

Cotswold Spa Retirement Hotels Limited

Willow Court Care Home

Inspection report

Osborne Gardens
North Shields
Tyne and Wear
NE29 9AT

Tel: 01912965411
Website: www.fshc.co.uk

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 and 22 November 2016. Breaches of legal requirements were found in relation to the safety of medicine management and governance of the service. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements.

We undertook this focused inspection on 13 June 2017 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willow Court' on our website at www.cqc.org.uk

Willow Court is a residential care home situated in North Shields. It provides accommodation, personal and nursing care for up to 48 people with physical and mental health related conditions. At the time of our inspection 43 people lived at the service and one person was on a short break stay.

There was a registered manager in post who has been employed to manage the service since September 2014 and was registered with the Care Quality Commission (CQC) to provide regulated activities in June 2015. A registered manager is a person who has registered with the 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.

The service had a history of non-compliance dating back to 2014 which related to issues such as safeguarding, infection control, staff training and medicine management; however we found improvements had been made in all of these areas.

At our last inspection we found that medicines were managed inconsistently throughout the home and not always in line with company policy. At this inspection, we found that improvements had been made to ensure all staff followed the same working practices and that company policy was followed. We found up to date documentation was in place and it was completed to a good standard. This meant people's medicines were safely managed.

At our last inspection there was a strong malodour throughout the corridors and in some communal areas. We made a recommendation about this. At this inspection, we found this had reduced as the registered manager and staff had taken appropriate action to address this issue.

At this inspection, people told us they felt safe living at the home and relatives echoed this. Staff had an awareness of safeguarding vulnerable adults and risk assessments were in place to minimise the likelihood of people coming to any harm.

Accident and incidents continued to be recorded and monitored by the registered manager. They had referred these as necessary to external agencies such as the local authority or the CQC.

The premises were safe. Routine checks of the premises and equipment were conducted by staff and recorded.

We heard mixed comments from people and relatives about staffing levels and we witnessed one example where staff were not present when needed. We identified that this was around the deployment of staff because there were sufficient staff on duty.

Staff continued to be safely recruited and they had been trained in topics relevant to their role. Staff now had their competency checked more often and refresher training was in place. New care staff had undertaken a robust induction process.

The provider had ensured that the design of the home was 'dementia friendly'. Walls, floors and doors were painted in brightly contrasting colours and had appropriate pictorial signage. The décor in people's bedrooms and communal areas was homely and objects of memorabilia were used to stimulate memories and conversation.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager told us she had made applications on behalf of most people to restrict their freedom in line with the Mental Capacity Act 2005. All staff demonstrated an understanding of the MCA and worked within its principles.

People were given a choice of meals and there were alternatives on offer. The chef fully engaged with people and was familiar with their special dietary needs. The food looked appetising and nutritious and there was plenty available for seconds. The dining rooms were still crowded and there was very little space. Improvements had been made to the dining rooms to make them more homely and optimise the space available.

At our last inspection, despite processes being in place to monitor the quality and safety of the service, we found these were ineffectively operated and had failed to identify the concerns we raised. At this inspection, we found the provider and registered manager had undertaken a comprehensive review of the service and had used the systems effectively in order to identify and address any shortfalls promptly. They had worked in partnership with external agencies for support and guidance.

The provider and registered manager had an action plan in place which they used to ensure the identified safety and quality issues throughout the service were addressed and improvements were carried out. Information inputted into the provider's quality assurance electronic monitoring system was automatically uploaded to the provider's system for oversight which we saw was robustly monitored.

Staff told us they were well supported by the registered manager and had received regular supervision and appraisal. Staff and 'resident' meetings had taken place and there was good communication throughout the home.

We have not changed the rating of the home at this inspection. This was because we wanted to be certain that the improvements made would be sustained over a longer period of time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

We found that action had been taken to improve safety.

Measures were now in place to ensure medicines were managed safely and consistently throughout the home. Action had been taken to address the infection control issues.

These changes meant the provider was now meeting the legal requirements in relation to safe care and treatment of people.

We could not improve the rating for this key question from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Requires Improvement ●

We found that action had been taken to improve the effectiveness of the service.

Some action had been taken to ensure the experience of mealtimes was more positive. Although further attention was required.

All new staff had completed or were undertaking a robust induction programme.

We could not improve the rating for this key question from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement ●

We found that action had been taken to improve the leadership and governance of the service.

Significant improvements had been made to audits and action plans to ensure issues were identified and addressed in a timely manner.

Record keeping had improved and we found records were

accurate and up to date.

This meant that the provider was now meeting legal requirements.

We could not improve the rating for this key question from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Willow Court 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.

