GCH (Willowmead) Limited

Willowmead Care Home

Inspection report

Wickham Bishops Road
Hatfield Peveral
Essex
CM3 2JL
Tel: 01245 381787
Website: www.goldcarehomes.com

Date of inspection visit: 18 September 2015
Date of publication: 25/01/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 18 September and 23 September 2015 and was unannounced.

Willowmead Care Home provides accommodation for up to 60 people requiring personal care. The home provides a service to older people who may also have dementia related needs. The service is split over two units based in the same grounds, known as Hatfield and Wickham.

A registered manager was in post at the service. 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.

Staff supported people to have sufficient food and drink; however they did not always offer choice and made assumptions about what people's preferences were. People were supported to maintain good health and access health services.

Summary of findings

Some staff knew people well and treated them with kindness. However, some staff did not interact positively with people when carrying out tasks. People were not always supported by staff to maintain their dignity and privacy.

The service had appropriate systems in place to keep people safe, and staff followed these guidelines when they supported people. There were sufficient numbers of staff available to meet people's care needs. There were systems in place to manage medicines and people were supported to take their prescribed medicines safely. The provider had a robust recruitment process in place to protect people from the risk of avoidable harm.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

Detailed assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and responded promptly and in detail when concerns were raised.

The manager promoted an open culture. Staff were clear about their roles and responsibilities and they were able to express their views. The provider and manager had systems in place to check the quality of the service and actively challenged poor practice to drive improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff with the skills to manage risks and keep people safe.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

People received their medicines safely and as prescribed.

Good

Is the service effective?
The service was not always effective.

People were supported to eat and drink sufficiently; however staff did not consistently offer choice.

Where a person lacked capacity there were correct processes in place so decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and access health services.

Requires improvement

Is the service caring?
The service was not consistently caring.

Whist some staff were kind, other staff did not interact with people when carrying out tasks.

Staff did not always support people to maintain their dignity and privacy

Requires improvement

Is the service responsive?
The service was responsive.

Staff understood people's preferences and supported them to take part in pastimes and activities that they enjoyed. People were supported to maintain relationships with people who were important to them.

The service welcomed ongoing input and involvement from people. People's concerns and complaints were investigated and responded to promptly.

Good

Is the service well-led?
The service was well led.

The manager promoted an open culture.

Staff were clear about their roles and responsibilities.

There were systems in place to measure quality and drive improvement.

Good

Willowmead 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.

The inspection took place on 18 and 23 September 2015 and was unannounced.

The inspection team consisted of one 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. At our inspection the expert by experience had experience of caring for older people.

We reviewed the information we held about the service including 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.

Our inspection focused on speaking with people who used the service, speaking with staff and observing how people were cared for. Some people had complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and 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 spoke with seven family members, six care staff and two kitchen staff. The registered manager was on leave during our visit, so we met instead with the deputy manager and the area manager. We also spoke with four health and social care professionals about their view of the service.

We reviewed a range of documents and records including care records for people who used the service, and those relating to the employment of staff, complaints, accidents and incidents and the management of the service.

Good

Is the service safe?

Our findings

People said they felt safe at the service. One person said, "I feel safe, I've never felt bullied." A family member told us, "I can get back in the car with no qualms at all."

Staff had a good understanding of what abuse was and were able to describe how they supported people to keep safe. They had completed relevant training and there were policies and procedures in place with guidance to staff on their responsibilities to ensure people were protected from abuse. Staff knew who to speak to within the service and which relevant external professionals to contact if they had concerns. Safeguarding referrals and alerts had been made where necessary and the service had cooperated fully with subsequent investigations.

Risks to people had been assessed and, where appropriate, actions had been put in place to mitigate identified risks. For example, where a person was able to go out independently into the community, a risk assessment was in place and regularly reviewed. Staff used appropriate equipment such as gloves to minimise risk from infection. A relative told us they had raised with staff concerns regarding the safety of their family member and another person at the service. We were told staff had responded positively and put measures in place to support both people to remain safe.

