

GCH (South) Ltd

Willowmead Care Home

Inspection report

Wickham Bishops Road
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30 April 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Willowmead Care Home is a care home in a rural location near Hatfield Peveril which provides accommodation with personal care for up to 60 older people, some of whom may be living with dementia. There were 50 people living at the service on the day of our inspection. The service is made up of two units called Hatfield and Wickham which are based in separate houses attached by shared communal gardens. The main offices are based in the larger Hatfield Unit.

People's experience of using this service:

Historically, Willowmead Care Home had been unable to maintain improvements over time and the quality of care and accommodation people received had not been consistently good. At this inspection, we found the management team was committed to ensuring people received good quality care and improvements were sustained.

Every aspect of the service had improved since our last inspection. Feedback from people and their families about the changes was overwhelmingly positive.

The service was managed in a more structured and efficient way. The management team knew what was happening at the service and used learning from audits, mistakes and complaints to make things better. The provider had shown their commitment by investing in the property and in the resources required to implement the changes.

The management of risk had improved, with clearer advice provided to staff in care plans and guidance. Staff considered people's needs in a more holistic manner and worked well with outside professionals to maintain their health and wellbeing.

Staff were recruited safely. Better organisation meant agency staffing had decreased so people were increasingly supported by a consistent staff group who knew them well. Feedback from staff was mixed. They told us it had been a challenging year, with an increase in paperwork and the fast pace of change. However, staff also consistently said the service had improved for the people they supported.

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

Retention of dedicated activity staff had been an ongoing issue which the provider was addressing. Despite this concern, staff worked well as a team to ensure people received personalised care which met their needs.

Support was provided in a dignified manner. The management team promoted a culture which was focused on people's needs.

Rating at last inspection:

Requires improvement. The last report was published on 20 April 2018.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor Willowmead to ensure people receive care which meets their needs. We plan our inspections based on existing ratings and on any new information which we receive about each service.

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

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 improved to good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service improved to good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service improved to good.

Details are in our Well-led findings below.

Good ●

Willowmead Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection:

The unannounced inspection took place on 29 and 30 April 2019 and was carried out by two inspectors 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. The lead inspector visited the service on the first day with the Expert by Experience and returned on the following day with the second inspector.

Service and service type:

Willowmead 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.

Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager since our last inspection. They had applied in a timely way to be registered with the Care Quality Commission and the registration process was completed shortly after our inspection.

What we did:

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law.

Providers are required to send us a Provider Information Return (PIR) in which they tell us about their service, what they do well, and improvements they plan to make. The manager had completed a PIR which helped to support our inspection.

We focused on speaking with people who lived at the service and observing how they were cared for. Where people at the service had complex needs, and were not able verbally to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service.

We talked with 15 people who used the service and two family members for their views. We spoke with the manager, deputy manager plus the quality and area managers, who are referred to in the report as the management team. We also spoke with ten care staff, the chef and the maintenance worker. We reviewed the care records of three people who used the service. We also looked at a range of documents relating to the management of the service, including staff files and a range of quality audits.

We had contact with three health and social care professionals who were involved in the care of the people at the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- When we last visited the service we found staff did not have access to clear information to enable them to manage risk effectively and we rated safe as requires improvement. At this inspection we found there was clear guidance to staff about the risks for each person.
- Monitoring of people's safety and wellbeing had become more structured. A member of staff told us, "We now check for all residents hourly and do more skin checks for pressure sores. We complete a new tracker sheet."
- Some staff told us the changes had resulted in too much recording, however other staff and the management team explained this was essential to ensure people were safe.
- The manager was working with staff to ensure records were more accurate. In some records staff completed all hourly tasks, such as assisting people to turn, on the hour, rather than at the actual time they had been completed. This made checking what support people received a challenge. Other evidence demonstrated this was specifically an issue with recording. For instance, there was a low incidence of pressure sores, which indicated people who were cared for in bed were being turned as required, despite the unclear recording.
- The manager used information from accidents and incidents to make the service safer, such as altering staffing during a time of the day when records showed an increase in falls in a unit.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise signs of abuse and knew what to do if they were concerned people were at risk of harm. The management team communicated well with external professional about any concerns.
- People and families told us this was a safe service. A relative told us "My family member opened the door into the garden the other day and all the alarms went off and staff came running."

