

Willow Grange Care Limited

Willow Grange Nursing Home

Inspection report

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Date of inspection visit:
23 July 2021
02 August 2021

Date of publication:
02 September 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inspected but not rated

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Willow Grange Nursing Home is a residential care home providing personal and nursing care for up to 44 people. At the time of inspection, 29 people were using the service, some of whom were living with dementia.

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

Risks to people's health were not always identified and managed. Medicines were not always managed well. The medicines policy was not up to date and did not provide sufficient guidance to staff. Staff understood how to identify and report abuse. People were protected from the risk of infection.

Staff required more support in their supervisions. Staff received training to enhance their knowledge. People had access to sufficient food and drink.

Relatives told us that sometimes staff were not always kind and caring. Staff did not always deliver care in a manner that respected people's dignity and privacy. People were supported to maintain their independence.

Care records were not always consistent and a reflection of people's needs. There was no registered manager at the service. The provider did not always engage with stakeholders to drive improvement. Lessons were not drawn from incidents that happened at the service to improve the quality of care. Audits had not identified the issues we found during the inspection.

People who used the service and their relatives knew how to make a complaint or raise concerns about the care provided.

We were assured the provider was working within current guidance on good infection prevention and control guidelines in relation to the COVID-19 pandemic. Risk management plans mitigated risks in relation to COVID-19 pandemic and spreading of infections. Staff followed guidance to respond to COVID-19 and other infection outbreaks effectively. Staff had access to sufficient Personal Protective Equipment and used it appropriately. Visitors underwent COVID-19 checks to minimise the risk of spreading of infection.

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 Good (published 3 December 2019). The service is now rated requires improvement.

This report only covers our findings in relation to the key questions; Is the service Safe, Effective, Caring and Well-led.

Why we inspected

We received concerns in relation to concerns about people's wishes not being respected, learning from incidents and management of the home. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. As we did not look at the entire key question of Safe the rating for the Safe key question has not been changed.

Full information about CQC's regulatory response to the concerns found during inspections is added to reports after any representations and appeals have been concluded.

During this inspection we found breaches in relation to condition of registration of a registered manager, dignity and respect and good governance

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to respect and dignity and good governance at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our safe findings below.

Inspected but not rated

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 not always caring.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our effective findings below.

Requires Improvement ●

Willow Grange Nursing Home

Detailed findings

Background to this inspection

The inspection

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

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

The inspection team consisted of three inspectors, with two attending on both days of the site visit 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 Grange Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service since the last inspection. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and 10 relatives about their experience of the care provided. We spoke with 13 members of staff including the nominated individual, area manager, nurses and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 a range of records. This included six people's care records. A variety of records relating to the management of the service, quality assurance including policies and procedures were reviewed.

After the inspection

We asked the area manager to send documents to further support how the service was run and to validate evidence found.

Is the service safe?

Our findings

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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

- People's needs were assessed before they started using the service but not always fully documented. The manager or a staff nurse reviewed each person's preferences and documented these in a pre-admission assessment.
- While pre-admission assessment forms included a number of areas that would help staff to understand people's needs, completion was inconsistent. For example, care records contained different levels of information. Staff did not routinely complete information about people's religion, sexual identity, or other personal information important to their daily lives.
- Information documented in people's care plans was not always kept up to date. We found personal preference information in two people's care plans that related to their previous home and were dated over three years previously. A nurse completed a review of each person's care plan every month. We looked at examples of the reviews for six people documented in the last six months. None of the reviews included updates of the changes to people's preferences or needs around care and support. However, the staff we spoke with understood the needs of people and the support they required.

Staff support: induction, training, skills and experience

- Staff received training they required to maintain people's health care needs and conditions. The provider's mandatory training programme safeguarding, equality and diversity, dementia awareness, dignity in care and person-centred care planning.
- The majority of relatives felt staff were competent in their roles. "It's been an up and down experience, good and bad times" and "Some staff have the appropriate skills, others you think what are you doing working here, you can see their heart is not in it".
- At the last inspection the provider assured us they would incorporate oral health training into their staff development programme. They had not done so although staff we spoke with knew how to support people to maintain good oral hygiene.
- Staff received quarterly supervisions and an annual appraisal. None of the staff could identify specific positives from supervisions or appraisals, they just saw them as a process that had to be done. Staff felt supervisions were important but did not think they were always carried out effectively. For example, staff said the home was so busy that they did not have time to speak with the manager routinely. They said supervision time was taken up by discussions that would normally take place day to day.
- We found that English language skills varied broadly and communication with some staff was challenging.

We were not assured that the provider was supporting staff for whom English was their second language to fully understand training and other documentation and standards'.