There were detailed processes in place to minimise the risk of pressure sores. A weekly report was sent to the regional manager stating the number of pressure sores within the service and the actions being taken to treat them. Arrangements for pressure care were reviewed monthly. A health professional confirmed that any pressure sores were mainly acquired outside of the service and that staff worked well with them in providing any required treatment. The health professional also said that staff requested preventative equipment promptly, such as specialist mattresses and used the equipment appropriately. Prior to the inspection we had received concerns that the service was not managing pressure sores adequately. However we found at our inspection that there were effective measures in place to manage this risk.

Risk assessments for the property and environment had been produced and were regularly reviewed. We saw that there had been appropriate monitoring of accidents and incidents. Records showed that the service was well maintained and equipment such as the fire system and mobility equipment had been regularly checked and maintained. Appropriate plans in case of emergencies, for example updated residents personal evacuation plans were in place and were reviewed monthly.

Most people told us that there were sufficient skilled staff to meet their needs and keep them safe, although one family member did say, "Staff don't have time to sit and chat." During our visit we observed staff providing care and one-to-one support at different times. We saw there were enough staff on duty to attend to people's care needs and any planned daily activities in a timely manner. Staffing levels had been determined by assessing people's level of dependency through discussions with staff and observation of people's support needs. Levels were kept under review and adjusted based on people's changing needs.

The service completed a thorough recruitment and selection process before employing staff to make sure that they had the necessary skills and experience. We looked at four recruitment files and found that appropriate checks had taken place before staff were employed. Staff confirmed that they had attended an interview and that all the relevant checks had been obtained, including appropriate references and Disclosure and Baring checks to make sure they were suitable to work with people who used the service. We found that on one occasion a member of staff had not been deployed effectively and given the necessary support to develop their skills prior to providing care.

However, when we raised this with the area manager about the suitability of this person to provide care they were immediately deployed into another role.

People received their medicines safely and as prescribed from appropriately trained staff. We observed medicines being administered and saw that staff were thorough and methodical. They took time explaining to people which medication was being administered and asked permission before supporting them to take any medicines. We saw staff records detailing medicine training and staff told us that they only administered medicines after they had received this training. A health professional told us that when medicines were prescribed, staff followed instructions well. We looked at medicine administration record (MAR) charts and saw that these were easy to follow and up to date. Staff signed them when they had

Good

Is the service safe?

administered a person's medicine. When people had refused their medicines, staff had recorded reasons on the back of the MAR charts. In cases where medicines were prescribed on an "as required" basis, staff followed a clear protocol. People's medicine profiles highlighted any allergies they had and a current list of their prescribed medicines.

We saw that medicines were stored correctly and safely in a locked trolley within a locked room. Medicine checks took place and additional training and supervision was provided where the mangers identified learning needs. A member of staff described an occasion when a medicine error had happened and how they had been supported by the manager to refresh their knowledge and skills in this area.

Requires improvement

Is the service effective?

Our findings

People told us staff had the skills to look after them. One family member said, "The staff are very helpful. You can ask them anything, they seem very competent."

Prior to our visit we had received information of concern that people's nutritional needs were not being adequately met. At our visit we found that whilst people were supported to have sufficient amounts to eat and drink to maintain a balanced diet; staff did not always communicate the full choice of options on offer. In addition, people were not always consulted about their preferences when decisions were made about menu planning. We noted, however, that the manager had already identified these issues and had put measures in place to start addressing these concerns.

Some people told us they liked the meals. One person said, "Best thing here are the meals, because I know they are good for me." One person told us that food was, "Not too bad. We get two choices." Another person told us however that menus didn't change and there had been no cold meat or salad for the whole of the summer. They said, "I have no complaints about quality, just about the lack of variety."

We observed meal times and noted there was a pleasant atmosphere. People were not rushed, and music was playing. Staff helped people who needed support with eating. We observed that a member of staff encouraged a person to use a spoon when they were having difficulty using a knife and fork. However, we also observed that a person being supported to eat fell asleep during the meal and the member of staff providing the support did not talk to them during the meal or encourage them to stay awake.

Some staff made assumptions about what people wanted to eat and drink. We observed some members of staff giving people a drink and biscuits without asking them what they wanted. Staff told us that if people did not like the choices on offer there were other alternatives such as omelette, salad and jacket potato. However, we observed that this alternative was not consistently offered to people. The notes from a residents meeting in the week leading up to our visit stated, "The residents are still saying they are not asked properly in the mornings what they would like for breakfast it is just taken for granted they want the same items every day." When we discussed this with the manager they confirmed that there was already an action plan in place to deal with this concern.