Staffing and recruitment

- Staff continued to be safely recruited, though attracting new staff was a challenge due to the rural location.
- Although the manager still used agency staff, this was reducing because of improved retention of staff and better organised rotas.
- People, families and staff told us there were enough staff to meet people's needs. A person told us, "The busiest time is bedtime, in the evening, but I don't have to wait too long." A professional told us that over the last year they had noticed an increase in staffing.

Using medicines safely

- We observed staff administering medicines and found them to be knowledgeable and skilled. They were aware of recent changes in guidance around medicines and had changed the support as appropriate.

- The member of staff supported people to take their medicines independently where possible and promoted their dignity throughout.
- Medicine audits had improved and were thorough and detailed. The management team had improved processes since our last inspection, learning from mistakes and refreshing staff skills where necessary.

Preventing and controlling infection

- The improved maintenance meant the service was easier to clean.
- An attractive sink was being fitted near the dining area. The manager told us this was to encourage hand washing before meal times.
- Improved audits and clear action plans helped minimise the risk of infection.

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

Good: 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

- Senior staff assessed people before they joined the service to ensure their needs were understood, consulting with professionals where necessary. Care plans had been updated since our last inspection and gave clearer advice to staff, based on best practice. For instance, detailed assessments about oral care reflected national current guidance.
- Staff were clearer about the support people needed, such as how often they needed to check on a person being cared for in bed.
- There was a useful new summary of people's needs. A senior member of staff told us, "Agency staff can now see a snapshot of the resident easily now as it is at the front of the care plan."

Staff support: induction, training, skills and experience

- Supervision of staff had improved and was more structured. These meetings were used to address poor practice and praise good practice.
- During our visit we observed more experienced staff supporting new and agency staff to develop their skills. They used their knowledge of people to ensure the support provided was safe and in line with their needs. A member of staff advised an agency member of staff that a person became distressed if waiting for their food at meal times and suggested they went for a walk and returned when the meal was ready to be served.

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

- The manager told us they had focused on improving the dining experience and our observations confirmed meal times were now a pleasant event at the service. A person told us, "Me and my husband had a roast dinner yesterday in the dining room, it's nice to do something together."
- Care planning around people with dietary and hydration needs had improved and staff could describe what support people needed in this area.
- There were improved checks to ensure people ate and drunk enough.

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

- Improvements in care planning meant staff now considered people's health needs in greater detail.
- Contact with outside professionals was tracked more clearly. The GP visited weekly and the manager recorded the outcome of each visit and any actions agreed.
- Staff provided improved support to people who needed to transfer between services. They now completed a form to ensure key information was not missed. For example, staff provided details about dietary needs and preferences when people were admitted to hospital.

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

- There had been significant investment in re-decoration and maintenance, following consultation with people about their preferences over colour and décor.
- These improvements enhanced people's wellbeing. The manager told us they had selected an electric fire in one of the lounges which lit up to provide stimulation. There was better access to the garden and we saw people going out for walks with staff, as outlined in their care plan.
- The manager had turned a bedroom into a meeting room so there was now somewhere private for discussions with staff and external professionals.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

- Staff offered people choice and asked their consent before providing care. They understood that some people had varying capacity but could still make some day to day decisions. When supporting people to take their medicines a member of staff explained that a person was not able to retain information, but they still explained what was happening so the person could consent to the medicines.
- The manager had requested authorisation from the relevant authorities when restricting people of their freedom, making decisions in the person's best interest. They had considered less restrictive options, for example trying to reduce the height on a person's bed, before deciding to use bed rails for their safety.
- These applications and people's ability to make decisions was reviewed, as required.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The management team led by example and promoted a culture where people were treated with courtesy. A person told us, "The manager is a very nice person, I see them downstairs and they know my name and call out hello."
- We saw staff were less task focused than when we last visited, chatting to people about their families or interests while supporting them.

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

- Staff were able to describe people's communication needs. A member of staff told us, "We have to try all the time and see from [Person's] facial expressions if they want a drink or not."
- People told us they had a say in the care they received. A person told us, "I tell them which clothes I want to put on."
- At meal times we observed choice was promoted and staff did not make assumptions about what people wanted. Staff showed people both dessert options and gave them time to decide what they wanted or suggested an alternative such as yogurt or fruit.

