

Colleycare Limited

# Willowthorpe Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 30 September 2016 and was unannounced. At the last inspection on 30 March 2016, the service was found to not be meeting all the standards we inspected. This was in relation to matters relating to consent; meeting people's nutritional needs and ensuring accurate records were maintained. The provider sent us an action plan stating how they would make the necessary improvements. At this inspection we found that they had made the required improvements to meet the regulations.

This focused inspection took place on the 30 September 2016 and was unannounced. At this inspection we reviewed whether the service provided effective care and whether it was well led. This report only covers our findings in relation to these areas. You can read the report from our comprehensive inspection carried out 30 March 2016 by selecting the 'all reports' link for Willowthorpe Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Willowthorpe provides accommodation and personal care for up to 56 older people some of who live with dementia. At the time of the inspection 52 people were living in the home.

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

People were supported in accordance with the Mental Capacity Act 2005 and their consent sought before care was offered. Independent advocacy services were available when people needed these services. People's nutritional needs were met and where people were at risk of poor nutrition or hydration, their needs were regularly reviewed and managed appropriately. Staff supported people with nutrition and hydration in accordance with their individual needs. People had access to health and social care professionals regularly.

The registered manager was knowledgeable and worked well with the staff team. There were systems in place to monitor the quality of the service. The registered manager sent us statutory notifications appropriately. People's personal care records were accurately maintained and reviewed as and when their needs changed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective.

People's consent was sought prior to care being delivered, and the requirements of the Mental Capacity Act 2005 had been followed.

People were supported to eat and drink sufficient amounts and people's weights were monitored.

### Is the service well-led?

Good ●

The service was well led.

People personal care records were accurately maintained and clearly documented people's changing care needs.

People received good quality care supported by a range of effective systems to monitor the quality of the care provided.

# 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 was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We reviewed a copy of the action plan submitted to us by the registered manager that detailed how the service would meet the required standards.

The inspection was unannounced and carried out by one inspector.

During the inspection we spoke with the registered manager, the deputy manager for the home and a member of the provider's quality assurance team. We received information from service commissioners who had recently reviewed the service and reviewed information relating to three people's care and support alongside records relating to the management of the service.

# Is the service effective?

## Our findings

When we last inspected the service on 30 March 2016 we found the provider did not ensure suitable arrangements were in place to obtain people's consent for the care delivered. We also found that people's weights which were required to be monitored weekly due to weight loss had not been completed.

At this inspection we found improvements had been made in these areas.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had assessments in place in relation to their capacity to consent to care and treatment they received in the home. Where people were identified as lacking capacity decisions had been made in their best interest following a best interest process to keep them safe.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection, we found that all people who were considered to require a DoLS had either had one authorised or were awaiting a decision from the local authority.

Since our last inspection the registered manager had ensured that all people's weights had been reviewed, and were then subsequently monitored. People at risk of weight loss were provided with supplements and a fortified diet, and were referred to the appropriate health professional for support. People who required close monitoring of their food and fluid intake had the appropriate recording charts completed accurately so they could be thoroughly reviewed to monitor their dietary needs.

# Is the service well-led?

## Our findings

When we last inspected the service on 30 March 2016 we found governance systems were not effective in ensuring people received effective care and support, and an accurate record of the care and treatment people received had not been maintained.

At this inspection we found improvements had been made in these areas.

Care plans relating to people's care needs were completed as required. For example, one person who was prone to weight loss, had their nutritional needs assessed and reviewed as their needs changed and the associated care plans for managing these fluctuating needs were clearly written and accurately documented the actions taken. Other assessments we looked at relating to people's care were also equally descriptive including pressure care, mobility, personal care and mental capacity.

Where previously we found that people's medication administration records (MAR) were not completed accurately, at this inspection we found no gaps, errors or omissions in the MAR records. Where staff used a key to indicate whether a medicine had been refused or not administered, they also recorded the reason for this on the rear of the MAR. Regular audits were carried out of both the stock quantities of medicines and also to ensure the records were completed.

The provider had effective systems in place to assess and monitor the quality of the care provided. The manager completed a number of quality audits on a regular basis to assess the quality of the service. These included checking people's care records to ensure that they contained the information required for staff to be able to provide appropriate care. In addition the home was visited by other managers working for the provider on a regular basis to perform audits, undertake spot checks of the home and carry out observations of staff practices. The results of all these audits were compiled into an overall service improvement plan that was monitored regularly by the provider to ensure improvements were made. These included audits of medication, care plans and health and safety but also visual observations of the quality of dementia care provided, moving and handling competency and meal time experience for people.