

GCH (South) Ltd

Willowmead Care Home

Inspection report

Wickham Bishops Road
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Essex
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Date of inspection visit:
20 April 2022
22 April 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Willowmead Care Home is a care home in a rural location near Hatfield Peveril which provides accommodation with personal care for up to 60 older people, some of whom may be living with dementia. At the time of inspection there were 58 people living at the service. Willowmead Care Home is made up of two units called Hatfield and Wickham which are based in separate houses attached by shared communal gardens. The main offices are based in the larger Hatfield Unit.

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

Most people at Willowmead Care Home had some form of dementia and were unable to speak with us. We carried out observations to look at the care they received.

We found broken fixtures and fittings that posed a risk to people's safety, however, when we returned on the second day of inspection, these had been rectified.

Infection prevention and control measures were in place and staff were trained in using appropriate Personal Protective Equipment. (PPE) Staff were recruited safely and in line with the legal requirements. People received their medicines safely, by appropriately trained staff.

People and staff spoke highly of the registered manager, and about how approachable they were. Improvements to the service had been made including activities for people. The registered manager completed a range of checks on the quality of the service, however some of these were not as effective as they could be.

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

Rating at last inspection

The last rating for this service was requires improvement. (Published 06 April 2021) with breaches of regulation 12 (Safe Care and Treatment) and regulation 17 (Good Governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 16 February 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

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 and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. 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 Willowmead Care home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Willowmead 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 Health and Social Care Act 2008.

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

This inspection was carried out by two inspectors.

Service and service type

Willowmead Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Willowmead Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 April 2022 and ended on 10 May 2022. We visited the service on 20 April 2022

and 22 April 2022.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six members of staff, including the registered manager, and the quality manager. Where people at the service were not able to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service. We spoke with three relatives of people who lived at the service about their experience of the care provided.

We reviewed three people's care records, reviewed three staff files in relation to recruitment, and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people in relation to Infection Prevention and Control. This was a breach of regulation 12(1) 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- Equipment within the service was regularly checked, and serviced to ensure it was in safe working order. However, on inspection we saw fixtures and fittings that were damaged or unsecured, for example, a wardrobe in a person's bedroom was not secured to the wall. This posed a risk of falling on a person, causing injury. We raised this with the registered manager, and when we returned for the second day of inspection, these concerns had been rectified.
- Learning from incidents and accidents were shared with staff during meetings and supervisions, and plans developed to improve the service people received.
- People had their individual needs assessed, and any risks to their health and wellbeing recorded in their care plans, to enable them to remain safe from risk of harm. For example, one person's care records detailed how to monitor their diabetes effectively, including details of how to administer their medicines, and what warning signs to look out for should they become unwell.
- Staff had received safeguarding training and could describe the steps they would take to safeguard people, what systems were in place, and who they would speak to if they had a concern. One staff member told us, "I would inform (registered manager), who would inform the local authority."

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- There were sufficient staff to support peoples needs. However, staff told us, "We use a lot of agency staff, but not the same ones. We know what needs to be done all the time but the agency staff are not here long enough to know, so we must tell them all the time and it is stressful for us." One person told us, "There seem to be enough staff. We never have to wait around so as far as we are concerned there is always someone there."
- Staff were recruited safely, and in line with the legal requirements. All staff had been DBS checked. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff had received training in all relevant skills required for their roles. Staff we spoke with said their training was up to date, this was confirmed in their training records.

Using medicines safely

- Suitable arrangements were in place to ensure the proper and safe management of medicines.
- Staff who administered medicines were trained and competent. Regular audits of medications were undertaken by the registered manager to identify any concerns.
- Medication administration records (MARs) were filled in correctly. Additional information was recorded, such as a person declining their medication, on the back of the MAR, and this was monitored for trends.
- Peoples medicines were stored correctly and safely, in line with best practice guidance.
- People had regular medication reviews with their GP. One person told us, "(Person) had all their medication reassessed. (Person) would get real bad moments in the day where they would become very agitated and would shout out, so (registered manager) arranged for the GP to come and reassess the person's medication and now they seem so much more settled."

Visiting in care homes

- The provider had arrangements in place to allow visiting for relatives. This approach was in line with government guidance on visiting in care homes. Relatives were provided with suitable PPE by the service, and needed to complete a lateral flow test (LFT) and temperature check before being able to enter the building. One relative told us, "We get to stay for as long as we like."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to have effective systems in place to monitor the service and ensure compliance with regulatory requirements. This was a breach of regulation 17 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- The provider had not identified issues we found on inspection with concerns around the safety of the environment. People and staff were stumbling on a loose door threshold in the main entrance to the communal lounge, radiator covers were broken in people's bedrooms increasing the risk of burns, large furniture was not secured to walls. These concerns could have resulted in people being exposed to potential serious injury.
- We raised this with the provider during the inspection, and repairs were completed before our second visit. The registered manager gave assurances these audits would be improved to be more effective, however further time was required to ensure that these systems were embedded well in the service.
- Other auditing processes carried out by the registered manager to ensure that people received good care were robust. A range of audits on the service had led to improvements such as a greatly improved infection, prevention and control processes.
- The registered manager told us how the service gathered the views of people and relatives who use the service and gave examples of how these views had been used to improve the service. The registered manager told us, "We are decorating people's doors to make them individual. We asked people what they would like in the afternoons and they all suggested wine and cheese boards."
- The registered manager understood the requirements of submitting notifications to CQC in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We received mixed feedback about how the service communicates with family members. One relative told

us, "It would be nice to have feedback or some sort of correspondence. We don't get to hear how (person) is, if they had a good day or a bad one." Another relative told us, "(Person) had a big birthday party, the mayor came to see them and they were in the paper and the local school sent them birthday cards and some of the children put on a little show, this was all arranged by (registered manager)."

- Staff received regular formal supervisions, to help them develop their skills and training. Staff were encouraged to suggest ways to improve the service. Staff told us the registered manager was approachable and had made a difference to the service since they had been employed.. One staff told us, "There have been so many improvements since (registered manager) started. There are more activities now. We didn't have anything before and there were lots of changes of management team."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us the registered manager was approachable and open. One relative told us, "(Registered manager) doesn't hide away and we walk past the office when we visit. She always raises her head and offers help." Another relative told us, "When I book visits, we can get the chance to discuss any concerns with (registered manager)."

- People's care plans were regularly updated, and family members were included in reviews to provide person centred plans. One person told us, "We did a review recently and we signed the updated care plan."

- People's views and suggestions were written on boards within the communal areas, so the service could show to people what was being done about their suggestions.