

Willowbeck Health Care Limited

Willowbeck Health Care Limited

Inspection report

95 Holywell Road
Sheffield
South Yorkshire
S4 8AR

Tel: 01142617771

Date of inspection visit:
21 April 2021

Date of publication:
08 June 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Willowbeck Health Care Limited is a nursing home providing personal and nursing care to up to 80 people with mental health or physical support needs. It comprises seven discrete units each with their own focus with communal facilities in each. At the time of the inspection one of the units was not in use and was being refurbished. There were 66 people living at the service.

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

Some environmental risks had not been identified which could have had an adverse affect on people's safety. Staff were not given enough information about some risks to support them to keep people safe. Best practice guidance was not fully followed during the administration of people's medicines. Lessons learnt were identified and shared, however these had not always been effective. People told us they felt safe and enjoyed living at the home. Staffing levels were sufficient to meet people's needs.

People's needs were assessed and support to meet those needs was planned however some people's support plans did not always contain enough information to support them safely. Staff were engaged with and received training. Compliance with this was high and well-monitored. People had a good choice of food and drink, which supported people's preferences and cultural requirements. Regular handovers took place and systems were in place to make referrals to other professionals. People received and were encouraged to access ongoing healthcare support. People's rooms were personalised. Staff were knowledgeable about people's capacity and choices. 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.

There was a structured and detailed governance framework, however these systems had not identified the issues found during inspection nor some of the previous incidents which had occurred. There was a focus on continuous learning, however the effectiveness of this was not always evident. People and staff spoke highly about the home manager. Staff told us they were well-supported. People and their families were engaged with the home.

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

Rating at last inspection

The last rating for this service was good (published 10 May 2019).

Why we inspected

Prior to the inspection we received concerns in relation to the safety of people at the home and the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 COVID-19 and other infection outbreaks effectively.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to the effectiveness of governance and management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Willowbeck Health Care Limited

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 visit was carried out by two inspectors and a Specialist Advisor. An Expert by Experience undertook telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Willowbeck Health Care Limited 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 had a manager registered with the CQC. 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 the registered manager was not at the home and was no longer involved in the running of the service. The home had a manager who intended to make an application to be the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the 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 including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with fifteen members of staff including the registered manager, deputy manager, senior support workers, support workers, the cook and domestic staff.

We reviewed a range of records. This included five people's support records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. 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 home manager to validate evidence found and we spoke with staff during telephone calls.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- A pre-admission assessment was completed which identified and recorded risks to people's safety. In some instances, particularly where there were risks relating to people's behaviour, not enough detail was recorded to ensure staff were able to support people safely. For example, where staff were directed to use distraction techniques it had not been identified what distraction was appropriate for each individual.
- In some instances, support plans did not contain information about risks to people's health. For example, one person was receiving pain management but their support plan did not record the reason why. This meant that person was at risk from being supported incorrectly. We discussed this with the manager who confirmed immediately following the inspection that the support plan had been updated to reflect this risk.
- A record of personal emergency evacuation plans (PEEPs) had not been updated. We discussed this with the manager who confirmed immediately following the inspection that this had been updated.
- Risks were reviewed regularly to ensure people were supported to have as much control and independence as possible. Any incidents or changes to these risks were also recorded and staff ensured information about risks to people was shared at staff handovers, and with people and their relatives, where appropriate. However, information was not always updated consistently.
- A logbook was used by staff to report when maintenance was needed and to confirm when required action was complete. However, we found air-conditioning units in two of the medicine rooms needed further maintenance to support effective operation, and staff confirmed this had been the case for some time.
- Regular servicing of the premises and equipment took place. Internal checks took place to ensure the environment was safe however these had not always identified concerns or acted upon these in a timely way.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The medicines administration records contained all the necessary information for the safe administration of people's medicines however frequent medicines errors had regularly taken place.
- Some records did not make clear where changes to 'as and when' medicines had taken place or the reason for these changes. Another person had 'just in case' medicines however the support plan did not record these or when and how they should be used. We brought this to the attention of the manager who confirmed immediately following the inspection this had been rectified.
- Where a medicine was self-administered with staff supervision there was no record of this administration.

We brought this to the attention of the manager who confirmed immediately following the inspection this had been rectified.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines systems were well-organised. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Good practice in recording feed and water administration for people who received their food through a tube into their stomach was in place on one unit but had not been shared across other units.
- A person told us, "I get them (medicines) on time. They (staff) know what medicines I am on."

Learning lessons when things go wrong

- Regular checks were undertaken by the clinical leads or the deputy manager. These checks had identified some medicines errors. Staff involved in medicines errors were re-trained, completed a reflective practice and had their competency checked. Medicines errors had continued to occur and learning from these errors had not become fully embedded across the home.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accidents and incidents were recorded and monitored.
- Managers reviewed all the accidents and incidents each month and produced an analysis to identify themes and trends.
- Staff were encouraged to report accidents and incidents; these were dealt with promptly and lessons learnt were discussed with staff, both individually and at staff meetings.

