

Colleycare Limited

Willowthorpe Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

Willowthorpe is registered to provide residential accommodation and personal care for up to 56 older people some of whom are living with dementia. At the time of our inspection 52 people were living at Willowthorpe.

The inspection took place on 05 and 10 February 2016 and was unannounced.

Willowthorpe had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Willowthorpe. Staff were able to tell us how to keep people safe and how they positively managed risks to people's safety and well-being. There were sufficient numbers of staff deployed to support people, and the home was calm and relaxed throughout our inspection. Staff were recruited following a robust vetting process that ensured they were suitable to work with vulnerable adults. There were suitable arrangements for the safe administration of people's medicines; however people's medicines were not always managed safely and records were not consistently completed.

People were asked for their permission before staff assisted them with care or support. Staff were supported to develop the required skills and knowledge to provide care effectively to people. Staff received regular support from management which helped them to feel supported and valued and they told us they felt able to seek assistance when they needed to. Where people lacked capacity to make certain decisions the manager had not completed the required assessments accurately. People received appropriate support and encouragement to eat and drink sufficient quantities however people's nutritional needs were not regularly assessed and monitored effectively. People had access to a range of healthcare professionals when they needed them.

People's privacy and dignity was promoted they told us they were treated with kindness and compassion by staff who listened to them. Staff spoken with knew people's individual needs and were able to describe how to provide care to people that matched their current needs. People were able to freely visit family and were supported to engage in a wide range of activities and follow their own interests.

People and staff told us the culture in the home was open and inclusive. People's care records were not always regularly updated to provide a comprehensive account of their changing needs and care. However, all staff spoken with were aware about current care needs and how to provide support to people. Arrangements were in place to obtain feedback from people who used the service, their relatives, and staff members about the services provided. People told us they felt confident to raise anything that concerned them with staff or management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was not consistently safe.

Accurate stock records were not maintained to accurately record when people had been given their medicines.

Staff were aware of when to report abuse, and people told us they felt safe living at Willowthorpe.

Incidents and accidents were reported and investigated by the manager, however they were not always analysed for patterns or trends to ensure risks were mitigated to prevent reoccurrence.

There were sufficient numbers of staff deployed to meet people's needs safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were supported to eat and drink sufficient amounts however their weights were not regularly monitored and reviewed.

People did not have specific assessments of their needs where they lacked capacity.

Staff we spoke with told us they felt supported by the registered manager and received training appropriate to their role.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect in an inclusive and friendly environment.

Staff had a good understanding of people's needs and wishes

and provided them with care that was personal to them.

People's dignity and privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in a range of activities.

People were given the support they needed, when they needed it, and were involved in planning and reviewing their care.

People's concerns were taken seriously.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People's care records did not accurately reflect the changing needs of people and were not reviewed when required.

The registered manager and provider had not ensured a robust system of review for the safety of care people received was in place.

People, staff and relatives told us the registered manager was responsive, listened to their views and promoted an open culture in the home.

The views and opinions of people had been sought in relation to their care.

Willowthorpe 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 the 05 and 10 February 2016 and was unannounced. The inspection team was formed of one inspector and a specialist nursing advisor.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed feedback sent to us by the local authority commissioning and safeguarding teams.

During the inspection we observed staff supporting people, spoke with six people who used the service, eight members of staff, three people's relatives and the registered manager. We also 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 reviewed care records relating to six people who used the service and other documents central to people's health and well-being. These included staff training records, ten people's medication records in addition to their care records and various management documents and audits.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Willowthorpe. They commented that in many cases they had known staff members for a long time and felt comfortable in their company. One person said, "Yes, I'm very happy here, I feel very safe." Another person said, "It`s mostly the same faces every day, we get to know each other so of course that helps in trusting them and feeling safe."

The registered manager had reviewed incidents within the home and was developing a system to analyse patterns and trends that emerged. We saw they had recently reviewed the numbers of falls that had occurred within the home over a period of time. They had noted that there was an increase in falls particularly at the shift change in the evening. As a result they introduced an additional shift between the day shift and evening shift to cover this period of time in the day. The subsequent month's analysis showed a dramatic decrease in the number of falls.

Where the manager had reviewed the occurrence of falls they had not yet included incidents such as bruising, injuries, and concerns relating to safeguarding for example. The registered manager told us they were developing a system to utilise this approach to monitoring and responding to trends in these areas.

Staff we spoke with were able to describe to us what constituted abuse and what signs they looked for when supporting people. There was a range of information available to people, staff and visitors informing them how to report their concerns. Information for external agencies such as CQC or the local authority was prominently displayed where people could also raise their concerns. Staff we spoke with were aware they could report their concerns externally and were clear about their responsibilities around whistleblowing. Staff spoken with had no hesitation in telling us they would immediately report any incident or conduct they felt was abusive. One staff member told us, "Anything that I think affects people`s wellbeing I will document and report to my manager."

