

# Churchgate Healthcare (Willows) Limited

## Willows Care Home

### Inspection report

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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

This inspection was unannounced and took place on 25 and 26 April 2016. Willows Care Home is a care home with nursing for up to 70 older people that registered with the Care Quality Commission (CQC) in September 2014. At the time of our inspection thirty one people were living there. Willows is a purpose built care home. There are two separate units, one for people with higher needs and each floor has a dining room and communal lounge area people can use. The service is provided by Churchgate Healthcare (Willows) Limited, an organisation run by Canford Healthcare.

At our previous inspection on 7 August 2015 we found that the provider was not meeting legal requirements. This was because medicines were not always administered safely, infection control guidelines were not always followed and people were not always cared for by staff who had the skills and competence to care for people on oxygen or to follow guidelines already in place. People's dignity was not always respected as there were instances where staff had walked in on people without knocking. People's records such as observation charts, fluid and food records and daily records were not always completed correctly. The inconsistent leadership found at our last inspection meant that some aspects of the systems in place for monitoring the quality of care were not effective.

The service did not have a registered manager in place in August 2015, however, a new manager had been in post since September 2015 and had applied to CQC to manage the service. A registered manager is a person who has registered with 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. Additionally a new deputy manager was appointed in December 2015.

During this visit we found that a more stable and consistent staff team were in place and reliance on agency staff had decreased. The registered manager had a system in place to ensure there were enough staff to meet people's needs safely and in a timely manner. People's health care needs were met and the provider had recently contracted with a new GP surgery who was also undertaking a medicines review for each person.

People told us they felt safe and cared for. Staff told us what steps they would take to keep people safe and how they offer people choices. Staff explained that people could make decisions about some things even when they might lack capacity to make more complex decisions. Where people lacked capacity to make some decisions, best interests decisions were made in line with legislation. Applications had been made for authorisations where necessary to deprive people of their liberty for their own safety.

Safer recruitment practices were followed and a training and quality lead had been appointed with responsibility for ensuring all new staff completed a mandatory induction, including agency staff.

People's needs were assessed and risks relating to their support were also assessed. We saw evidence that

these assessments and care plans were regularly reviewed.

People told us that they enjoyed the activities that took place, joining in when they wanted. There was use of a minibus to take people outside of the care home environment. There was an activities room and activities also took place in the communal lounges and in people's rooms.

People told us they liked the food, were given choices and could make requests for foods they liked. Visitors told us they felt welcomed and that they felt improvements had been made by the new manager and staff.

## 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. People felt safe and felt confident that they could tell the manager if there was anything wrong.

There were appropriate arrangements in place to ensure that the risks associated with administering medicines were minimised. Infection control guidance was followed in order to reduce the risk of cross infection.

Risk assessments for oxygen and appropriate documentation were in place.

Call bells were responded to promptly whilst we were there.

Good 

### Is the service effective?

The service was effective. We saw that an effective induction was now in place for new staff and we saw the ongoing training plan.

Staff gave people choices and we observed them talking to people before supporting them.

People had enough to drink, ample food and choice of food.

Where people lacked capacity to make decisions about certain things best interests decisions were made in line with legislation. Appropriate applications had been made to deprive people of their liberty for their own safety.

Good 

### Is the service caring?

The service was caring. People were treated with kindness and compassion. We observed staff treating people with dignity and respect. Staff were aware of people's individual needs, personal histories and likes and dislikes. People's rooms had individual possessions that reflected their personalities and likes. Relatives told us they felt welcomed.

Good 

### Is the service responsive?

The service was responsive. People's needs were assessed and reviewed regularly. Care plans included preferences about their

Good 

care and treatment. There was a range of stimulating activities people enjoyed both within and outside the service.

### **Is the service well-led?**

The service was well-led. The new management team had implemented improvements in all areas of the care provided. The new permanent staff team with reduced reliance on agency staff contributed to the stability of the care.

People told us that the manager was "pulling it all together" and that "she is a very hands on manager." People told us they would tell her if things were wrong.

Regular meetings with the heads of department and the manager enabled a sense of team working. Managers provided on-call support to staff and people at the weekend spending time at the service as well as providing telephone support.

**Good** ●

# Willows Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 25 and 26 April 2016 and was unannounced.

Prior to the inspection we asked for information held by the local Healthwatch and reviewed the information we held about the service, including notifications of events affecting the service about which the provider must tell us.