In particular, we saw that staff did not always ensure people with dementia were offered full choice when being supported to eat and drink. The menu was not very accessible for people with dementia, for example, we did not see pictures being used as a prompt; however when we discussed this with the manager they told us that this was being addressed. People told us that in the evenings they were only offered tea or coffee and were not told that they could also have malted drinks or hot chocolate, if they preferred. People felt that staff did not consistently remind people with memory difficulties of the options available.

One of the staff members with responsibility for meal planning told us, "I know the kind of meals this age group appreciates," and people did not appear to have been consulted when the menu was developed. At the time of our visit there were temporary staffing arrangements in place for the provision of meals which meant there were not established measures in place to consult over the choices of meals on offer. The manager told us that more permanent kitchen staff were being actively recruited.

Staff supported people to have meals which met their specialist health and nutritional needs. Staff told us that when people arrived at the service they assessed needs and risks by using a nutrition screening tool. Staff weighed people monthly and where there were concerns regarding people's weight; staff had contacted the GP or nutritional specialist. A health professional confirmed that staff supported people with specific needs and completed a food and fluid chart when necessary. Care plans were amended to outline people's specific needs and kitchen staff were given a copy of a person's nutritional needs if they required a pureed diet for example.

The skills and knowledge of staff to meet the needs of people was variable. We spoke to a member of staff who was very knowledgeable about the needs of people with dementia and they told us that they had been on an excellent face-to-face dementia course. We observed them supporting a person with dementia during a meal and they demonstrated that they had put their learning into practice in their interactions with that person, which resulted in a positive experience for the person being supported. Another member of staff described the impact of dementia

Is the service effective?

and the importance of taking time to outline the different choices available, such as food and activities, "It's worth investing five minutes, even if you have to do the same again tomorrow."

There were, however, some staff who didn't communicate effectively. For example, we observed that one worker was not able to speak sufficient English to understand the needs of the people they were supporting. We saw that on two occasions they were asked a question, including where the exit was and were not able to answer.

New staff completed an induction process and received training and support to develop their skills. Additional training was provided for established staff as needed. We saw a training programme which recorded the training staff had received. Staff said that the training was of mixed quality. Some of the training was based around a booklet and staff did not feel that it had been practical enough to develop their skills adequately. We discussed this with the deputy manager who told us that the organisation was aware of the limitations of the current training and were addressing these concerns by developing more face to face training. The organisation had encouraged managers to provide practical training within the setting of the service and, as a result, two senior members of staff had just completed a 'train the trainer' course in the area of manual handling, so they could train their colleagues.

One member of staff told us they had used a workbook to learn about the needs of people with dementia and they felt this had not prepared them for meeting some people's complex needs. We noted that in addition to this training, staff received information from a number of other sources such as supervision, team meetings and observations.

Staff were well supported within a structured environment. Staff confirmed they received supervision and had annual appraisals. Managers carried out observations of staff practice and additional training and supervision was provided where it was felt staff needed to improve their skills. There were also group sessions where managers used the opportunity to challenge poor practice within the staff group.

The deputy manager understood their responsibilities under the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the local authority for DoLS assessments. The MCA 2005 ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests in line with legal requirements. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation.

We saw individual records outlining assessments and decisions made relating to people's capacity, for example where bed sides were in place. These decisions were reviewed to ensure any decisions were kept up to date. There was a good understanding of capacity and where restrictions were in place, there had been consultation with all interested parties who were acting in the individual's best interest. Staff had an understanding of issues around capacity and we noted that DoLS had been discussed in the recent team meeting to support staff to better support people who may be deprived of their liberty.

People were supported to maintain good health. People told us that they saw health professionals when they needed them, such as the chiropodist, optician and dentist. One person told us, "On the one or two occasions when I've been rough the GP came almost immediately." One relative said that their family member hadn't been well and staff let them know that they had called the GP. We spoke with two health care professionals who told us that staff, "Look after the patients well," and described how staff had referred a person appropriately when they had a chest infection. They told us that the manager communicated well with them and requested nursing needs assessments where appropriate. We saw that where someone had a specific health condition, staff had information available to help them understand their needs.