We inspected the service against three key questions that we ask. Is it safe? Is it effective? Is it well-led? This is because the service was not meeting some legal requirements identified during inspection on 21 and 22 November 2016. This inspection took place on 13 June 2017 and was unannounced. The inspection team consisted of one adult social care inspector 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.

Prior to the inspection we reviewed all of the information we held about Willow Court Care Home, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Additionally, we spoke with two external professionals who visited the home on the day of the inspection and we received feedback from North Tyneside Council's contracts monitoring team, safeguarding team and North Tyneside Clinical Commissioning Group (CCG). We also reviewed the action plan which the provider had sent to us following the last inspection. We used this information to help with the planning of our inspection.

During the inspection we spoke with seven people who used the service and three relatives. We spoke with four members of staff, including the registered manager. Two representatives from the provider's organisation were also visiting during the inspection and we were able to talk to them about leadership and governance. We reviewed a range of care records and the records kept regarding the quality and safety management of the service. This included looking at four people's care records in depth and reviewing 10 others. We also looked at three staff recruitment files and training records.

Is the service safe?

Our findings

At our last inspection we found that the arrangements for the management of medicines were not always safe. We raised concerns about the completion of medicine administration records, the application of topical medicines, the administration of PRN (when required) medicines, the control of pain relief patches, stock and storage of medicines and nutritional supplements, record keeping and auditing of medicine records.

During this inspection, we found considerable improvements had been made. Following our previous inspection, the registered manager had sought advice and guidance from the local NHS medicine optimisation team. They had visited the service and undertook a review of medicines management in the home. They had devised an action plan in conjunction with the registered manager and we saw that all of the shortfalls had been addressed.

We checked a sample of 10 medicine administration records (MAR) and saw that they were all accurate and up to date. There were no gaps identified on the MAR charts and any discrepancies were explained in corresponding records.

The staff now used the most up to date topical medicines application record and they were completed in line with company policy. Information was recorded about where to apply the topical medicine, frequency of application and signatures. Topical medicines are those applied to the skin, for example, creams and ointments

Guidance was now in place to support the use of PRN medicines. These are medicines which are administered 'when required' such as for pain relief. PRN protocols were drafted for each individual who required this type of medicine. The protocols described when people are likely to require the medicine and the reasons why they may need them. Specific information such as words or facial expressions which people who can't effectively communicate used to show pain was also noted. The administration of PRN medicines was clearly documented on MAR charts along with the reasons why or why they hadn't been administered.

Staff now used an updated patch application record. There was a system in place to monitor the site of the patch application and to record the days when the patches were renewed or replaced. We found no issues with these records which demonstrated that these patches, which are often controlled drugs were suitably monitored in line with the Misuse of Drugs Act 1971. A controlled drug has tighter legal controls as per the Misuse of Drugs Act 1971 as they are medicines which are liable for misuse.

Medicine stocks had been thoroughly reviewed and the process for reordering had been improved to ensure an unnecessary amount of stock was not held. We carried out a random check of medicines and found them all to be labelled correctly and in date. There was a noted reduction in surplus stock.

Medicines which required cold storage were kept securely within the medicines store room. Fridge temperatures had been recorded daily and were monitored. There were no concerns about the completion

of these records. Additionally, nutritional supplements contained in a fridge were marked with the date of opening to ensure staff were aware of when they had to be discarded. Again, we carried out a random check and found these to be appropriately stored.

The registered manager conducted a thorough audit of the medicines to ensure they were handled properly and that the systems were safe. We recognised significant improvements in the monitoring process. Any issues had been identified and actions had been taken to promptly address any shortfalls.

At our last inspection, there was a strong malodour which external professionals had told us about. We made a recommendation that the provider undertook a review of the prevention and control of infection arrangements. At this inspection, the registered manager told us the domestic staff team was stable and that all staff were aware of their responsibilities with regards to infection control. We noted that overall the malodour had reduced and was not as strong; however in some areas of the home a minor odour remained. We acknowledged that this appeared to be in areas of the home where people with high continence needs resided. One person told us, "I really don't like the smell here, it's all the time I think it must come from the sluice."

Some people and relatives made comments about staffing levels. A relative told us, "Extra staff would help especially on occasions like this when one carer needs to be somewhere else, I do think they are stretched" and "I think they need more staff, two weeks ago there were two carers on sick leave and one on holiday, the handyman was left to supervise the residents in the lounge." One person told us, "The staff try to have time to talk to me, but they are busy" and "I can sometimes get the carer to take me shopping but they are short staffed." We observed one incident when there were no staff present in the lounge when needed. We considered that this was because the staff had deployed themselves in a different position on the unit because the inspection team were present. We fed our observations back to the registered manager who told us she would investigate the incident thoroughly. The registered manager used a dependency tool to monitor the care needs of individual people which helped to decide how many staff were required. The dependency tool covered aspects such as, how many people required two care workers to mobilise, how often people required planned support and how many people required one to one supervision. The registered manager told us that shifts were covered with the correct amount of care staff according to the results of the dependency tool and that she would look into staff deployment.

