also had some concerns around the storage of people's hoist slings and some bathrooms being maintained.

The registered manager completed a range of checks on the quality of the service, however some of these were still not as effective as they could be.

People received their medicines safely, by appropriately trained staff.

People were cared for by staff who showed empathy and kindness.

People and staff spoke highly of the registered manager, and about how approachable they were. The registered manager had worked hard to make some improvements to the service, these included activities for people. These improvements need to be sustained. The registered manager led by example and was aware of the needs of the people living in the service.

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 01 June 2022). At this inspection we found some further improvements needed to be made therefore the overall rating has changed to requires improvement.

Why we inspected

We received some concerns that the provider was not maintaining the building in order to keep people safe. We also had some concerns around infection control, medicines and with regards to staff being kind and

caring. We therefore carried out an unannounced focused inspection of this service.

This report only covers our findings in relation to the Key Questions Safe, caring and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willowmead Care home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Willowmead 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an expert by experience. An expert by experience is someone who has experience of using or caring for someone who uses this type of service. The expert by experience made telephone calls to people's relatives.

Service and service type

Willowmead Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Willowmead Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 August 2022 and ended on 25 August 2022. We visited the service on 17 August 2022 and telephone calls to people's relatives were made on the 25 August 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight members of staff, including the registered manager, deputy manager, quality manager and care and domestic staff. Where people at the service were not able to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service. We spoke with twelve relatives of people who lived at the service about their experience of the care provided.

We reviewed two people's care records, and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- Equipment within the service was regularly checked, and serviced to ensure it was in safe working order. However, on inspection we saw fixtures and fittings that were missing or broken, for example, a toilet seat was missing in one bathroom and where a toilet had been replaced the floor surrounding the toilet had not been sealed. Some rooms which were not in use were left open and did not have a handle or a lock on them. This posed a risk of people entering the rooms without staff being aware. We raised this with the registered manager, and during our inspection or shortly afterwards, these concerns had been rectified.
- People's hoist slings were not named and were kept in a communal area which increased the risk of cross infection. After the inspection the slings were removed and stored in people's bedrooms.
- Learning from incidents and accidents were shared with staff during meetings and supervisions, and plans developed to improve the service people received.
- People had their individual needs assessed, and any risks to their health and wellbeing recorded in their care plans, to enable them to remain safe from risk of harm. For example, one person's care records detailed how to monitor their anxiety effectively, including details of how to administer their medicines.
- Staff had received safeguarding training and could describe the steps they would take to safeguard people, what systems were in place, and who they would speak to if they had a concern. One staff member told us, "I would speak to the manager or contact the local authority."

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- All staff had received training in infection control practices and appropriate personal protective

equipment (PPE) was provided. However, some staff were not wearing face masks effectively. One staff member told us, "There has not been an occasion where we have been left without any PPE." Relatives told us, "The staff are always wearing masks and aprons. We also have to wear masks when we visit."

- Visitors to the office were required to provide evidence of their COVID-19 status in line with government guidance.
- The provider's infection prevention and control policy was updated regularly to reflect changes in government guidance.

Staffing and recruitment

- There were sufficient staff to support people's needs. Relatives told us, "I have felt that there are enough staff when I have visited. There are certainly people about. If [relative] needs assistance going to the toilet, there is always someone around. My view of the home has certainly improved over the course of the last few weeks." And, "There always seems to be staff around to help and staff are always trying to get people to take part in activities."
- Staff were recruited safely, and in line with the legal requirements. All staff had a Disclosure and Barring Service (DBS) check which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff had received training in all relevant skills required for their roles. Staff we spoke with said their training was up to date, this was confirmed in their training records.

Using medicines safely

- We had received some concerns regarding the proper storage of medicines and some people having to go without their prescribed medicines because they had not been ordered in a timely way. However, on the day of our inspection we found that suitable arrangements were in place to ensure the proper and safe management of medicines. There had been an incident where sufficient medicines had not been received but the registered manager had followed the correct procedures to ensure people received their prescribed medicines.
- Staff who administered medicines were trained and competent. Regular audits of medicines were undertaken by the registered manager to identify any concerns.
- Medicine administration records (MAR) were filled in correctly. Additional information was recorded, such as a person declining their medicine, on the back of the MAR, and this was monitored for trends.
- People's medicines were stored correctly and safely, in line with best practice guidance.