Requires improvement

Is the service caring?

Our findings

People at the service told us that some staff were kind and caring. One person said, "Staff are fine. They all know me," A family member said to us, "The warmth we've had from the staff has been wonderful."

Prior to our visit, we had received information of concern that people were not always treated with dignity and respect. Despite observing some very caring attitudes, we found that there was a lack of consistency in the way some staff interacted with people.

One person told us that the atmosphere at the home was, "Sometimes ok, sometimes not." Another person said, "Staff were constrained by time, so did not chat." We observed a member of staff assisting a person using a wheelchair to enter the room and that whilst they carried out the task adequately; there was no personal interaction or warmth. We observed another member of staff empty a bin beside a person without acknowledging them. Some staff appeared to be very focused on the task in hand. On a number of occasions, staff walked through lounges and did not use it as an opportunity to have a chat with people.

People were not always encouraged to express their views and we observed that staff made assumptions about what people wanted. For example, a member of staff asked a person if they wanted a window open and despite the person saying they did not, they still opened it. People were sometimes restricted by the routines in the service, for example we observed that when a person asked for a drink they were told they had to wait for the tea trolley. This did not give the person choice or an individual service.

People told us that they were treated with dignity. One person said, "Oh yes, they always knock when coming into my room." A family member told us staff, "Appreciate [persons] need for privacy and space." They also told us they welcomed the efforts staff took to ensure their relative looked well presented, "[Person] always smells nice and their hair always looks nice." Some staff supported people to maintain their privacy, for instance when they were being supported with personal care. Whilst some staff were aware of the importance of confidentiality and privacy, we did observe a member of staff completing a form in a communal area which involved checking whether a person had any concerns, in particular any soreness. Whilst the member of staff spoke courteously and kindly to the person, there was a focus on the task in hand and there was no attempt to maintain the person's dignity.

Some staff treated people with kindness and interacted well with them. We observed a member of staff noticed a person's glasses were steamed up and helped clean them. Another person was distressed as they were not happy with the clothes they were wearing and a member of staff reassured them and offered to support them to change outfits. A family member told us that staff, "Knew [relative] well and referred to her by name." One person told us, "Yes they do know me well. I speak loudly and I'm a bit bossy." Some staff demonstrated they really cared about the people they supported. For example we read in a person's notes that a member of staff had taken them out for a drive because they seemed a bit upset. The member of staff had recorded that, "The drive really cheered [person] up."

People were encouraged to keep in touch with important people in their lives. During our inspection, we spoke with family members who were visiting their relatives at the service. A family member told us, "We are always made to feel welcome; staff are always talking to us." In particular, family members appreciated getting a personalised handwritten report every month with detailed information about their relative. Staff told us that family members were welcome to visit any time after 9am and outside of meal times. The deputy manager explained they had set this restriction up to ensure staff could focus on supporting people and meeting their needs. We were also told that this arrangement was flexible and family members were welcome to discuss with staff if they wanted to visit during these restricted periods.

Good

Is the service responsive?

Our findings

People told us that the care they received met their needs. One relative commented that, "[Relative] is looking better and walking better since they had been at Willowmead." Another family member said, "I can only praise the care my relative has had over the past few years."

People were assessed prior to starting at the service and staff met with them soon after to develop a support plan which outlined how to meet their needs. People were involved in producing their care plan, in conjunction with their relatives, as appropriate. This included a form which provided detailed information on their choices and preferences. One resident commented, "They listed my likes and dislikes such as what music I like." A relative told us staff went through the care plan with them and said it would be reviewed in six months' time. We also noted that as people's needs changed, staff revised the care plans accordingly.

Prior to our visit, concerns were raised with us that people were not offered a choice of when to get up and go to bed. When we spoke with people, they told us this was a personal choice, though sometimes one or two people had to wait in the mornings if they needed help to get up and staff were helping other people. Staff told us, "It's their choice what time people come down," and were able to describe in detail people's preferences in relation to the time they got up or went to bed. One person told us they liked to stay in the lounge in the evening watching TV and after they had received their medicine, they would go to bed.