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

- People's nutritional needs were not always documented clearly. Each person had a nutrition and hydration care plan. This included a review of their swallowing needs and preferences for food and drink. However, information in main care plans was often limited and documentation referred to each person's 'room passport'. None of the staff we spoke with recognised this term and said people did not have care documentation in their bedrooms.
- We also found conflicting and inconsistent information. For example, staff had completed an assessment for one person six days after they moved into the home and a review six months later. Both stated the person did not have a choking risk. However, the person's long-term care plan noted they had a choking risk. Another care plan noted a person's required food texture had changed from normal to soft. Staff had not documented the reason for this change and the monthly care plan audit did not reflect the change. However, staff we spoke with understood the needs of people using the service and said they received daily updates in handovers.
- Records showed people had access to dieticians and speech and language therapists when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans detailed their health care needs and conditions and how staff should manage them.
- Staff understood people's medical needs. Records showed people attended health care appointments and had regular check-ups with professionals involved in their care.

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

- The home was not suitably adapted to people living with dementia which could result in people's needs not being met. At our last inspection we found the provider had not incorporated dementia friendly adaptations and characteristics in communal and refurbished areas of the home. At the time, the manager told us a six-month action plan was in place to make communal areas more suitable for people living with dementia. At this inspection we found the environment was still not adapted to be dementia friendly. The provider had not installed memory boxes near people's bedroom doors and easy to understand pictorial signage was not in place. Such features help people living with dementia to orientate themselves and identify rooms important to them.
- However, the environment was well decorated and communal areas were bright and airy. A well-maintained garden and patio areas were available to use although during our inspection only off-duty staff used these spaces despite good weather. It was not evident that people could easily access these spaces.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and 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.

- Staff were trained and understood their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).
- Records showed assessments of people's capacity to make their own decisions and staff we spoke with demonstrated a good understanding of this.
- Staff made best interests' decisions and involved independent mental capacity advocates (IMCAs) to support people with limited capacity.
- Records showed DoLS restrictions had been authorised by the supervising body (the local authority) in people's best interests in order to keep them safe. Where the supervising body was unable to make timely decisions, staff worked with mental health professionals and the person's GP to adapt care in the interim period.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People's care did not always promote their dignity and privacy. We received mixed feedback about this. Comments from relatives included, "Some staff seem nice and caring", "[Staff] talk about him in front of him, and he can hear and understand", "Some are just doing a job" and "Sometimes when they are changing her the dignity is not good. That worries me and does need improving, but staff are caring and compassionate".
- During our inspection, we saw a person using the toilet in their bedroom, which was in full view of the corridor. Two care staff saw this and did not intervene, which reduced the person's dignity. We spoke to the manager and provider about this and they assured us they would review standards of care for this person.
- We observed two care staff enter the bedroom of a person whose door was closed. They did not knock before they entered and did not announce their presence, they simply walked in and carried out a moving task. This meant we were not assured staff always obtained consent for care.
- We received mixed from relatives about how staff supported people while respecting equality and diversity. Comments included, "Staff are reactive, not proactive. They need clear directions from us all the time", "When I attended the speech and language assessment the staff told her that I had demanded to be there, this was right in front of my face, so how do they talk to [person]?" and "He says he doesn't get showered enough, he has to strip wash".
- During the inspection we saw two care staff change the bedding and pillows of a person who was friendly and keen to talk. Staff carried out the task in silence, without speaking to the person or to each other. There was a lack of communication and engagement between some staff and people. We spoke with the person who said care was generally good, but we were concerned about the interaction we observed.

The issues above are a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- On the whole relatives told us people received the support and encouragement to make decisions about the care they received. However, a few commented they needed to be involved more in making decisions about their loved ones. Comments included, "The main thing I would say is about being involved in his care, it's one sided. They only ring when there is a problem, just to know how he was doing would be nice", "If there is a problem, they let me know, but they can be a little slow with that".
- Staff had information about people's communication preferences and understood how to support them to make decisions about the care and support provided.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same.

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; 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.