There were sufficient numbers of staff deployed to support people's needs. People told us that there were enough staff. One person said, "Absolutely, we only have to call and one of them will give us all the help we need." One person's relative told us, "[Person] is happy with how things are with staffing as are we, we have no complaints." The majority of staff we spoke with confirmed that there were enough staff, however one staff member said it was difficult to cover short notice absence such as sickness. The registered manager said they did not use agency but would utilise the provider's bank staff when required. Where absences were unavoidable and could not be covered then the management team provided support to ensure this had no impact on people`s care. The registered manager also demonstrated to us where they had increased staffing numbers recently following a review.

Records we looked at demonstrated that offers of employment were made to staff following a robust recruitment process. We saw that any gaps in employment had been explored, the registered manager had sought references from previous employers and a criminal records check was undertaken. Prior to starting work, staff provided evidence of their identity, and where necessary also copies of any qualifications and training they had.

Medicines were not always managed safely. We checked the medication administration records (MAR) for 10 people. We found that overall staff had completed the medication records when people were given their medicines. However, we found examples where staff had not signed the MAR after they gave people their medicines. We checked the stocks of medicines remaining and found that these tallied with the stock records. This indicated that people had received their medicines as prescribed, however staff had not recorded this when administering them to people.

The approach to managing medicines was not consistent, on one unit we found staff carried out daily checks of the records and stocks, however on a second unit we found this was not done. One staff member told us, "I count the medicines and check the MAR daily as I do them, but other staff don't." The inconsistencies we found were related to this one unit.

When medicines were brought into the home, two staff checked the stock in to minimise errors, and where handmade additions were made to the MAR, these were double signed by staff in line with best practice guidelines. People who received their medicines covertly, appropriate advice had been sought from the GP and pharmacist to ensure that covert medicines were administered safely.

Regular checks were made in relation to monitoring the temperatures where medicines were stored and the management team carried out regular audits. An audit done by the registered manager the previous day had identified issues in relation to recording, and at the time of our inspection they were developing an action plan to address these. However, we found further recording errors had occurred after this audit had been completed.

Is the service effective?

Our findings

People told us they felt staff were suitably skilled to provide them with care and support. One person told us, "I have never had a concern about their abilities so the training must be top notch." One visiting health professional said, "The staff here are among the best I have seen and are well trained and supported."

Staff we spoke with told us they received training that was relevant to their role, and were supported by their line manager. Staff received regular training in areas such as safeguarding, moving and handling, medicines management and mental capacity. They further received regular supervisions of their practice, by both a face to face discussion where they could discuss matters such as training and reviewing individual people's needs, and also an observation of their practice. Annually staff were provided with an appraisal that reviewed the previous year's performance and set objectives for the coming year. All the staff we spoke with told us they felt supported by the management of Willowthorpe, and felt confident in seeking support from the registered manager should they need this.

Staff told us they had received training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS). Staff were able to demonstrate their awareness around matters relating to caring for people who may lack capacity to make certain decisions relating to their care needs. One staff member said, "It's about the residents being able to make decisions, not about staff thinking they can't, we need to think people can make a decision first, and seek help if we think they can't." However, when we reviewed people's care records who had their capacity assessed we found these had not been documented for each specific area required.

The registered manager told us that they assessed people's capacity prior to admissions. However when we looked at copies of the MCA's for people we found they were not completed consistently. For example, one person upon admission had an MCA completed that identified they lacked capacity in certain areas but not for medicines management. When we looked at the consent arrangements for managing this person's medicine we saw the consent had been signed by their relative. When we discussed this with the registered manager, they told us they were aware of this issue and showed us an action plan that addressed these across the home.

People we spoke with told us they food provided at Willowthorpe was of high quality and all were very positive about the meals they were provided with. One person said, "You can't fault it, we can have what we like, the chef is very good and offers different things if I don't want what's on offer. Nothing is too much trouble for them." A second person said, "The food is A star, freshly cooked and there is always enough to have seconds if I want to."

People who had specific dietary needs these were catered for by the cook. For example, people who had difficulty swallowing foods and required soft or pureed diets had these prepared by the kitchen staff. In addition, the cook adopted a policy of fortifying people's meals routinely with higher calorific additions such as creams and cheese. This helped to ensure people maintained a healthy weight, regardless of whether they were assessed as needing fortification. For those people who were at risk of weight loss, staff ensured

they were given food supplements in addition to their meal. Throughout the inspection we saw a vast range of healthy snacks available which included fresh fruit and a plethora of freshly prepared cakes. One person said, "All day long the smells coming from the kitchen are divine, the cook just never stops bringing things out."