During the inspection we spoke with eleven people who live in Willows Care Home and four visitors. We interviewed six care staff and the manager, the deputy manager, the activities lead, the training and quality lead, the head of maintenance, the chef. We observed the care provided by staff and the relationship between staff and people who live in Willows. We used the short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed six people's care records and seven medicine administration charts. We looked at ten staff files. We looked at training records, policy and procedure documents and the comprehensive records held by the head of maintenance. We viewed all the safety checks and audits carried out. While we were there we heard the fire alarm bell being tested.

## Is the service safe?

### Our findings

People told us they felt safe living at Willows. One person said "I like it here, there is always someone when you need them." Another person said, "100% safe. No concerns about safety at all."

Our previous inspection on 7 August 2015 found a number of areas of concern resulting in us taking enforcement action to ensure people who used the service were safe. Oxygen therapy was not always managed safely. We also observed unsafe practices in relation to administration and timing of medicines such as a staff member administering medicines twice relying on other people and staff members to confirm the identity of people receiving the medicine. This was unsafe practice and left people at risk of receiving medicines that were not meant for them. People on regular pain relief did not always receive their medicine at the appropriate timing intervals.

During this visit we saw that appropriate risk assessments for a person on oxygen were in place specifying how much oxygen the person had. Staff looking after the person were aware of the prescribed flow rate and when we checked the oxygen was at the correct setting. Medicine administration timing rounds were now monitored daily to ensure that medicines were given at the appropriate timings in order to allow them to work properly. We reviewed medicine administration records and found them to be completed properly with a documented reason for refusal or for not administering the medicines. People receiving insulin had a blood glucose reading recorded before insulin was administered in order to ensure it was safe to do so. Similarly, people on heart rate regulation medicines had a recorded pulse rate before medicine was administered in order to ensure it was safe to administer medicines.

Staff were aware of the procedure to follow to order, receive, store and return or destroy unused medicines. We saw the medicine room was kept locked and the medicine trolley was kept locked when not in use. There were appropriate procedures in place to store and handle controlled drugs. We checked the controlled drugs cupboard contents against the controlled drugs books register and found no discrepancies. Fridge and room temperature checks were completed daily to ensure all medicines were stored at the recommended temperatures.

At our previous inspection on 7 August 2015 we had concerns about infection control guidelines not being followed. During this inspection we found that the service premises were clean and infection control guidelines were now being followed. One person who used the service told us, "The cleaning is first class." We saw housekeepers using colour coded cleaning cloths appropriately and they explained what they were doing to us, they closed the cleaning trolleys when they weren't being used and left them secure. Alcohol hand gels were available at several points within the service and were all full and used regularly by staff. We observed that staff wore appropriate personal protective equipment where required and transported soiled laundry in an appropriately colour coded and segregated laundry trolley. We also saw that clinical waste was bagged appropriately before being taken to the sluice. Sharps bins were not overfilled. Records showed that clinical waste was collected by an external company and disposed of safely. Staff had attended infection control training and demonstrated understanding of the importance of hand washing in order to prevent the spread of infection. Cleaning audits were in place. We found equipment such as hoists and

slings were clean. Staff were aware of how to use these properly. Pressure relieving equipment was ordered where required and cleaned and maintained according to the manufacturers' instructions.

During our previous inspection we identified a number of concerns relating to the service's high use of agency staff. During this visit we found that the manager had taken steps to address these concerns and a more stable permanent staff team was now in place. Records showed that staff underwent a robust recruitment procedure to ensure they were suitable people to work with people in need of support, including a criminal records check, identity check and references from previous employers in health and social care. There were enough staff to support people safely in a timely manner. People told us, and we observed, that staff responded to call bells promptly.

Staff were aware of the procedures to safeguard people from harm. Staff gave us examples of what would be reported to the manager or in her absence the most senior person on site. Staff told us about notifying the Care Quality Commission about safeguarding issues and we saw that a safeguarding alert had been made to the local authority appropriately.

The service's premises and equipment were managed safely. Records showed that the head of maintenance carried out regular comprehensive checks on the premises and equipment and took appropriate action when required. Equipment such as hoists and scales were regularly checked and maintained by external contractors.