- We identified failings in the management of the service in relation to record keeping. For example, assessments of people's needs were incomplete and inconsistent. Records were not always complete and contemporaneous, therefore decisions taken in relation to care and treatment were not always clearly recorded. Staff did not find supervisions beneficial for their learning and development.
- We identified further issues around the governance of the service. Some risks required further assessment and some policies required reviewing.
- Audits failed to highlight that premises were not consistently kept secure and did not consider fully the risks posed to people living with dementia. We found staff routinely left storage cupboards and utility rooms unlocked. This included a cupboard on the first floor used to store personal hygiene products and the sluice room on the ground floor.
- We found a disused lift was accessible because the door was unlocked. The lift had been decommissioned and was locked in place, but the unrestricted entry presented a risk to people who may become disorientated and trapped inside. The provider addressed this issue immediately, and permanently locked the access door.
- Furthermore, the main lift in the home provided uncontrolled access to the laundry and housekeeping storage area on the lower ground floor. Chemicals and heavy equipment were in use in this area, which presented a risk to people who may be disorientated or confused. We spoke with staff in the laundry area who told us they had not previously had any incidents. The nominated individual said they would address the issue by installing keycode access to the area from the lift.
- In addition, monitoring of medicines was not adequate to identify shortfalls. Ambient medicines on the first floor were stored in a locked trolley in the corridor. Staff recorded daily temperatures in this area to check it did not exceed 25 degrees Celsius, the maximum safe temperature for medicines to remain effective. Staff had documented daily temperatures exceeding 25 degrees every day for the previous six days. On one day the temperature had reached over 29 degrees Celsius. Staff had not acted to check medicines remained safe to use and the manager was unaware of the issue. In addition, there was inconsistent and incomplete guidance for staff on what action to take. The medicines policy did not contain sufficient guidance for staff and despite the manager telling us this was updated every three to six months from head office, this was not the case.

- The provider carried out audits of the service, for example, premises, medicines, dignity and privacy, staff training and care plans. However, these did not identify the issues we found.
- There was no registered manager, and this has a negative impact on the management of the service. We received mixed feedback about the management of the home. Comments included, "They are always changing managers", "The area manager is open and receptive. She is fulfilling her duties as best she can", "It is quite difficult to get to speak to the manager" and "They are not very proactive, if they can get away with something they will." Staff told us the manager covering the service was only on site a couple of days a week and said this was frustrating as it delayed "getting things done." Staff said they had a senior person to contact in an urgent situation or emergency but noted frustration at the lack of consistency of an on-site manager. The lack of a registered manager responsible for the day to day management of the home meant there was no oversight of the issues we identified above.

These issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider had as a condition of their registration that a 'Registered Manager' should be in place. A registered manager is a person who has registered with the Care Quality Commission 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. We found that the service did not have a registered manager in place. The nominated individual and manager told us they had not found an appropriate person to undertake the role of a registered manager for over 14 months.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had made changes requiring people to pay a charge if a member of staff escorted a person for hospital or specialist appointments. This was having an impact on people achieving positive outcomes.
- Relatives told us, "[Person] did not attend an appointment because they could not afford the newly introduced charge" and "[Person] had an appointment with [a specialist]. Staff said they would take her, but it would cost [money] an hour, so she missed it."
- We asked the area manager whether there had been a consultation with people using the service and their relatives about this. They told us none had been carried out and this was a directive from head office. We were not assured people would get specialist treatment if they could not afford the service fee levied by the provider for staff escorts.
- The provider had meetings with the people using the service and their relatives to talk about the quality of care provided. We received mixed feedback about their involvement at the service. Comments included, "They are accessible, I feel we have a relationship with them via e mail, they always respond quickly", "I don't remember ever being invited to a relative meeting, and I've never had a feedback form" and "I hope they do have relative meetings, but of course I haven't attended one yet." Surveys were carried out and people and their relatives were informed of events and development at the service via regular newsletters.
- Staff team meetings took place and meeting minutes were shared with those who could not attend so they were aware of what was discussed.

Continuous learning and improving care

- The provider had not demonstrated a strong focus on capturing learning to improve the service. The provider had not completed lessons learned for an incident which happened in the service, to ensure continuous learning took place. Staff told us about the uncertainty they would have if faced with a similar incident as the management team had not discussed the issue with them. We asked the area manager

about the incident in which a person's wishes not to be resuscitated had not been respected. It was over two months from when the incident happened and the provider had not discussed the issue with staff. We noted that there was a lack of understanding why the incident occurred but rather an emphasis on apportioning blame. There was a missed opportunity by the provider to use the incident as an opportunity for reflection, learning and to improve practice.

Working in partnership with others

- The provider worked in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support. This included supporting a person to seek assistance from the healthcare professional to address their health concerns and following up on the referral made to the Speech and Language Therapy team.

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	Section 33 HSCA Failure to comply with a condition
Treatment of disease, disorder or injury	<p>Failure to comply with a condition. The provider did not have suitable arrangements in place to ensure that the service was managed by a person registered with the Care Quality Commission, as required in line with the providers registration.</p> <p>Section 33 HSCA</p> <p>The breach cannot yet be published. If/when it is confirmed we amend the report.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	<p>The provider did not ensure people were always treated with dignity and respect.</p> <p>Regulation 10 (1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The systems and processes in place were not effective in monitoring the quality of care. The provider failed to ensure records were managed effectively.</p> <p>Regulation 17 (1) (2)(a)(b)(c)(e)</p> <p>Regulation 17</p>

