

St. Matthews Limited

Willow Brook House

Inspection report

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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

About the service

Willow Brook House is a nursing home providing accommodation and personal care to up to 43 adults. The service is comprised of one building over two levels. At the time of inspection there were 17 people living at the service with dementia, mental health and physical needs.

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

Risks to people's care had been identified but the measures in place to mitigate those risks were not always consistently applied. Any deterioration in people's health was not easily identifiable, the provider was in the process of developing a handover document to ensure all nursing staff were easily and fully apprised of people's current health condition.

People's care plans were basic and improvements were needed to ensure staff had all the information they needed to fully support people in the way they wished and provide them with more person centred activities.

The systems in place to monitor the quality and safety of the service needed to be improved, embedded and sustained to be able to fully assessed.

There were sufficient staff who had been recruited safely and had the training and skills to meet people's needs. People were protected from harm and received their medicines safely.

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

Staff were kind and caring and treated people with respect. People's dignity was protected and they were involved in decisions about their care. Staff knew them well and responded well to people.

People, their relatives and staff felt listened to. Any complaints raised had been investigated and responded to. Staff felt able to speak up and had confidence in the new management team.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 11 August 2023) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 10 August 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Willow Brook House

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.

Inspection team

The inspection team consisted of 1 inspector, 1 specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Willow Brook House 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. Willow Brook House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 2 relatives about their experience of care. We also spoke with 12 members of staff including care workers, senior care workers, housekeeping and laundry staff, maintenance staff, nursing staff, a member of the multi-disciplinary team, 2 deputy managers and the registered manager.

We reviewed a range of records. This included several people's care records and medication records. We looked at 3 staff files in relation to recruitment and agency staff profiles. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Inadequate. 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people's health and safety had been assessed and done all that was practical to mitigate those risks. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvements were needed to ensure improvements were fully embedded into working practices.

- Risks to people's care had been identified and plans to mitigate the identified risks had been put in place, for example risks of skin damage. However, staff were not always aware of the measures in place to mitigate an identified risk. For example, one person's care plan stated staff must ensure person wears anti-embolic socks to help relieve their low blood pressure. We found the person was not wearing the socks and the staff we spoke with were not aware they should be wearing anti-embolic socks. The provider needed to ensure staff fully understood all people's assessed risks.
- People had personalised plans in relation to their safety and support needs.
- Personal emergency evacuation plans were in place which meant staff and emergency services knew what support people needed in the event of an emergency.
- Staff managed the safety of the living environment and equipment through checks and action to minimise risk.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvements were needed to ensure improvements were fully embedded into working practices.

- As and when required medicine (PRN) protocols did not always contain sufficient information in relation to when PRN medicines should be given. For example, medicines to be given when a person is anxious,

there was no description as to how the person presented when anxious. The provider needs to ensure all PRN protocols provide staff with sufficient information to guide them as to when to administer the prescribed medicine.

- Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- Staff received training in the administration of medicines and their competencies were assessed before they could administer any medicines.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to provide safe care. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had been recruited and there was no longer a reliance on the use of agency staff. The registered manager was supported by 2 deputy managers who were supernumerary and not required to deliver care. This and the reduction in the number of people living in the home had ensured better support for staff and oversight of people's needs.
- The provider ensured there were sufficient numbers of suitable staff. We saw there was sufficient staff to meet the needs of the people during the inspection. Where people required a higher level of care, support staff were assigned to them on a 1:1 basis throughout the day.
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm. Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures and information available to support them.
- People told us they felt safe. One said, "I think it's safe, I always get help and support."
- The registered manager understood their responsibilities to keep people safe and we saw they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff wore appropriate protective clothing when required and had undertaken training in prevention, protection and infection control.
- The environment was well maintained.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance. One relative said, "I can come when I wish to and now there is a receptionist it is so much easier to get in."

Learning lessons when things go wrong

- Accidents and incidents were recorded, analysed and learning identified. The provider shared any lessons

learnt across other locations. For example, a daily record was kept of people's bowel movements and checked each day by the nurse in charge. Information was shared in daily handovers, which ensured appropriate action would be taken if any changes to people's bowel movements were identified.

- The provider issued newsletters to staff to share the learning across the organisation.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to ensure risks to people's health and safety had been assessed and done all that is practical to mitigate those risks. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvements were needed to ensure improvements were fully embedded into working practices.