Visiting in care homes

- The provider had arrangements in place to allow visiting for relatives. This approach was in line with government guidance on visiting in care homes.

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

We looked at this key question because we had some concerns raised to us around some of the staff not being kind and caring. We found no concerns and all the staff without exception were kind and caring and showed empathy towards the people they supported.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- We observed some good kind and caring interactions between people and staff. The staff always knocked on people's bedroom doors and asked if they could enter. People were treated with respect when they required personal care. For example, when they were being encouraged to use the bathroom staff spoke to them discreetly.
- Relatives were positive about how kind and caring the staff were. Comments included, "It is not the best building, but the reason I put my [relative] there was because of the quality of the staff and the care provided."
- Staff involved and encouraged people to be part of the service and in making decisions about their daily lives and activities. Comments included, "Whenever we visit, there are staff about on hand who will get [relative] from a chair and bring them to us in a wheelchair. They could probably do with a few more, but the ones that are there do a brilliant job." Another relative told us, "They are so good with [relative] they all know the best way to look after them. I have no concerns at all with any of the staff." And, "Yes. In fact, it has been the making of them going there. They did not want to interact when they got there, but they were patient and encouraged [relative] to do so and after a couple of weeks, it was like they were a different person."
- People's cultural and religious needs were respected by staff and details documented in people's care plans.
- Senior staff promoted a caring atmosphere and spoke about people and staff in a caring respectful manner.
- People's choice was promoted throughout the service, such as mealtimes and activities. The service was designed to offer flexibility and enable people to make decisions about their care and their life.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke to people respectfully and asked permission before providing any care. We heard banter and lots of encouragement from staff throughout the inspection. People appeared relaxed and happy with staff.
- People were encouraged to be independent. For example, during mealtimes staff adapted the support provided to each person in line with their needs. Relatives told us, "I gave some money for [relative] to have their haircut but the staff told me they do not want their haircut they and made that decision by themselves."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 provider had not ensured the issues we found on inspection had been addressed around the safety of the environment.
- We raised this with the provider during the inspection, and repairs were completed on the day of our inspection or shortly afterwards. The quality manager had raised some of our concerns in a recent audit however, some of these had not been actioned by the registered manager. More time was required to ensure these systems were embedded well in the service. The registered manager had recently appointed a new deputy manager who was supporting them in the day to day running of the service. This would enable them to be able to prioritise any actions from audits or to delegate responsibilities.
- The registered manager told us how the service gathered the views of people and relatives who use the service and gave examples of how these views had been used to improve the service. The registered manager told us, "We are in the process of decorating people's doors to make them individual and ordering profile beds for people that require them." New furniture had been ordered and some was already in place in communal areas and people's bedrooms.
- The registered manager understood the requirements of submitting notifications to CQC in a timely manner.

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

- We received mixed feedback about how the service communicates with other professionals. We discussed our findings with the registered manager who was very open about the problems they had and how they were working hard to build relationships up with health professionals.
- We also spoke with the regional manager who informed us they would be supporting the registered manager with building up an effective working relationship with other health professionals. This would provide a more joined up approach to providing the best care for the people they supported.
- Staff received regular formal supervisions, to help them develop their skills and training. Staff felt they were listened to and able to suggest things that could improve the service. Staff told us the registered manager was approachable and had made a difference to the service since they had been employed. One staff member told us, "[Name of manager] has made a lot of improvements; they really care about the

people that live here."

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

- Relatives told us the registered manager was approachable and open. One relative told us, "I am always kept informed of any issues. My [name of relative] had an infection, the GP rang me and the manager."

Another relative said, "Things have greatly improved, there is definitely more going on in the home now."

- People's care plans were regularly updated, and family members were included in reviews to provide person centred plans. One relative told us, "Yes, I have seen [name of relative] care plan, I am asked what they like to do and how they would like to be cared for."

- People's views and suggestions were written on boards within the communal areas, so the service could show to people what was being done about their suggestions.