People told us they felt safe living at Willow Court and their relatives echoed this. One relative said, "I have no issues or concerns with safety." Another told us, "I think [person using the service] is very safe here, they used to wonder off before but they are safe here. That was my main concern." There was a safeguarding policy in place and the staff had undertaken a safeguarding of vulnerable adults training course and through discussions with us, they demonstrated an understanding of their responsibilities. Where required the registered manager had notified the CQC of the outcome to any safeguarding incidents.

Other types of incidents, accidents and near misses continued to be recorded. The registered manager had maintained a monthly analysis to monitor these for patterns or trends in order to reduce a repeat occurrence.

Risk assessments which detailed the individual risks people faced in their everyday lives were in place to reduce the likelihood of them coming to harm. This meant the service took appropriate action to mitigate risks and reviewed care plans to ensure peoples individual needs were met.

Staff carried out routine checks on the safety of the premises and equipment. A handyman was employed to ensure any faults were promptly addressed. Firefighting equipment was in place and serviced regularly.

Personal emergency evacuation plans were up to date and the business continuity plan remained appropriate.

Staff continued to be safely recruited. We reviewed three staff records and saw that new staff had been subjected to appropriate pre-employment vetting checks.

Is the service effective?

Our findings

At our last inspection we noted that the mealtime experience was not as positive as it should have been and that staff did not appear to have the time to talk to people in a meaningful way other than to ask questions about the tasks being carried out. The dining rooms were crowded and lacked a homely atmosphere.

At this inspection, we found that some improvements had been made. The same rooms were still being used as dining areas but large furniture had been removed and tables had been rearranged to create more space. Staff had made an effort to dress the tables in a homely manner and spent time with people, chatting over lunch.

There were 18 people sitting in one dining room which we observed and every seat was taken. Large wheelchairs and custom made seating was also brought in for people as who required further support to sit. This made the room appear crowded and people were being moved and re-seated to allow others to find an appropriate space. One member of staff told us, "The room is much better this way, than it was. It's still small but less cramped; although this floor is full with residents now and more people require assistance to eat." We noted care workers were assisting many people to eat their meal.

As at the last inspection, the nurse administered medicines to people over lunch time, but this time they stayed in the corridor outside of the dining area to avoid further overcrowding. The chef also came to the dining area with the hot food trolley, but there was more space for this now. The chef was fully engaged with people and had conversations with many of the people eating their lunch. There was singing and laughter throughout with people talking to each other.

The provision of the food and drinks was of a very good standard and there was a choice available. The menu for the day was displayed in words and in picture format outside of the dining area. Some people had chosen an alternative lighter option as they did not want either of the main meals, which were beef cobbler, mixed vegetables and potatoes or fish and chips. Dessert was rice pudding. All of the food on offer looked and smelled appetising and there was a wide selection of drinks available.

People's nutrition and hydration needs were met. Special diets were catered for and food was fortified to provide extra calories to those who needed them. Some people had their food and fluid intake monitored to provide information to external professionals who were monitoring their well-being. We found these records to be adequately completed.

At the last inspection, newly recruited staff had not completed a robust induction programme and they told us they were struggling to complete it without support. We found that despite the suggested guidance of 12 weeks to complete the 'Care Certificate' some staff who had been employed for over one year were yet to complete programme. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective and compassionate care. After our visit in November 2016, the registered manager had sourced support from the provider's workforce development team which enabled staff to complete the programme. This had

continued with new recruits.

Training continued to be delivered through internal and external providers. Staff training was up to date and staff had received refresher training as planned in key topics such as safeguarding vulnerable adults, moving and handling and infection control. Specific training which staff may need to support individuals with complex needs was provided by external professionals such as occupational therapists and district nurses.

The registered manager, nurses and senior care staff supported care workers in their role. All staff received regular supervision and an annual appraisal from their supervisor. We found these remained up to date and pertinent. Specific topics relevant to the needs of the service were covered in supervision sessions and following our last inspection all staff had been briefed on the requirements, the action plan and the expectations of the provider and registered manager to drive the improvements throughout the home.

Communication remained effective throughout the home and staff meetings were held regularly to discuss peoples' needs, safety, quality and clinical governance. Actions continued to be recorded following meetings to ensure issues were addressed by the appropriate staff member or team.

The registered manager continued to communicate with relatives and the people who used the service with periodic meetings. One relative told us, "The manager is keen to promote relatives meetings and I try to go to them all." And, "I find the meetings very good, and the manager does look into things and tries to implement suggestions where necessary."