People were supported to take part in meaningful activities. During our visit, we were told that the provider had agreed to increase funding for another part-time activities organiser so that there could be more activities across both units. People were overwhelmingly enthusiastic about the activities which were organised. One person told us that they had enjoyed being taken out to lunch during a visit to a church. Other people told us about a variety of trips out, for example to Woburn and Maldon. During our visit there was a visiting entertainer. One person said, "Recently, a couple of guys came and sang. I enjoyed that." People felt that some staff went out of their way to entertain people and told us about one day when the TV had broken, one of the members of staff sat and sang with residents. As well as special trips and group activities, people were supported to visit the local community, such as the library or the bank.

Staff organised activities which were adapted to a variety of needs. For example, during our visit we observed a bowling activity where people who couldn't stand up were assisted to take part whilst seated, whilst others were encouraged to stand up and keep mobile. Staff knew people's interests and we noted that when newspapers were delivered staff knew which paper each person wanted.

The activities organiser recorded the popularity of each activity. Although there was an activities timetable, there was flexibility based on people's choices. There was also consultation about future activities, and the residents meeting had recently suggested setting up 'gents' and 'ladies' clubs.

The provider had a clear policy in place for responding to concerns and complaints. Complaints were largely resolved informally and the manager had responded promptly when formal complaints had been made. When concerns were received the manager communicated directly with staff to let them know where improvements were needed. The deputy manager showed us examples of where complaints had been received and immediate actions taken to resolve the concerns. People told us they would speak with staff if they had any concerns. One family member told us they were generally happy and, "The odd problem we have had gets sorted out." Where complaints were received they were logged and recorded. Complaints were used to drive improvements, for example, manual handling training had been revised in part as a response to concerns raised.

Good

Is the service well-led?

Our findings

The registered manager was not present during our visit to the service; however we were told by a person that the manager was, "100% great." Family members told us that they were, "Nice, lovely and approachable. I can phone and talk to [manager]." Another relative told us that they had a, "Good dialogue with the manager who knows our whole family."

During our inspection, we felt there was a happy atmosphere in the service. One relative commented that when they visited before choosing the service for their relative, they felt, "As soon as we walked in that the home had a homely feel to it."

Staff were encouraged and empowered to raise any issues regarding poor care and practice. A member of staff said that they felt supported to raise concerns and, "Shake things up a bit."

Staff told us that the registered manager was open, and listened to them when they raised issues. They challenged staff who were not providing appropriate support. Another staff member told us, "We are a very good team." We observed a member of staff challenging another member of staff when they felt they had not interacted positively with someone.

The registered manager and provider listened to people to find out their views about the service. The service organised 'resident and relative' meetings every six months where people were supported to share their views and opinions. Some people told us they had been to a meeting and one person told us they spoke about, "Food, rooms and if we have any worries." The family members we spoke with said that they had been invited to meetings and though they couldn't attend, they felt this was not a problem as they were, "Happy to go to the manager with any issue."

We found that the deputy manager and area manager covered effectively in the registered manager's absence. They could answer our queries and find relevant documents relating to the management of the service. Staff understood their roles and responsibilities and the service functioned efficiently with the management cover put in place for when the registered manager was not there.

The service had a number of systems in place to help monitor the standard of care and to drive continuous improvement. The registered manager and provider carried out a range of regular checks and observations to assess the quality of the service, for example a daily health and safety checklist. Whilst checks were detailed, we felt that the service needed to review the effectiveness of some of the staff observations to ensure they fully captured where there was need for improvement.

Audits were used effectively to highlight where change was needed. We were shown improved audits and quality assurance systems which had been developed over the last few months, such as the new process to minimise the risk of pressure sores. The manager had also carried out a review of the dining experience, which had included observations and gathered feedback from people. The observations had captured similar concerns to those raised by us during our visit, such as the need for greater staff interaction with people, and we noted the manager was already acting on their findings. Likewise, they acknowledged that ensuring people had better choice at meal times was an issue. They planned to employ a temporary chef whilst looking for a permanent solution. The residents meeting had also been recently been used as an opportunity to support people to have a greater say in meal choices.

We could see that the registered manager and provider were aware of the day to day culture in the service. They were actively promoting and rewarding good practice as well as challenging poor practice to stimulate positive change. We felt assured that the provider and manager were committed to making sure improvements were sustainable and resulted in a better quality of life for people at the service.