

Churchgate Healthcare (Willows) Limited







Willows Care Home

Inspection report

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Ratings

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

Overall summary

This inspection was unannounced and took place on 7 August 2015. Willows Care Home is a care home with nursing for up to 70 older people that registered with the Care Quality Commission in September 2014. At the time of our inspection, there were 16 people living there.

At our previous inspection on 9 January 2015 we found that the provider was not meeting legal requirements. This was because medicines were not always managed appropriately especially for people who self-administered their medicine. Care was not always delivered in such a way as to ensure the welfare and safety of people. Although staffing levels were monitored according to the dependency level of people, the skill mix and the layout

of the building did not promote people's safety. Records about people's care were not always accurate and did not always reflect people's current health needs. People who used the service were not always given a choice of food that met their individual needs or preferences.

At the time of this inspection improvements had been made, however the service was still not meeting legal requirements. Medicines were not always administered safely. Infection control guidelines were not always followed and people were not always cared for by staff that had the skills and competence to care for people on oxygen or to follow guidelines that were already in place. People's dignity was not always respected as there were

Summary of findings

instances where staff had walked in on people without knocking. People's records such as observation charts, fluid and food records and daily records were not always completed correctly. Although risks assessments were in place for most people, we found that for a person on oxygen these were not in place and could put the person at risk of receiving inappropriate amounts of oxygen which may in turn impact on their health negatively.

The inconsistent leadership since our last inspection meant that some aspects of the systems in place to monitor the quality of care delivered, such as medicine management, recruitment and monitoring of skills and competence of temporary staff, were not yet effective. There was no registered manager in place. A regional manager was on site until a newly recruited manager was due to start on 1 September 2015. 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.

People told us they felt safe with the exception of one person who expressed concerns about night time staff and some of the agency staff. Staff were aware of the procedures to follow in order to safeguard people from harm and how to deal with foreseeable emergencies such as fires and other medical emergencies.

We reviewed staff rotas and dependency scores for July 2015 and found that staffing was decided upon based on

people's needs. The provider followed safe recruitment practices, however there were still vacancies that needed to be filled in order to ensure that, on every shift, there was a mix of both permanent and agency staff with the right skills and competence to enable them to deliver care in a safe way.

Where people lacked the mental capacity to make decisions, the manager made best interest decisions in line with legislation. This included making applications where necessary to deprive people of their liberty for their own safety. Staff were aware of the Mental Capacity Act 2005 and understood that a person could have capacity to make some decisions but could lack capacity to make more complex decisions.

People's needs were assessed on admission and reviewed regularly. People told us that they enjoyed the activities that took place and that they could go out when they wanted. Regular days out to local places of interest had already taken place with more planned in the future. People told us and we observed that they were given a choice of food that met their dietary requirements and personal preference. People were supported to access healthcare professionals when they needed in order to maintain their health.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

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 not always safe. There were inappropriate arrangements in place to ensure that the risks associated with administering medicines were minimised.

There were safe methods of managing and preventing falls. Incidents were logged, investigated and any learning was shared with staff. There were arrangements to deal with foreseeable emergencies.

Although staffing levels were monitored according to the dependency level of people, some staff lacked the skills and competence in relation to adhering to infection control guidelines and safe medicine administration principles.

People with the exception of one told us they felt safe. Staff were aware of how to recognise and report any type of abuse in order to protect people. The provider followed safer recruitment practices.

Inadequate



Is the service effective?

The service was not always effective. Although measures were in place to effectively support permanent staff, we found short falls in the skills and competence of some of the agency staff.

People were offered food that met their individual needs or preferences.

Where people lacked the mental capacity to make decisions, best interests decisions were made in line with legislation. This included making applications where necessary to deprive people of their liberty for their own safety. Staff were aware of the Mental Capacity Act (2005) and how it applied to the people they supported.

Requires improvement



Is the service caring?

The service was not always caring. Although we observed staff treating people with dignity and respect and without any discrimination, four people told us of instances where their dignity was not promoted. People were treated with kindness and compassion.

Staff were aware of people's individual needs and could explain how they would cater for people's religious or cultural preferences. People thought that at certain times such as mornings or evening it took longer for staff to respond.

Requires improvement



Is the service responsive?

The service was responsive. People's needs were assessed on admission and reviewed regularly. Care records we reviewed showed that care plans outlined people's preferences, likes and dislikes with the exception of daily records which were more generalised.

