

Larchwood Care Homes (North) Limited

Willow Brook House

Inspection report

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Corby
Northamptonshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Willow Brook House is a residential care home providing personal care for up to 48 people aged 65 and over. At the time of inspection there were 38 people living at the home. The home was split over two floors. People living with dementia were cared for on the ground floor with access to a garden area.

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

People told us they enjoyed living at the home and staff treated them kindly, however people had to wait for staff to help them and they were not always given choices about their care. We also saw that people's privacy was not always respected.

The service did not have a registered manager and had been without one since February 2019. This is a requirement of all registered services. There was a peripatetic manager in post which oversaw the management of the home whilst the provider attempted to recruit a new registered manager.

Improvements were required to ensure quality assurance systems identified and remedied where improvements were required in a prompt manner. For example, auditing systems had failed to identify people's care records, including those people who were at risk of pressure ulcers, had been completed correctly. There were areas within the home that required immediate attention to ensure people had a comfortable and peaceful time, for example, there was a constant beeping sound downstairs all day.

People were protected from abuse, staff were knowledgeable about safeguarding procedures. The management team completed in depth investigations following accidents and incidents to help prevent similar occurrences.

Risk assessments were in place to manage risks within people's lives, and staff we spoke with felt safe supporting people with a wide range of needs. Staff recruitment procedures ensured appropriate pre-employment checks were carried out.

Medicines were stored and administered safely, and records showed they were administered correctly. Staff were well trained to support people effectively.

People's nutritional needs were monitored, and people were given additional support to maintain a healthy weight. Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

People's consent was gained before any care was provided, and when there were restrictions on their liberty people were supported to have as much independence as possible. People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

Care plans reflected peoples' likes, dislikes and preferences. People were able to participate in activities within the home or within the local community. A complaints system was in place and used effectively.

The manager was keen to ensure people received good care and support and listened to feedback when provided.

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 3 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector, one assistant inspector and one 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 or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. There had been no registered manager at the service since February 2019.

Notice of inspection

This 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. We also asked Healthwatch for their feedback on this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent to us in the provider information return. 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.

During the inspection

We spoke with nine people who lived at the home, one person's relative, five members of care staff, the acting manager and the provider's representative.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further auditing information and reviewed actions that had been taken after the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People had raised concerns about staffing arrangements and told us that sometimes it took a long time for staff to answer their call bell. One person said, "I do have to wait quite a while sometimes." Another person "They [the staff] seem to rush around more."
- The provider had a staff dependency tool which helped to calculate staffing requirements. This showed there were adequate numbers of staff however staff were not always organised in ensuring they were in the right place at the right time and this meant people had to wait unnecessarily for staff support.
- After the inspection, the manager reviewed the staffing arrangements, including how break times were arranged.
- Staff were appropriately recruited.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding procedures and knew how to report any concerns.
- Safeguarding concerns were investigated in depth and people were supported with safe care.

Assessing risk, safety monitoring and management

- People had risk assessments in place which empowered them and enabled them to maintain as much independence as possible.
- Staff were knowledgeable about risks to people's care and took action to keep them safe. For example, one person was known to experience falls, the staff had reasonable precautions in place to reduce this risk.

Using medicines safely

- People had their medicines securely stored and staff supported people to take them safely.
- Staff received training in the safe management of medicines and their competencies had been checked.
- There were recording systems in place which clearly showed what people's medicines were for, what the side effects were, and when people had taken their medicines.

Preventing and controlling infection

- People felt the homes was clean and hygienic. One person said, "[The home is] spotless. I can't fault it. I like to do my bit too, it's not all down to them [the staff]."
- There was an adequate cleaning regime in place and staff used appropriate hygienic practices to prevent the risk of infection.

Learning lessons when things go wrong

- The provider had good practices in place to review and identify improvements when something had gone wrong. For example, when one person had been able to leave the home unescorted a full investigation had taken place and appropriate action taken.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs had been assessed before they moved into Willow Brook House. This was to make sure their needs could be met effectively, and staff had a prior understanding of people's needs and preferences when they moved in.
- Assessments and the care plans developed from them considered all aspects of a person's needs including protected characteristics such as lifestyle choices, cultural needs and religious preferences.

Staff support: induction, training, skills and experience

- New staff received an induction into care which helped to prepare them for their role.
- Staff were well trained and received input on a variety of care areas including medicine management and safeguarding. All staff were expected to complete the Care Certificate.
- Staff supervisions were infrequent and irregular. Staff told us they understood they could ask for support. The manager told us staff supervisions were being arranged.

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

- People's nutritional needs were monitored and when people were at risk of losing weight, appropriate support was provided to help people with this.
- People gave mixed feedback about the quality of the food but told us they were supported to have ample portions. One person said, "It's not very good quality." We saw people ate their meals and were offered another option if they did not like what was on the menu.

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

- The service worked well with other agencies to provide consistent care. This was particularly crucial as people's care needs changed and additional specialists such as dietitians and nursing staff were involved.