People were seen to be supported to be independent when eating their lunch. They sat together in the dining areas and the atmosphere was sociable and friendly. People enjoyed their meals and staff readily offered people additional helpings once they finished their meal. People who required gentle prompting by staff to eat received this when needed, however this was done in a sensitive and caring manner. People who chose to have their meals in their rooms, staff supported them with this in an unhurried and calm manner, ensuring they remained with the person assisting them at their pace, until they were satisfied.

We saw from records that people's weights were monitored and reviewed, and where there were concerns these were raised with the GP for review or referral to specialist services. However, people's weights which were required to be monitored weekly due to weight loss had not been completed as required following the providers policy. The nutritional screening tool used to assess the risks of weight loss had also not been completed when required following the providers policy. When we raised this with the manager they immediately took action to ensure these were completed, and reviewed the needs of all those at risk.

People were supported by a variety of healthcare professionals. On the day of the inspection we saw the GP carrying out reviews of people who were at risk of developing chest infections as a preventative measure to reduce the likelihood of them occurring. They told us they felt the care people received was of high quality, that staff was responsive to people's changing needs and immediately informed the surgery of any changes. They told us, "In my role as a GP I have visited many homes, I would happily put my [relative] here." People also received annual health checks and arrangements were made for people to be reviewed by other professionals such as Physiotherapist, Chiropodist, Occupational Therapist, Social workers, Dentist and Opticians as required.

Is the service caring?

Our findings

People and their relatives were exceptionally positive about the caring approach of staff. They told us that staff treated them as individuals and in a dignified and caring manner. One person said, "A lot of the staff have been here longer than me, it's like a family home and the staff treat me that way, everyone does from the cook to the manager." One person's relative said, "The staff are attentive and tactile when helping [person] and no matter how difficult the tasks may be, they smile and go about the job in a dignified and sensitive way. I think the staff epitomise care."

Care we observed through our inspection was centred on people's individual wishes and preferences. We saw people were able to eat where they wished, socialise with whom they wished, get up when they liked, and receive their personal care when it was convenient to them. When people were supported this was clearly provided in a manner they preferred. We observed two people who required the same assistance from staff; however a different approach was adopted with each person. This demonstrated that people were able to make their own choices about how they spent their day and received their care and staff responded to this. One person told us, "Not quite The Ritz, but the staff are like carers, waiters and butlers all in one." Staff had recently organised a party for one person to recognise a landmark birthday. They had invited family members and friends, but also ensured that everybody in the home was able to join in the celebration. People told us that when staff organised an event such as the one held recently they had felt like, "Royalty, just like the Queen does."

People told us they felt staff listened to their views about how they received their care and treatment. One person told us, "Each day is a different day, if I want to get up early I will, if not they don't make me, they just pop back when I'm ready."

People were treated in a dignified manner that protected their privacy and maintained their independence. People we saw in the communal areas were dressed appropriately, well-groomed and looked comfortable and content. When people were assisted with personal care this was carried out away behind closed doors to ensure people's privacy was maintained. We observed one person who required assistance with their continence needs. The staff member noticed this and discreetly sought the support of a colleague who then quickly and quietly took the person to their room and assisted them, not drawing attention to their needs.

Staff were seen to be friendly and welcoming with people and visitors. There was an open and homely feel in the home and visitors talked comfortably with staff, the manager and other people living there. Visitors clearly knew their relatives friends and encouraged them to join them for a chat and cup of tea. Where people wished to have some privacy to spend time with their relatives this was made available to them.

Is the service responsive?

Our findings

People told us they were able to contribute to the assessment and review of their needs. They were involved in the assessment of their needs when they moved to Willowthorpe and staff sought to understand them as people and showed an interest in their life history and social needs in addition to an assessment of their health and well-being needs. Care plans were developed in a way that had identified what things people could do themselves and where they needed support. For example, people were encouraged to wash and dress with minimal support and in some cases they were just prompted by staff to help maintain their dignity and independence.

People told us that staff supported them to continue to pursue hobbies and interests whilst they lived at Willowthorpe. One person told us, "There is always something to do that keeps my mind going." Staff were aware of what people's life histories, hobbies and interests were and supported them to continue these, even when their ability to do so had been impaired. For example staff told us how people living with dementia enjoyed knitting. We saw that staff sat patiently with people supporting them to knit a variety of items. One staff member said, "[Person] likes to knit, so we knit and they have been proudly displaying their creations. I couldn't knit before but [Person] has shown me how, well I'm still not very good but I only learned by spending time with [Person]."

People were supported to engage in activities in the community wherever this was possible. On the day of our inspection we observed a group discussion between people around issues such as current affairs, why where things better when they were younger. We saw that this discussion brought people together in communal areas and stimulated them to debate and share opinions. The feedback from people about these discussion groups was extremely positive. One person said, "The art of conversation is not lost in the old, infirm or confused and we have some fascinating discussions that we really look forward to."