Good



Summary of findings

Activities included gardening, baking and outdoor trips and were based on people's interests and hobbies. Complaints were acknowledged and responded to in accordance with the service's policy.

Is the service well-led?

The service was not always well-led. At the time of our inspection there was no registered manager. The regional manager was managing the service for six weeks prior to our inspection whilst waiting for another manager to start.

There was a procedure to monitor quality of care delivered which had identified the same shortfalls we found related to record keeping. However, the system had not yet managed to rectify these shortfalls. In addition there were shortfalls in infection control prevention, safe administration of medicines and the skills and competence of some staff.

Requires improvement



Willows 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.

This inspection took place on 7 August 2015 and was unannounced. The inspection was completed 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.

Prior to our inspection we asked for information held by the local authority and the local Healthwatch. We also reviewed the service's website.

During the inspection we spoke with nine people using the service, and five relatives and friends. We interviewed staff including the manager, care staff, the chef, the activities coordinator and the head of maintenance. We observed care and interactions with staff to help us understand the experiences of people who could not talk with us.

We reviewed three care records, six medicine administration record charts and four staff files. We also looked at three turn charts and three food diaries.

After the inspection we received four different concerns from relatives and one from an anonymous source. These related to the care and management of falls and reporting of these safeguarding concerns. We forwarded these to the local authority and reviewed the outcomes of these cases.

Is the service safe?

Our findings

At our previous inspection on 9 January 2015 we found that risks of potential harm or restrictions put on people using the service were not always assessed to ensure that they were managed consistently. During this visit we found although risk assessments for people's behaviours and for use of restrictive aids such as cot sides were now in place, there were other shortfalls. In particular the unsafe management of oxygen therapy for one person. On the day of our visit the risk assessment for oxygen therapy could not be located or any documentation that specified how much oxygen this person needed. The agency nurse told us details had been verbally handed over but had no documented prescription or assessment to confirm the flow rate of the oxygen the person needed. We spoke to the person and they told us at least twice in the last month staff had been unable to connect or titrate the oxygen levels at the appropriate flow rate. This meant that at times they had not received the oxygen that they should, and had also resulted in a dangerous and distressing situation for them on one occasion.

At our previous inspection in January 2015 we found that although staffing levels were monitored, the skill mix and the layout of the building did not promote people's safety. For example, we observed during both breakfast and lunch times that care staff struggled to effectively assist people. People in the main lounge were left alone at times. The provider still relied on agency staff whilst waiting to complete the recruitment process. There was a constant flow of admissions despite the levels of experience of the staff on duty. This continued flow was anticipated as the service had a contract with a local hospital to provide short term care to people who were waiting to be assessed for continuing care. During this inspection improvements had been made and admissions were now managed better. People had mixed feelings about the level of staff. One person said that there "is a lack of staff to what there should be. They seem to be rectifying it. They seem to be getting things together." Another person said that there were not enough staff on some days. A third person said, "All you get is sorry, there's nobody available." However, when asked if there were enough staff one person said, "There seems to be an awful lot lately. There's plenty. You don't wait long when you ring the bell. Even at night, there's plenty." We observed staff were present in communal areas and checked on people in their rooms.

For people at risk of falls we saw that they were closely monitored. Where required, one-to-one support was offered when people first moved in until they were assessed as safe.

People said they had to wait for prolonged periods of time for assistance especially in the morning. We looked at call bell monitoring systems and found people were still waiting at times during the morning but the waiting time had reduced from the time of our last inspection. On the day of our visit call bells were answered within two minutes of ringing. There were four care staff and a nurse looking after 16 people and another staff who was offering one to one support to a person at risk of falls. However, we found that the service was reliant on agency staff and we had concerns about the competency of the staff we observed during the inspection. For example, we observed poor infection control practices such as not washing hands after direct contact with people and carrying unbagged soiled clothes to the sluice room. In addition hand gel was not available in some bathrooms and at the entrance of the service despite notices encouraging staff and visitors to use hand gel before entering and when leaving the service. This meant that people were not always protected from the risk of infection as appropriate handwashing guidance was not always followed. In addition some incidents we reviewed such as medicine errors had been made by agency staff which indicated that the skills and competence of temporary staff was not always monitored in order to ensure that care was delivered safely.