- Since our last inspection there had been no new admissions to the home. The registered manager told us they planned to meet with prospective people to ensure their needs could be met and were compatible with the people living at the home. This needed to be embedded into practice and sustained before we could fully assess.
- People's health was being monitored and a clinical handover sheet was being developed to ensure all nursing staff were fully apprised of each person's health needs which would ensure any deterioration in a person's health would be picked up quickly. At the time of the inspection this had not yet been implemented. This needed to be embedded into practice and sustained before we could fully assess.
- A system was in place to ensure people attended appointments with other health professionals and were supported when required. We spoke to one person who had attended an appointment during the inspection who confirmed this.
- People now had access to a psychiatrist, occupational therapist and clinical psychologist in addition to nursing staff.

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

At our last inspection the provider had failed to ensure the nutritional and hydration needs of people were met. This was a breach of regulation 14 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People at risk of malnourishment and dehydration had been identified. Staff completed a Malnutrition Universal Screening Tool (MUST) and a care plan developed. [MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition or obese. It also includes management guidelines which can be used to develop a care plan].
- People's food and fluid intake was being monitored and any action taken if required.
- People had two choices each day for their main meal and snacks were available throughout the day. One person said, "I don't mind the food, I can't have dairy, they [staff] always cater for my needs, they all know what I can eat." Another person said, "Food's alright, could be better, I'd like more choice."
- We saw staff sitting and eating with people, supporting them when needed. We observed a friendly and social atmosphere during mealtime. This could be improved further with visible choices of meals for people to choose from.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were competent to provide safe and effective care. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- Following the last inspection, the provider had recruited more permanent staff who had all completed the required training for their roles. One staff member said, "It's nice to have permanent staff and managers."
- Staff confirmed they had undertaken training and were supported to develop their knowledge and skills. One staff member said, "I am training on medicine administration at the moment."
- We saw from the provider's training matrix that an average of 93% had been reached in staff completing all mandatory training.
- Staff spoke positively about the support they received. One said, "The training is good, could be more robust training with moving and handling but this may be more to do with the level of needs here at the moment."

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

- People's care plans documented the ongoing support they received with accessing health appointments including GP's, dentists, and diabetic nurses.
- The provider's multidisciplinary team worked closely with people's health professionals to ensure people were regularly monitored and received the support and care they needed.
- People's care and support was regularly reviewed by a multidisciplinary team of professional health staff.

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

- Some improvement was needed in relation to the outside space people could access. One person said, "I feel I'm in a prison looking out at railings in the garden." The outside courtyard was surrounded by metal railings. Some improvement was needed to develop the area to make it more pleasant to look at and spend time in.
- People's rooms had been adapted to meet their individual needs and people were encouraged to personalise their rooms.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to ensure care and treatment was provided with the consent of the relevant person. This is a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11

- The provider was working in line with the Mental Capacity Act.
- People's capacity to consent had been assessed for decisions relating to their care. This included decisions around 1:1 support. Where mental capacity assessments had identified people lacked capacity, best interest decisions had been completed in consultation with people's representatives.
- The provider worked within the principles of the MCA and had a system in place to monitor people's DoLS applications, authorisations and conditions.

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 we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection the provider had failed to carry out, collaboratively with the relevant person, an assessment of their needs and preferences. This was a breach of regulation 9 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People confirmed they had been involved with their care plan and reviews. One person said, "I am definitely in control of my care."
- People were encouraged to attend multi-disciplinary team meetings to discuss their progress and set targets for them.
- People could choose how they wished to spend their time, when they wanted to get up or go to bed and whether they preferred to sit in the communal areas or stay in their bedroom.
- Staff encouraged people to make choices for themselves, such as offering choices in what they wore and what they would like to eat and drink. One relative said, "They [staff] give them choices as much as they can."
- People had access to an advocate. One person told us they had been offered an advocate. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

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

- People told us the staff were kind. One said, "The staff are pretty good, they are kind and respectful." A relative said, "The staff are kind to my [loved-one]."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were calm, focused and attentive to people's emotions and support needs. Although at times they needed more direction as to how best to support people who had enhanced needs and were being supervised on a 1:1 basis.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were polite and respectful one relative said, "The staff do respect my

[loved-one]. They take them out for walks and encouraged me to do the same."

- Staff knew when people needed their space and privacy and respected this. We observed people spending time in their own rooms and staff seeking their consent before they entered the room.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to ensure people received care that met their needs and reflected their preferences. This was a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, further improvements were needed to ensure improvements were fully embedded into working practices.