Other ways people were supported was with hand massages, foot spa's, walks around the grounds or into the local town, day trips and a range of board games and quizzes were provided regularly. Where people had requested support with their spiritual or religious needs we saw that arrangements were in place for various faith leaders to visit them at the home. The unit for people living with dementia had been very well thought out and decorated and was adorned with numerous items for people to use for both reminiscence purposes and stimulation. For example, around the corridors were makeup and jewellery stands, cots and buggies, various dolls and items people could use to touch and wear. There were also numerous items that male people could explore such as old sporting items, news items, car manuals and male clothing items. None of these were simply for show, and people were encouraged to touch, hold and explore them with staff. We observed staff support people to use these items for reminiscence purposes and also for fun.

People we spoke with told us they felt confident to raise their concerns or complaints with the management team. Information was made available that informed them how to raise a concern and what to expect when they did so and the details of external organisations were available who could support them with their complaints. One person told us, "[Manager] is always dotting around the building, I just speak to them or one of the others." A second person said, "I haven't needed to complain but if I did then I know [Manager]

would take it seriously."

Is the service well-led?

Our findings

We saw there were a range of systems in place to monitor the effectiveness and safety of the care provided. The manager carried out their own internal audits in areas such as medicines, infection control, care planning and nutrition. These were in addition to visits that the provider made to the home which reviewed similar areas and set an action plan that was reviewed by both the senior manager and registered manager. However, we found that some of the concerns found at this inspection had been identified previously during a local authority review carried out in June 2015 and some continued to be outstanding. For example the review identified that care plans were to be signed by people and had to be updated through the monthly reviews. We found at this inspection that care reviews were not always completed monthly.

An accurate and contemporaneous record of care provided to people had not always been maintained. Medication records didn't indicate whether people had been reviewed for any allergies to certain medicines. The home had in place medical profiles that reflected people with a known allergy. This was clearly evidenced in red on their medical profile which was contained in the relevant section of the MAR folder. However unknown allergies had not been reflected to show that the staff had regularly reviewed people's allergies. MAR records had been unsigned by staff when medicines were administered, and staff had not used the reverse of the MAR to explain why people had either refused or not been offered their medication. We found that the two hourly turning charts for a person to prevent pressure sores had not been completed however staff told us they had turned the person.

Care plans relating to people's care needs were not always completed as required. The manager had identified through their own auditing that these needed to be updated in June 2015. However at this inspection we still found gaps in care plans. For example, one person who was cared for in bed, and was therefore prone to weight loss, had not had their nutritional needs assessed and reviewed since July 2015 although they were at high risk. We were satisfied that they had received appropriate care, and had not suffered harm as a result of the lack of care planning, however we were unable to see how staff had reviewed and assessed the needs formally and recorded the results. Other records that were incomplete were waterlow assessments used to assess the risk of a person developing a pressure sore. One person who was cared for in bed had the appropriate equipment in place to mitigate the risks of developing pressure ulcers, however the waterlow assessment had only been completed in January, March and July 2015. Audits of care records had not identified these omissions.

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

There was an open and transparent culture within Willowthorpe that was led by the manager and demonstrated by staff who worked there. Staff told us that they felt the management team were approachable and supportive and listened to their views about the running of the home. We saw that the registered manager ensured people were kept up to date about changes to the service. For example, they had displayed information about the recent resignation of the assistant manager, and what arrangements were in place in the interim for management cover. In the reception of the home the manager displayed

prominently copies of the recent local authority monitoring report with an accompanying action plan in addition to the results of resident and relative surveys and other associated reviews. These were available to all people and visitors to review and comment on.

In September 2015 the registered manager had sought the views and opinions of people, relatives and healthcare professionals about the quality of care provided and how the home was run. We saw from the results that the general feedback from all involved in this was very positive. People reported they were happy with the care they received, that staff knew their needs well, and that all people surveyed were likely to recommend the care home to others. However, we also saw instances where people were less satisfied. For example the laundry service in the home featured prominently in both relative and people's feedback as being unsatisfactory. Health professionals had commented that staff sometimes requested their support unnecessarily, however for all identified areas action plans had been developed that addressed the concerns raised through the survey.

We reviewed incidents and accidents that had occurred in the home for the previous twelve months. We saw that the manager had investigated and responded to these appropriately, and where notifications were to be made to either the Local Authority or CQC to inform them of an incident these had been made in a timely manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not effective in ensuring people received sufficient care where gaps or omissions had been identified.</p> <p>There was not a contemporaneous record of the care and treatment that people received that had been updated regularly to reflect the person's current needs.</p>