There was a robust system in place for maintenance of the building and equipment. We saw comprehensive records of audits and maintenance checks that had been regularly carried out. Care was taken when external contractors came to work in the building with permits being issued and an induction given to ensure that the contractors understood the needs of the people living there.

There were regular checks for emergency lighting and fire fighting equipment and there was a half yearly fire drill to test evacuation procedures to make sure these would work safely in the event of a real emergency. There were two fire wardens amongst the staff team. We saw an evacuation SKIpad at the top of the stairs and staff had recently had refresher training on how to use this.

We saw risk assessments in place for people who had restrictions such as needing constant supervision and staff told us about these. Individual risk assessments were completed and reviewed monthly to ensure staff knew how to manage and mitigate risks. Moving and handling and falls risks were reviewed with a rationale for action taken such as observation of someone at high risk of falls and serious injury.



## Is the service effective?

### Our findings

People told us that the staff were very nice. One person told us, "The staff are very attentive, they do get to know me."

Staff were appropriately trained and supported for their roles. There was a head of training and quality in post with responsibility for ensuring staff completed a comprehensive induction. There was also an induction for agency staff. Staff we spoke to all talked of their commitment to ongoing professional development and told us they had been trained in topics relevant to their work. We viewed the training matrix for the coming year and saw that training had happened and was booked over the coming months. The head of training and quality was developing a training programme for the staff in addition to the existing training programme and was consulting with them about future training and development needs particular to their roles. We saw supervision records for staff and saw that competency reviews were carried out.

Staff and the manager demonstrated a good understanding of the requirements of the Mental Capacity Act 2005 and what this meant for the people they supported. This provided a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards. Staff told us that people can have choices even if they find making decisions about complex things quite difficult and gave us some examples of how choice is given. We saw mental capacity assessments in care plans and applications for DoLS authorisations had been made in line with legislation.

Staff supported people to maintain good health. A GP visited weekly and staff supported people to see other health professionals as required, such as a geriatrician, occupational therapist and speech and language therapist. We saw evidence of involvement of an optician, dentist and that people had been offered a flu vaccination.

Staff supported people to eat and drink enough to meet their needs. We saw a catering assistant in the morning checking each person's choice for their meals that day. The catering assistant knew which person needed a soft diet and which person needed a food supplement. Once the orders were taken these were taken to the kitchen. People told us that they had a choice of dinner every day and a jug of water in their rooms. They told us they have a menu and if they don't like what is on the menu they can ask for what they want. One person told us, "The food is very good. I get to have a say about what goes on the menu at our regular meetings." Another person told us, "I like my meals hot and they make sure I have them in the way I like." Another person said, "I have no complaints about meals at all." We saw people eating their lunch on one of the units and the food looked nice, the portions were generous and the food smelled appetising. The lunch was served to each person according to their choices and people who needed assistance were

supported at a pace that suited them.

## Is the service caring?

### Our findings

People told us that staff were caring and kind and that they had built positive relationships with them. One person said, "The staff are wonderful." Another person said, "They are quite good" and a third person told us staff were, "Quite kind."

Our previous inspection on 7 August 2015 found that staff did not always respect people's privacy and dignity by asking for permission before entering people's rooms or talking to people before carrying out care and support tasks. During this inspection we observed staff treating people with dignity and respect. Staff knocked on people's doors before entering and used a portable door sign stating "Care in Progress" to show when people were receiving personal care so others would know not to knock or enter during that time. The nurse took people away from the main lounge to a different room in order to give them their injections in privacy. Staff responded appropriately to people when they were agitated or walking around particularly on the dementia unit. We saw staff actively engage with people to keep them occupied. We also saw staff trying to diffuse a situation between two people in a kind and sensitive manner. Staff assisted people to go to the toilet when needed. Mobility aids were kept within reach to enable people to mobilise at their will with assistance where required.

Staff were aware of people's individual needs, likes and dislikes. We observed lunch on one of the units and found staff to be attentive, for example when they noticed that two people weren't really enjoying their meal sat with them to encourage them to eat. Each person had a folder in their room with their care plan, records and risk assessment. People knew about the folders in their rooms and had been involved in compiling the information in them and told us that staff knew their individual needs, likes and dislikes. Each person's records contained a form detailing their life history, interests, likes and dislikes which staff used to engage them in conversation and to plan appropriate, stimulating activities. One person told us about how their cat came to visit them on the weekends which they greatly enjoyed.