- People, their relatives where appropriate, and other health professionals had been involved in creating and updating people's care plans. One relative said, "I was asked to review [loved-one's] care plan, the staff often ask me for information or tell me about things."
- Care plans were basic and included people's preferences, likes and dislikes, spiritual and communication needs. These could be enhanced further to give a more detailed picture of the person.
- Since the last inspection the registered manager had ensured people had more access to a variety of activities. During the inspection we saw people take part in an exercise group provided by an independent fitness company who visited up to 3 times a week, a karaoke session and a couple of people went out for a walk.
- Improvements were needed to ensure staff were better equipped when supporting people on enhanced support. We saw in the case of 1 person staff spent the majority of their time following the person around, there was little information about what the person might like to be doing.
- One person in response to a question about activities in the home said, "I like them, we always have a choice, not just one person, all of us, last week we did bake, everyone loves making pizza"

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were included in their care plans. For example, we read in one person's

care plan they were deaf in their right ear and person could lip read, staff were instructed to speak slowly and address person on their left side. We observed staff doing this and the person responding to them.

- Information was made available for people in other formats where required such as different languages or large print.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to identify, record, handle and respond to all complaints. This was a breach of regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Receiving and acting on complaints.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16

- Following our last inspection, the provider had ensured all complaints were recorded on an electronic data base and staff reminded of the need to follow the Complaints Policy.
- There was an up to date policy and we saw when a complaint had been raised it had been recorded, action taken and outcome shared with staff. The provider had oversight of all complaints raised.
- One person told us, "I had a couple of concerns and they were dealt with straightaway."

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to maintain relationships with family and friends. One relative said they were encouraged to take their relative out. We saw a couple of people being supported on walks in the local community.
- Relatives were able to visit as often as they wished. One relative told us that following the last inspection there was now a receptionist which ensured they could gain access to the building without delay, which had been an issue previously.

End of life care and support

- At the time of the inspection there was no one receiving end of life care. The provider did not provide a specialist end of life service, but people would be supported to stay in Willow Brook House for end of life care if they wished.
- Advanced care plans were in place for some people. The information was limited and included people's basic wishes as to where they may wish to be at the end of life, their spiritual needs and cardiopulmonary resuscitation (DNACPR) decisions. These needed to be developed further.

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 Inadequate. At this inspection the rating has changed to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were needed to ensure improvements were fully embedded and sustained into working practices.

- Following the last inspection, the provider had appointed additional managerial staff to support with the oversight and management of the service. We could not assess the impact of the managerial changes in relation to continued development and sustaining improvements during this inspection because there had been no new admissions since the last inspection and there were only 17 out of a possible 43 people living in the home.
- Systems were in place to monitor the safety and quality of the service. However, these needed to be fully embedded and sustained. Management needed to ensure all staff were consistent in their approach and fully aware of the identified risks for people and measures in place to mitigate those risks.
- Daily 'Flash' meetings were held involving all heads of department. These were to ensure all departments were kept up to date about what was happening and what the priorities for the day were. Although informative they were not always updated when actions were completed. For example, the minutes from the flash meeting on 5 January 2024 recorded room 16 needed deep cleaning, there was no information as to whether this had been completed or not.
- A daily walk about by managers had been implemented following the last inspection. However, the forms were long and didn't appear practical due to the number of tasks that needed completing. The tasks were focused on bedrooms, communal areas, if the tables were laid etc. there was no information regarding the clinical needs of the people. The registered manager was receptive to our comments and planned to review the tasks checked.
- A handover document was being developed, to ensure all nursing staff were kept up to date with people's health needs. This needed to be implemented and embedded before we could fully assess its effectiveness.

- People's feedback was sought. One person said, "If we don't like things, they [management] change it, they are always changing the menu. I think the management know what they are doing, they ask before doing everything, these guys are always on it and get things sorted."

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

- The registered manager understood their responsibility under the duty of candour and had submitted notifications to the Care Quality Commission (CQC) when required. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and CQC if they felt the provider had not listened to them or their concerns not acted upon.

Continuous learning and improving care; Working in partnership with others

- The provider liaised closely with local authorities and were receptive to suggestions as to how they could improve. A local authority had put in place an action plan relating to safeguarding following their last visit. The registered manager had strived to complete the actions.
- We saw evidence of referrals made to external professionals such as diabetic nurses and staff supported people to access their GPs.