Preventing and controlling infection

- We found one instance where a senior staff member had undertaken an aspect of clinical care without following best practice guidance in relation to being 'bare below the elbow'. We brought this to the attention of the manager who confirmed this had been discussed with the staff member and the staff member had completed a reflective practice.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- We observed people's needs were met in an unhurried manner and people told us staffing levels were good. One person said, "They (staff) are always around and quick to help if I need it." However, some staff told us staffing levels were often low due to sickness. Comments included, "We're always short-staffed", and "It's been rough. If people think it's going to be a hard shift then they ring in sick, which just makes it harder". The home manager told us they were undertaking recruitment for permanent and bank staff.
- Unit managers produced staffing rotas which were overseen by the manager and deputy manager. This was to ensure staffing levels and experience were appropriate to meet people's needs. However, staff told us they were not always able to take their breaks away from the unit because it would leave the unit short and cover was not supplied.
- A dependency tool was used to consider how many staff needed to be deployed and was reviewed regularly.
- Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise the signs of abuse and protect people from the risk of abuse.
- Staff knew about whistleblowing processes and felt confident any concerns would be dealt with. The provider held regular 'Speak Up' sessions for staff to discuss concerns in confidence.
- When asked if they felt safe a person told us, "I just am happy." Another said, "I appreciate how they look after me."
- Relatives comments included: "My [relative] looks and feels happy and safe in the environment", "I think it's the safest [relative] have felt for some time", "To be honest I cannot commend the staff enough", "The staff have all been brilliant", and, "Yes, very safe".

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered a good choice of food. One person told us, "I enjoy it (the food) most of the time. Can't think of anything I don't like." However, one person told us about a food they were unable to eat due to their cultural needs and that the home "continue to give it me even though I have raised this with them but nothing improves". We checked and found the service had previously investigated these concerns and found them to be unfounded.
- People were encouraged and supported to eat and drink and maintain a healthy diet. The cook was knowledgeable about people's special dietary needs. The information in the kitchen corresponded to people's support plans and risk assessments
- Staff told us people received a good choice of food in line with their preferences.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans contained information about people's support needs and their desired outcomes.
- The home recognised the importance of ensuring people's support was delivered in line with current good practice guidance.
- Assessments of people's needs were comprehensive. People's support needs were reviewed monthly or when people's needs changed. This information was shared at daily handovers.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. All staff, regardless of their role, received the same basic training with additional options which were role specific. Staff were also able to access training in areas which they had an interest or to ensure they had more awareness about aspects of individual needs and support.
- Staff were given opportunities to review their individual work and development needs. Staff told us they were encouraged and supported to undertake training. Training completion was high.
- Staff received regular supervision and appraisals.
- New staff members received an induction and shadowed more experienced staff. New staff told us they felt comfortable asking their team leader for support however it was evident formal support for new staff was not in place. We raised this with the manager during inspection and they said they would consider ways in which this could be done.
- When we asked a relative if they felt staff were well-trained they told us, "Absolutely confident they (staff) couldn't do enough."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had processes for referring people to other services, where needed. People's records showed communication with health professionals was effective and timely.
- When asked if they get to see a doctor one person said, "Yeah, if I need one, there is no problem with that."
- The service involved people and their relatives when working with other services. For example, one person who was reluctant to attend a health appointment visited the health professional when a staff member went to a similar appointment.
- Relatives comments included, "The manager often calls me and we discuss the many issues including any current ones and future possibilities", "The (staff) take time out to keep you informed on everything, and I mean everything, that happens", and, "They (staff) have done everything we could hope for and more to make sure [relative] and ourselves are supported".

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about their personal environment and about recent refurbishments to the home.
- The home's interior was easily accessible for people whose mobility was restricted and outside spaces also supported this.
- Special menus had been created for a variety of people who had different cultural backgrounds and needs, and whose first language was not English.
- Adaptations had been made to support people to receive visitors, when able, throughout the recent pandemic. A staff member said, "It's been really nice to have visitors back."

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any deprivations of liberty had the appropriate legal authority and whether any conditions on authorisations were being met.

- People's records contained examples of how people were supported within MCA requirements and how they were involved in day to day decisions about their support.
- The home followed the requirements in people's DoLS authorisations.

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 good. At this inspection this key question has now deteriorated to 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.

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

- Governance arrangements were in place, which included monthly audits. Senior managers had oversight of the home and undertook regular monitoring. However, these checks had not identified the concerns we found during our inspection visit.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home manager was clear about their responsibilities and those of their staff.

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

- Some staff members described difficulties with unit managers. One staff member told us, "I don't feel comfortable raising things with the unit managers". They explained they did not feel the home manager was aware of the difficulties. They felt this had an impact on how people were supported although we did not see evidence of this during our inspection visit.

- The home manager was clear about the vision for the service. However, staff were unable to describe what that was. We discussed this with the home manager who told us plans were already in place for 'values' meetings with staff.

- People, relatives and staff told us the home was well-managed. Relatives comments included, "The manager is very open and transparent", "The manager there now is exceptional, as are the staff", and, "The staff are genuinely interested in you and [relative]. They have done everything possible to interact with [relative] and us, and, I believe, other residents".

- One relative described how they had been notified when things had gone wrong; they said, "There have been a couple of instances where the medication has gone wrong. They always call me when it happens and undertake an investigation and provide me with the outcome of that."

- Staff comments about the manager included, "[Manager's name] has been great. She's really approachable. They (managers) are all approachable actually", and, "If something is going on there is

always someone to get help from".

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

- The home manager had an open-door policy and people, relatives and staff confirmed this.
- Meetings took place for people and staff. Minutes from meetings confirmed this.
- Surveys took place and results were analysed and actions identified and implemented.
- People's diversity was encouraged and supported.

Working in partnership with others

- The home involved family members, where appropriate, to support people effectively. Liaison took place with professionals.
- The home had recently worked with health professionals to facilitate learning about medicines.
- Staff told us they worked as a team across the whole home.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes did not effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of people. Regulation 17 (1) (2) (a) (b)