Respecting and promoting people's privacy, dignity and independence

- Through ongoing training and discussion, the management team focused on promoting dignity and respect. We observed during lunch a senior member of staff prevented an external professional from disturbing people until after they had eaten.
- Care plans outlined where people were able to remain independent and this was promoted throughout the day. At lunch some residents were able to pour gravy on themselves, using new individual jugs.
- The focus on dignity had changed the way staff supported people. We observed staff putting a screen around a person who chose to stay in the lounge to see the district nurse. The member of staff said, "I'm going to pop the screen round you. I am going to sit with you whilst the District Nurse washes your leg and puts a new plaster on." They sat and held the person's hand throughout the treatment.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- When we last inspected we found there was poor coordination of complaints and we rated responsive as requires improvement. We now saw that when people made complaints or raised concerns these were investigated and dealt with thoroughly by one of the management team. The service improved as a result, such as staff being retrained, or guidance updated.
- A person told us they felt listened to when they had a concern. They said, "I did complain when a member of staff didn't help me. I told the manager and they saw to it. That was a result."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- On the day of our inspection there was no activity coordinator on duty due to sickness and staff vacancies. There was a timetable of activities such as planned entertainers, coordinated by care staff, who had to fit this in around their care tasks. People and families had told the provider this was an ongoing concern and we found the provider was trying to resolve this.
- There was a new TV screen displaying pictures of what had been happening at the service.
- We also found many examples of flexible and individualised care. For instance, a member of staff told us, "[Person] likes to stay in the office reading a magazine. We put together three boxes which help them relax. One has a CD player, the second has animals (soft toys) and this one has sweets."
- We saw that staff engaged individually with people, for example, chatting while they did their nails and ensuring they spent time with people who were being cared for in bed.
- Staff reviewed and adapted support to a person when their needs changed.
- Since our last inspection the manager had implemented a 'Resident of the day' scheme. This ensured every person's needs were reviewed in a planned way. On 'their' day a person's needs were looked at holistically, including a discussion with the chef about their views on the food and a review of activities and pastimes with the activity coordinator. Families were consulted where appropriate. We found this system was effective.

End of life care and support

- People had individual plans outlining their views and needs should they require end of life care. Some of these were not as detailed as care plans covering other areas. We discussed this with the management team who explained this was an ongoing piece of work as staff needed to introduce this subject sensitively over time.
- The more structured relationship with other professionals and increased focus on the dignity and rights of people at the service benefitted people requiring palliative care. Staff spoke warmly about people receiving end of life care and could demonstrate clearly the ongoing support they were providing.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Recent inspections had found a lack of consistency due to frequent changes in management and we rated well-led as requires improvement. Although there was a new manager since our last visit, the whole management team overseeing the service was very visible and committed to the service. This was key to the improvements we found at this inspection.
- The culture at the service was changing so the focus was on the people being supported. The management team led by example. A member of staff told us, "The manager will work on shift if needed and always puts residents first."

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

- Tasks were very clearly defined in the service. A senior member of staff told us, "Me and the manager now put more jobs on the allocation list, so people know who is doing what."
- The new manager had introduced more formal reporting systems, such as setting up a process for senior carers to report daily on key issues in their unit. As a result, the manager had an improved oversight of issues such as any accidents or staffing issues.
- Senior staff were clear about their role in checking the quality of the care and accommodation. Audits had improved and were used to make the service better. Following an audit of a bedroom a curtain was shortened so that it was no longer a trip hazard.

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

- Communication had improved throughout the service with people, families and staff. Notice boards promoted messages of equality and diversity and detailed how the service had improved as a result of feedback. One sign said, "You told us you wanted the place brightened up and we asked you what colour you wanted the walls."
- Since our last inspection the pace of change had been substantial and feedback from people and families was overwhelmingly positive.
- Feedback from staff about the management style was mixed. A number of staff told us about their concerns. One member of staff said, "The way the manager speaks makes you feel belittled, they have spoken to staff without respect in front of residents." However, other staff were more positive. A staff member said, "The manager is really approachable, and made lots of changes for the better such as better rotas."

- We discussed this feedback with the management team and highlighted the impact their passionate drive for improvements could have on some staff. The management team acknowledged it had been a challenging year for everyone and that they hoped to reflect on the changes with staff and ensure there was a shared culture going forward.

Continuous learning and improving care; Working in partnership with others

- There was an improved focus on using learning to improve the service. The manager told us about the lessons which had been learnt and shared with staff through detailed discussions. We observed this throughout the day, such as in the improved dining experience.
- Three professionals we spoke with said the service had improved since our last inspection. They told us concerns had not always been resolved effectively in the past but were now promptly acted on by the management team.
- The management team worked in a more structured manner with external professionals, which had improved partnership working. A health professional told us, "They have made great strides and worked well with me."