At one point during our inspection we could hear someone calling and the member of staff we were talking with immediately responded, going in to ask what was wrong, offering a drink, asking if they were warm enough and offering to put the radio on. We observed this type of responsive caring on more than one occasion. One person told us that, "They do their very best to make things convenient for us."

The service had a homely, friendly, welcoming atmosphere. People chatted with each other and staff and we observed people helping each other to find a favourite television programme. Willows was visited by a local vicar who offered communion and interfaith sessions.

## Is the service responsive?

### Our findings

People told us the service responded well to their needs. One person said, "The staff are very attentive, they come down every day with something and always invite me to things." Another person told us, "I go out every week, if I complain they listen, I don't have anything bad to say."

People's needs were assessed and care was delivered according to their needs. Care plans were person centred and detailed people's physical and social needs. Staff were aware of people's current needs and we saw that care plans were up to date. The manager had introduced a Resident of the Day programme between 10am and 11am where the registered nurse met with staff to share information and update records about one individual. This gave staff the opportunity to get to know people's needs better and respond to any changes.

People had individual folders in their rooms which contained risk assessments, guidance on the use of any equipment and individual needs of the person. There were risk assessments for people joining in activities outside of Willows with consideration given to people's needs and abilities and the type of support they needed in the community. Having a minibus enabled people to get out into the community with recent trips to a shopping centre and pub being mentioned.

The manager ensured there was a range of stimulating activities offered within and outside the service. Three activities coordinators were employed by the service to oversee this. Staff encouraged people to join the communal activities and outings and to use the garden. Activities such as bingo, quizzes and current affairs discussions were offered seven days a week and people who were supported in their rooms were provided with one to one support for activities. One person told us, "I am satisfied with the activities." Another person said, "I don't really want to do some of the activities but I think there is plenty to do. I am having a massage and my nails painted today." Visitors were also encouraged to join in activities when they visited their relatives.

The manager sought feedback from people to improve the service and took action as a result. People told us that any concerns they had raised had been dealt with and we saw records of residents' and relatives' meetings in which people had raised issues of concern. For example, people had expressed concerns about the food and this had been addressed with a new chef bringing in food options that people liked. In November 2015 the manager carried out a survey of people who use the service, and identified call bell response times and people's involvement in the running of the service as needing improvement and developed an action plan. Records showed that call bell response times had improved since the survey and residents' meetings had been held.

## Is the service well-led?

### Our findings

One person told us, "[The manager] is very nice, I can talk to her." Staff told us that "[The manager] is very good, open to suggestions and ideas. Everyone knows what they are doing."

Our previous inspection on 7 August 2015 found that the manager did not have appropriate systems in place to monitor the quality of the service. Staff were unsure of their roles and records were incomplete. During this inspection we found that the new manager had taken steps to address these concerns.

The new manager had been in post since September 2015 and was completing the process to register with CQC. She had put into place audits and checks and balances to monitor the quality of care. Staff and people who use the service told us that she was a very 'hands on' manager and was approachable and extremely hard working. With the permanent manager and deputy manager in post they had been able to recruit a more stable staff team. They had recruited a head of training and quality, a head activity coordinator, a new chef and there is a head of maintenance and a head of housekeeping. They had recruited shift coordinators and this improved consistency of care.

There was a manager on call at weekends who was physically on site for three to four hours each day and this also improved consistency for staff and people using the service. The mobile phone was always on for the hours when the on call manager was not there. The heads of departments met together every Monday, Wednesday and Friday to share information and work together to build a strong management and leadership approach. The heads of service told us that they have the resources they need to develop their service areas. The staff we spoke with were all motivated and told us they were supported by the management team. There were regular meetings for staff. There was a system in place for a counselling interview with staff if there had been any mistakes made in order to provide a 'reflect and learn environment' for staff. There was an open culture where people were encouraged to discuss any issues and suggest ways to drive forward improvement in the service.

Management meetings were held with other managers of the provider organisation chaired by the business manager and peer support was available between registered managers on an ad hoc basis. This meant they could share good practice and learn from others.

Links with the local community had been developed, in particular with a local school where there were reciprocal invitations to share activities. The children had been to sing at Christmas and people had attended the school pantomime. Members of a local church visited once a month.