At our last inspection in January 2015 people were not always supported to take their own medicines safely. Although there was a medicine self-administration policy in place, it was not being followed by staff. At the time of this inspection appropriate risk assessments had been completed for the only person who administered their own medicines. However, we observed concerning practices in relation to administration of medicines. We found that during the afternoon a staff member went about with a medicine pot to administer medicines without using the picture profiles to identify people. We observed the staff member administer medicines twice relying on other residents and staff members to confirm the identity of people receiving the medicine. This was unsafe practice and left people at risk of receiving medicines that were not meant for them.

Is the service safe?

Additionally, we observed that the medicine round timings were not always appropriate. For example, when we arrived at the service at 9:30am the 8:00am medicine administration round was still in progress and did not finish until 12:11pm. However, we observed that the afternoon medicine administration began at 1:52pm. This meant that people on regular pain relief would not receive their medicine at the appropriate timing intervals. We discussed this with the interim manager and were told that they were aware of this and had recently made a safeguarding referral for a similar issue.

All the above were breaches of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us how they would recognise signs of potential abuse and told us they would inform the manager who would report to the local authority, the Care Quality Commission and the police if required. They told us that they would also document any cases of abuse on an incident form. We saw incident forms that had been completed for a fall. Staff told us they could raise any

concerns with the manager at any time and were confident that their concerns would be resolved. We reviewed safeguarding notifications and found the appropriate procedures had been followed.

There were arrangements to deal with foreseeable emergencies. Staff told us the procedure to follow in a medical emergency which included calling for help by pressing the emergency buzzer and calling an ambulance. We noted that the emergency first aid kit had a few items missing but were told it would be restocked. Staff told us that they would wait for instructions from the nurse in charge in the event of a fire. Staff were aware of the evacuation procedure and the location of the fire exit.

The provider followed safer recruitment practices. We reviewed a staff file and found the disciplinary policy had been followed. Recruitment processes had been robust at our last inspection and the same staff members whose files we had reviewed in January were still working. For agency staff a profile with a picture and all the latest training was requested and kept at the service. Appropriate checks were made to ensure that staff employed at the service were able to work in the social care sector.

Is the service effective?

Our findings

At our previous inspection on 9 January 2015 people gave mixed reviews about the food. Three out of nine people liked the food whilst the rest said supper and breakfast choices could be improved and they would prefer more cooked breakfast and a hot meal in the evening. During meal times people had to wait. At one point there was one staff serving six people in the dining room. Monthly weights and nutritional risk assessments were not always completed monthly in order to identify risks to people with complex needs in their eating and drinking. During this inspection we found that meals were delivered in a timely manner and people were supported to eat and drink food of their preference. There was a choice of orange and blackcurrant squash available in the dining room at all times. People told us they could have cooked breakfast twice a week. We saw that there was a recent food survey and the chef had implemented suggestions made by people. On the day of the visit we saw the chef speaking with people and asking them what they liked and we saw an alternative being offered to people who did not like the menu the day and staff and people confirmed that this happened every day. People were offered choice and told us that the food provided now met their individual needs.

At our previous inspection on 9 January 2015 we found that referrals were not always made quickly to healthcare services when people's needs changed. During this visit we found that a GP regularly visited and reviewed people when required. People told us that most staff supported them effectively. One person said staff had taken them to hospital in an ambulance and had stayed with them until a member of their family came. Most people were positive about the staff that supported them. They thought staff did a good job and that they were helpful. One person said, "They are fine. They are very nice to you. They sit and talk to you and listen to you." Another person said that staff did their nails, took them shopping and regularly checked their blood sugar levels.

Staff were supported to attend an induction which included orientation to the environment and mandatory training. We reviewed supervision and training records and found supervision and training was up to date and there

was a plan in place to start appraisals. Most of the staff we spoke with had worked at the service for a few months and we saw evidence that they had passed their probation period in the staff files we reviewed. Training was a mixture of classroom based and practical sessions and was reviewed regularly. On the day of our visit two staff were writing their exam for a social care qualification and trained staff were completing a venepuncture course to enable them to take blood tests which would in turn enable them to provide an efficient service for people who required regular blood tests instead of awaiting availability of other health care professionals. This also enhanced staff skills. We also saw that medicine management competencies were being reviewed to ensure staff were still competent and up to date with practice. We reviewed the training matrix and found that training included infection control, safeguarding, moving and handling and administration of medicines. Although there was a system to check competence of permanent staff, we found shortfalls in the skills and competence of agency staff. We **recommend** that a more comprehensive approach is adopted in order to ensure that agency staff are competent to undertake and deliver care safely.