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 it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and found that this has been sustained. All staff demonstrated a thorough working knowledge of the MCA and the associated principals.

People's general health and well-being was continually monitored with good access and support from external healthcare professionals. Records showed people had regular check up's and appointments with GP's, dentist's opticians and chiropodists.

The home had been redecorated in parts and had maintained elements of best practice dementia care, with a 'dementia friendly' environment. Walls and doors were painted in bright colours and there was appropriate signage to assist people to recognise rooms. Bedrooms were individually decorated and people had brought ornaments and photographs from their own home. Memorabilia, ornaments and items of interest were also displayed throughout communal areas and the home had two pet budgies in the reception area. All of which were used to stimulate memories and conversation.

Is the service well-led?

Our findings

The registered manager has been employed to manage this service since September 2014 and was registered with the Care Quality Commission (CQC) to provide regulated activities in June 2015. This means they had accepted legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

Prior to this inspection we checked our records to see whether statutory notifications continued to be submitted and we found that they were. These are notifications of deaths or other incidents which had occurred at the home which the registered manager is legally responsible to inform us of.

At our last inspection we identified a breach of Regulation 17 which related to good governance. Although systems and processes were established they had not been operated effectively in order to address the concerns we highlighted. This meant that the registered manager and the provider had not fully identified all of the potential risks to the health and safety of people who used the service, ensured documentation was accurate or took timely action to mitigate these risks.

At this inspection, we found there had been considerable improvement in the leadership and governance of the service. The provider and registered manager had developed an action plan after our visit in November 2016 and all of the actions had been addressed and most were completed. The action plan had been signed by the management team including nurses and senior care workers to acknowledge their agreement and understanding of what was required. We found that the provider and registered manager had been proactive in their response to our findings and had demonstrated their commitment to enriching the service for people.

An external healthcare professional told us, "I have visited the service recently, unannounced and found there was a lot of improvement. I was pleasantly surprised." Another said, "I find the home is good, I have never found anything untoward and I visit this and quite a few other homes." And a third professional told us, "I find it a very caring home, the manager is very pro-active, amenable and approachable. She is open to new ideas."

There was a noticeable improvement in how medicines were managed. The documentation around medicines was much better, we found no inaccuracies in the record keeping and the information was up to date. The registered manager had refreshed the nursing staff on policies and procedures and ensured they had the most up to date paperwork available for them to use. Attention had been given to the storage of medicines and we found that stock levels had been reduced to a more appropriate level. We saw from their action plan that daily and weekly nursing audits had been introduced as had a monthly manager's audit of the paperwork. Results and actions required were communicated to the nurses and senior care workers to follow up and correct.

Other records kept to monitor people's health and well-being such as personal care charts and food and fluid intake records were completed to a good standard. The action plan showed that staff had been

coached on entering the correct information into care records and these entries were checked.

There had been an improvement in the recording and timeliness of minor issues addressed by the registered manager when they carried out daily 'walk-arounds' of the home. Weekly and monthly checks on the safety and quality of the service through an electronic system were also completed which fed information directly to the provider's system. The system was set up to analyse care plan audits, medicine audits, health and safety audits, housekeeping, human resources and home governance which included staff meeting and feedback. The provider kept an overview of the service and made regular assurance visits to check on the service. The registered manager completed a weekly report of key performance indicators (KPI's) to monitor aspects of people's care such as, weight losses, pressure damage, infections and hospital admissions.

The provider's 'Resident Experience Care Specialist' had also been involved in the improvements. They had conducted an audit and produced a report in April 2017 to support the registered manager. An action plan from this audit was drafted and we saw the registered manager had been able to address every issue identified.

The registered manager had sustained their contact with key organisations such as the local authority, local NHS teams and the CCG. Their strong relationship with these teams meant that they were able to work in partnership with them to implement the necessary improvements and acquire best practice advice and guidance. The local NHS medicine optimisation team had visited on two occasions. In February 2017, they made an initial visit and made some recommendations and in April 2017, they found that the recommendations had been addressed and most were fulfilled. The local authority commissioners and the CCG had also made visits to the service to offer support to achieve the desired outcomes. A visiting professional told us, "We have a very good relationship with the home and other agencies."

The registered manager continued to hold quality and clinical governance meetings with each department to discuss aspects of the service such as safeguarding, infection control and quality audits, however our findings from the last inspection and their plan to implement the changes had been the main priority. Information from staff was reported to the registered manager during these meetings and they discussed actions to develop the service and ensure continuous enhancements.

The provider's 'Quality of Life' electronic feedback process continued to reflect positive comments from visitors to the home. A computer system which was available in the foyer gave relatives and visitors an opportunity to record their immediate opinions about their experience of the service. We saw in the period of July 2016 to June 2017 a positive result of 99% was achieved from 379 responses submitted.