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

- The home was in the process of a programme of refurbishment. Many areas including the dining areas, some bedrooms and an outdoor garden area and been upgraded, however there were other areas within the home that still required improving.
- The provider was committed to completing the refurbishment and ensuring the environment was dementia friendly where appropriate.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services, and some had the involvement of their relatives to offer their

support with this.

- People were supported to attend appointments with the opticians, chiropodist and other healthcare professionals when required.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- Care plans had been developed with people's involvement and staff asked people for their consent before they provided any care.
- When people did not have capacity to make their own decisions, and a DoLS was required, this had been requested and authorised. Staff worked within the parameters of people's DoLS and promoted people to have as much independence and freedom as possible.

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. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Improvements were required to ensure people were always treated well. We found one person calling out to staff for help and even when staff were available they did not promptly respond or prioritise the person's calls of distress. We told the management team about this and they told us this would be investigated.
- Further improvements were required to ensure people could be adequately supported at mealtimes. For example, we saw one member of staff supported one person to eat but regularly kept getting up to help other people and support other members of staff. This did not allow for a positive and focussed experience for the person who was ready to eat their meal but required staff support. We told the management team about this and they told us they had changed the staffing arrangements to help accommodate this, however, this would require further review to consider if this was successful and people were given the individual support they required.
- Staff also provided caring and kind interactions with people. One person was upset and confused, we saw staff offering comfort and reassurance to help make them feel better.

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

- People were not always enabled to make their own choices. We saw one person asked staff if they could remain in the dining area after breakfast. Staff dismissed the request and supported them into another area of the home but allowed other people to remain in the dining area. We told the management team about this and they told us this would be investigated.
- People were supported with independent advocates when big decisions about their lives were being considered.

Respecting and promoting people's privacy, dignity and independence

- Improvements were required to ensure people's privacy was maintained. We saw most staff knocked on people's bedroom doors before they entered however, this was not all staff.
- People felt they were respected and enjoyed the company of staff. One person said, "The staff are very good." Another person agreed and said, "Oh yes, the staff are all very good, I have no complaints here."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place which reflected their care needs, likes and preferences.
- Care plans were reviewed and updated regularly, or as people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- During the assessment process people's communication needs were assessed and a care plan was completed which supported people's requirements.
- People were supported to access information in a format they could understand. The service had a number of documents available in large print or easy read format, including the complaints procedure.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people that were important to them. Family and friends were able to visit people at the home and spend time together as they wished.
- People were supported to pursue activities to help stimulate them. This included games within the home such as bowling or a bean bag game, and other activities outside of the home, for example, a trip to the shop, bingo or for a walk.

Improving care quality in response to complaints or concerns

- People and their relatives were able to raise complaints and concerns and were provided with information they could understand about how they could do so.
- Complaints were investigated and responded to appropriately.

End of life care and support

- Systems were in place for people to express their end of life care wishes.
- People had care plans in place which recorded their wishes in the event of a sudden serious illness or potential death.

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 Good. At this inspection this key question has now deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- No registered manager had been in post at Willow Brook House for an extended amount of time. Providers are required to ensure a manager registered with the Care Quality Commission (CQC) is in place in locations where regulated activities, for example personal care, are carried out.
- A peripatetic manager had been in post since the previous registered manager had left the home. However, the extended time period since the last registered manager had been in post, had not been covered by a manager who was registered with the CQC as required.
- Improvements were required to ensure the quality of the service was maintained. For example, within the building downstairs we found a constant beeping sound, a leaking ceiling with no water collection in place, a significant draught from the dining room window and signs missing from doors.
- Regulatory requirements require services to provide regular appraisals of staff performance to ensure competence and development needs are identified. We saw that whilst staff felt supported in their roles there was not an appropriate systematic approach to provide staff with this regular feedback and development opportunities in the form of regular supervision.
- We found auditing systems were generally effective and helped to improve the quality of the service, however, these systems had failed to identify people at risk of pressure ulcers did not have their records adequately updated to show if they had been repositioned on a regular basis, as per their care plan. In addition, oral health assessments were not always regularly completed correctly, and auditing systems had not identified and promptly resolved this.

Continuous learning and improving care

- The manager reviewed accidents and incidents in depth and identified where improvements in people's care could be made.
- The service had been successful in monitoring trends and taking effective action. The manager had been successful in reducing the number of falls by sharing learning amongst staff and introducing further guidance for staff if somebody experienced a fall.

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

- Staff felt empowered and engaged by the acting manager. One member of staff said, "We work to a higher standard now. [The managers now] are really easy to talk to if we've got any problems. Another member of

staff said, "I think [the manager] has brought good improvements and staff morale is high."

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 management team understood information sharing requirements and demonstrated an open and transparent approach when something went wrong. We saw information was correctly shared with other agencies, for example, when the service had identified concerns, and the manager sent us notifications about events which they were required to do by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were encouraged to share their views about people's care with the management team. The management team recognised and valued the experiences of staff and used this to help amend people's care.

Working in partnership with others

- The service worked with community groups including a homeless charity and a local nursery school. People were proud of their contributions and these relationships helped them to be involved with their local community.