Where people lacked the mental capacity to make decisions, the manager made best interest decisions in line with legislation. We saw that deprivation of liberty safeguard authorisations had been sought where required and other applications were in progress. Staff had attended training about the Mental Capacity Act (MCA) 2005. They understood that people could have capacity to make some decisions but could still lack capacity in making more complex decisions such as finances. We saw documented evidence of people's files of lasting power of attorney for finances and for health care needs.

Staff told us that they sought people's consent before offering care and treatment. We saw staff talk to people before assisting them to eat or assisting them to transfer from wheelchair to a chair.

The service had procedures to ensure that 'do not actively resuscitate' orders followed current guidance. There was evidence that discussions were made between people their families where appropriate and relevant health care professionals.

Is the service caring?

Our findings

We observed staff treating people with dignity and respect. They listened to people when they called in a polite manner. Most people said that staff asked permission to do things most of the time. People said that staff knock at their door and ask if they want a bath or a shower. One person said that staff ask permission to check their blood sugar levels. We saw staff knocking and waiting for a response before entering. However, three people reported that agency staff did not always knock before entering their room. We observed an instance when staff had not communicated with a person before wiping their mouth or removing their protective bib after breakfast.

This was breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff, especially permanent staff, were caring and kind and that they had built positive relationships with them. One person said, "They're really, really nice to me." Another person said, "It's lovely, the attention you get. The way they look after you." A third person said, "They certainly are caring." We reviewed the compliments folder and found several positive comments about the care. One comment read, "The Willows is a lovely care home and all the staff made us so welcome." Another compliment said, "Thank you so much for all of the care and attention you gave my Dad in the last months of his life. He was comfortable at home when he finally passed."

People were treated with kindness and compassion. We saw people in the lounge were supported by staff, who responded to people with care and empathy, supporting them to eat and drink.

Staff were aware of people's individual needs. They could tell us about people's preferences such as one person who liked to stay in their room. They told us and we saw how they all regularly checked on and engaged with the person in their room at least once in between the meals and medicine delivery visits. We observed a staff member helping a person onto a wheelchair from sitting position, staff gave praise and encouraged the person to take the lead.

People were given the information and explanations they needed. Advocacy support was sought for people who were assessed as lacking capacity to make decisions. Other information such as menus and the complaints policy were readily available as well as the service's brochure.

People were involved in planning their care and some were aware of their care plan and had signed it. One person said that they were aware of their folder and that it had been discussed with them. They said, "I think they've got one on me. They give it to me to sign."

People had built relationships with other people. We noticed that two people wanted to help other people and at times, if staff were attending to someone else, would attempt to help other people walk to the toilet. We saw staff step in as soon as they noticed this happening without hurting the feelings of the person who wanted to help whilst protecting their privacy and dignity.

Is the service responsive?

Our findings

At our previous inspection on 9 January 2015 we found that people's needs were assessed on admission but were not always reviewed or updated. Care records we reviewed showed that care plans and risk assessments were not reviewed monthly as stated in the service's initial care plan and record keeping policy. We found inconsistencies in how care was planned and delivered. Care was not always delivered according to individual preferences. During this visit we found that individual preferences were included in people's care plans and respected. For example, one person who enjoyed moulding was supported to mould crafts such as penguins. People told us they managed their own money and could either keep it in their room as or have unrestricted access to their 'pocket money account'.

At our previous inspection on 9 January 2015 we found that although activities were provided by the service these were not regular. During this visit the activities coordinator was on duty and demonstrated how activities were planned based on people's preferences. People told us that they were able to partake in activities of interest such as baking, gardening, cooking, painting and moulding crafts. People told us they had gone to the local garden centre and that more activities were planned. One person said "There's always something we can do." Others preferred to be on their own and told us, "I don't go down and mix [with other people] very often." Another said that they were happy to have their nails done but was "glad to get in my room and read". We saw pictorial evidence of recent trips and evidence of discussions of future trips in the "Residents Meeting Minutes" we reviewed. People had interest assessments completed by the coordinators so that activities could be planned to suit people's preferences.

People said they had choices in a variety of areas. People were able to choose what they wanted to eat and what

time they get up and go to bed. We saw that people could go to the activities room when they wanted which was confirmed by the activity coordinator. There were plans to put a lock on the door to keep visiting children safe, but people would still be able to access it when they wanted by obtaining the key from an administrator. Although the door to reception could only be opened using a special fob, staff told us that these were available to people for a deposit so they could have free access to reception and outside. People who did not have a fob had to ask staff members to provide them with access. People had free access to the garden via doors in a number of places including people's rooms, the dining room and reception. People said that they could go out when they wanted to.

