

St. Martin's Care Limited

Willow Green Care Home

Inspection report

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Date of inspection visit:

18 November 2020

27 November 2020

30 November 2020

10 December 2020

Date of publication:

29 December 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Willow Green Care Home is a care home providing accommodation and nursing and personal care for up to 63 people. Care is provided over two floors. At the time of inspection, there were 34 people living at the home.

People's experience of using this service and what we found

A wide range of new audits and systems for checking the quality of the service had been introduced since the previous inspection. These showed some shortfalls in the service which had been identified for development. We found some errors and omissions in records that audits had not identified. We have made a recommendation about consistent and effective quality checks. The provider gave assurances that the issues highlighted would be resolved as a priority following our inspection and supplied evidence these were being addressed.

The manager and staff had worked hard to improve the overall performance of the service, the culture and morale in the home. People, staff and professionals commented that the manager was approachable, responsive and driving improvements.

The service was clean, tidy and decorated to a good standard. People lived in a safe environment. Health and safety checks were made regularly. Individual and environmental risks had been identified and reduced. Fire safety records had improved, and people had personal emergency evacuation plans to support staff in the event of an emergency. The provider had systems which assisted them to learn from a range of information, including accidents and incidents, falls and safeguarding concerns. They analysed information for trends to enable them to reduce future occurrences.

There were improvements to the way the home planned personalised care for people, and their needs were regularly reviewed. We found some inconsistencies in care records remained, although the provider was working to standardise and improve these. People were offered a range of activities. The provider had an effective complaints process. People and relatives were confident concerns raised would be dealt with appropriately.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 February 2020) and there were multiple breaches of regulation. These were breaches of regulation 9 (Person Centred Care), regulation 12

(Safe Care and Treatment), regulation 16 (Receiving and Acting on Complaints) and regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also completed an inspection (published 23 October 2020) to follow up on a Warning Notice issued for a breach of regulation 17. We found the requirements of the Warning Notice had been met.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed and is requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willow Green Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Willow Green Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Willow Green is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission, however there was a manager in post who was committed to staying at the home and was in the process of applying to be registered with CQC. Once the manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This supported the home and us to manage any potential risks associated with COVID-19. We visited the home on 27 November 2020 and collected further information until 10 December 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the director of care and development, the manager, the quality lead, nurses, care workers, a domestic assistant and the chef.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who were involved with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people and infection control practices were not effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service assessed and managed risks. People were supported to reduce the risk of avoidable harm by staff who understood their needs. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risk assessments were reviewed to ensure they reflected current needs.
- The home was clean and well maintained.
- Staff understood how to limit the spread of infections and followed the home's policies.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to respond to safeguarding concerns. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Staffing and recruitment

- Recruitment was safe. There were processes in place and recruitment checks were carried out before staff were appointed.
- There were enough staff to support people safely. We observed that staff had time to speak with people and did not appear hurried.

Using medicines safely

- People's medicines were managed safely. Medicines administration records showed people received their medicines as prescribed.
- Care staff received training and competency checks to ensure they were administering medicines safely.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated to reduce the risk of them happening again in the future. Learning was shared with staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Improving care quality in response to complaints or concerns

At our last inspection the provider did not have an effective system for identifying, receiving, recording, handling and responding to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- All complaints were now logged, and the actions taken recorded. Complainants were asked if they were satisfied with the outcome to the complaint and learning from these was shared with staff.
- People felt able to raise concerns and told us they would be listened to. One person said, "I would definitely recommend this place, they do listen, and they do meet your needs. If I wasn't happy, they'd resolve it."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection care plans did not meet people's needs or reflect their preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were personalised and developed around the person's needs. These outlined how people wished to be supported and were regularly reviewed.
- Care plans were being developed and standardised, we found some inaccuracies in the care files, but the home was acting to address these. Some of the developments to care files have been slowed down by the impact of the COVID-19 pandemic.
- Staff were responsive to people's changing needs. The service had systems to ensure any changes were reflected within care plans.

End of life care and support

- There was no-one receiving end of life care at the time of inspection. Some people had planned for the

care they would like at this stage of their lives and other people had chosen not to do this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service gathered information about people's communication needs and was proactive in seeking support when necessary.
- The provider offered information in various formats, such as easy read and pictorial documents.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff supported people to maintain contact with their loved ones using video calls and social media. For example, staff shared videos of people singing and dancing.
- There had been a focus on one to one activity and support due to the COVID-19 pandemic. Group activities had been tailored to follow government guidance and keep people safe.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question had improved to Good. The management and leadership had changed. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider did not assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- New systems had been introduced but not all were fully embedded. The provider planned to move to electronic systems to make document tracking and auditing easier. There was a delay in introducing some systems which was beyond the manager's control due to the COVID-19 pandemic.
- The provider had recently appointed a quality lead whose role involved reviewing and improving records.
- Oversight of the home had improved but some audits were not always completed consistently. Where issues were noted, it was not always clear how these would be resolved. Some records needed more detail and consistency to ensure risks were managed appropriately.

We recommend the provider continues to develop management systems to consistently identify and manage risks to the quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a manager in post who was in the process of applying to be registered and was committed to the improvement plan. The manager and wider team had made significant improvements to the culture in the home.
- People and relatives told us the manager was approachable.
- Staff understood their roles and responsibilities. A recurring theme was working together, and supporting each other, to deliver better outcomes for people. Some staff had taken on 'champion' roles and supported other staff to follow best practice.
- Staff felt there was a more positive atmosphere in the home and were encouraged to share positive experience with other staff to boost morale. Staff also had access to a 'reflection room' to spend short

breaks alone and reflect on their day.

- The provider and manager understood their duty of candour. The service had an open and transparent culture. The manager was honest with people and relatives when things went wrong.

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

- People were involved in the service. People took part in recruitment of staff and were consulted regarding the running of the service.
- Staff sought regular feedback from people, relatives and staff.
- The manager was committed to protecting people's rights with regard to equality and diversity.

Continuous learning and improving care; Working in partnership with others

- The manager demonstrated enthusiasm for continuous improvements and was part of several networks to share best practice.
- Staff worked with healthcare professionals to ensure positive outcomes for people.
- The manager had developed positive relationships with professionals and other agencies. Professionals spoke highly of the manager and staff team.