Regular meetings with people and relatives were being held in order to involve people in making decisions about the care they received and one meeting had already been held. People and their relatives we spoke with during the inspection were aware of these meetings and used them as another platform to individually and collectively voice their opinions. People also said they were happy that the new provider was willing to hire a minibus for them in order to enable them to go out as often as they wanted as trips were currently planned ahead as they shared a minibus with a sister service.

People told us that they could raise a concern or complaint with the manager or any permanent member of staff. A person and their relative said, "If we have a complaint we put it in the book and it gets dealt with." Staff told us that complaints were discussed during staff meetings to ensure that everyone learnt from any concerns raised. Staff said that they would forward any complaint to the most senior person on duty. The policy was displayed at the main entrance and available in people's information brochures. People had access to the complaints system and were aware of who to approach if they had any concerns.

Is the service well-led?

Our findings

At our previous inspection on 9 January 2015 we found that we had not received any death or safeguarding notifications, a requirement of the service's registration with CQC. There were gaps in people's observation charts and inconsistencies in the recording of care that was delivered. Turn charts, and monthly observations to check for blood pressure, temperature and pulse were not always completed. Food diary charts we reviewed were undated making it difficult to establish when the care was given. Another concern was recruiting a deputy manager and other care staff as there were still vacancies. Therefore the service was staffed by a mixture of agency and permanent staff. During this visit we reviewed the safeguarding folder and found that we had been notified of all safeguarding allegations that had occurred since January 2015. We found that although recruitment was still in progress the service still had vacancies and was currently staffed by a significant proportion of temporary staff. This had an impact on the quality of care and records of care that were kept about people as we observed unsafe practices from agency staff on the day of our visit. We found several discrepancies in the daily records in one out of the three records we reviewed. Guidance on the front of "Daily living review booklet" was not being followed with most entries in a day failing to capture what has been identified on the front of the record as being necessary. Staff were unaware that three people's fluid intake was required to be recorded in daily charts to ensure they consumed an appropriate amount of fluid.

Although there were clear roles and responsibilities and a leadership structure which included a manager, a clinical lead, shift coordinators, senior care staff and care staff, there was no registered manager in place on the day of our visit and some staff were unsure of their roles. Agency staff on duty did not always know what to do and we observed

one staff member just standing or sitting without any meaningful interaction with people who used the service. We also saw that due to lack of proper role allocation, at times people were left in the lounge unattended for several minutes even though there were enough staff to ensure that people were safe. Staff did not appear to be responsible for any named people. When asked they said they were all working together to help people but were not assigned particular people to look after. People were not always supported by staff who understood how to effectively manage the time and activities occurring within the service.

We found shortfalls in the current systems of managing both the recruitment process and the quality of the care provided, in particular record keeping and administration of medicines, and skills and competence of temporary staff supplied by various agencies. There was a regional manager who had been managing the service since July 2015 and they told us and confirmed that a new manager would be starting on 1 September.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the way the service was run and felt that they could make suggestions about how care was delivered. One person said, "[The regional manager] is very nice. She listens. If you go in with any complaints, she'll listen and discuss it."

Another person said, "They seem to be run alright." Staff told us that the regional manager was very supportive and communicated the changes made since the new provider took over. We confirmed this in the resident and staff meeting minutes we reviewed. A meeting had been held to discuss the changes since the new provider took over and people told us they thought the new company was transparent and had promised to improve the way the service was run.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes were not established and operated effectively to enable the registered person, to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

The risks relating to the health, safety and welfare of service users were not always assessed monitored or mitigated.

An accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided was not always maintained.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

People were not always treated with dignity and respect. People cited incidents where agency staff had walked in on them naked without waiting for a response and another incident where faeces had been left on floor for most of the nightshift.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not always provided in a safe way for service users. The risks to the health and safety of service users of receiving the care or treatment such as oxygen were not always assessed and mitigated properly.

The provider did not always ensure that persons providing care or treatment to service users had the competence, skills and experience to do so safely.

Medicines were not managed safely. There were poor administration practices that left people at risk of receiving the wrong medicine and inappropriately timed medicines which could lead to overdose.

Guidelines on preventing and controlling the spread of infections were not always followed.

The enforcement action we took:

We issued a warning notice. The provider must make changes to meet the regulation by 30 September 2015 and we will check to ensure they have done so.