

Colleycare Limited

# Willowthorpe Care Home

## Inspection report

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Date of inspection visit:  
28 November 2018  
29 November 2018

Date of publication:  
10 January 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

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

The inspection took place on 28 and 29 November 2018 and was unannounced. At our last inspection on 16 August 2017, the service was found not to be meeting all the required standards we looked at.

At this inspection we found that the provider had made the improvements required.

There was a manager in post who had 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.

The service was safe. Recruitment practices ensured that suitable staff were employed. Staff received training in safeguarding and understood how to report concerns. Staffing levels were reviewed regularly to ensure people's needs were met. Accidents and incidents were monitored to identify any trends or patterns to ensure appropriate actions could be taken. Medicines were managed safely by staff that received appropriate training. People were protected from the risk of infections by staff who followed correct infection control procedures.

The service was effective. Staff worked in line with the principles of the Mental Capacity Act. People's nutritional needs were managed appropriately. Staff received appropriate training to meet people's needs effectively. Staff received inductions and supervisions and felt supported to do their job. However, supervisions were still not where the registered manager wanted them and required improving. People could access other health services when needed.

The service was caring. Staff respected people's privacy and dignity and supported people to maintain relationships. Staff knew people well and cared for them in a compassionate way. Support delivered by staff was supportive, kind and caring. People were involved in deciding how their care was provided and staff promoted their choice.

The service was responsive. People's needs were assessed to ensure they received person-centred care and the support they required. People were involved with their care plan reviews. People were given the opportunity to think about what was important to them regarding end of life care. People knew how to raise concerns if required.

The service was not consistently well-led. Care records still needed further improvements. One person's requirements when being supported with a hoist were contradictory and the audit trail to show why the

changes were in place had not been documented appropriately. The registered manager was clear about their vision regarding the purpose of the home. Staff understood their roles and responsibilities and worked well as a team. Staff felt they could approach the management team at any time. There were effective systems to monitor the quality of the service, identified issues were actioned and lessons learned. People, relatives and staff were positive about how the home was run.

Further information is in the detailed findings below.

## 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.

People were kept safe by staff trained to recognise and respond effectively to the risks of harm.

Safe and effective recruitment practices were followed to help ensure that staff were fit, able and qualified to do their jobs.

People were supported by trained staff to take their medicines safely

Infection control systems were in place and staff received the appropriate training.

### Is the service effective?

Good ●

The service was effective.

People had their mental capacity assessed and best interest decisions were completed to promote people's choice.

People were supported by staff that were trained to meet people's needs effectively.

People were provided with a healthy balanced diet.

### Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People and their relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had been maintained.

### Is the service responsive?

The service was responsive.

People received care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.  
People were supported to take part in meaningful activities.

People and their relatives were confident to raise concerns which were dealt with promptly.

Good 

### Is the service well-led?

The service was not consistently well led.

One care plan we looked at contained incorrect information and guidance for staff.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were positive about the registered manager and how the home was operated.

Staff understood their roles and responsibilities and were supported by the registered manager.

Requires Improvement 

# 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.

The unannounced inspection took place on the 28 and 29 November 2018. The inspection was carried out by two Inspectors, and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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 also 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.

During the inspection we spoke with 11 people, five relatives, seven staff, the assistant manager and the registered manager.

We looked at two care plans, three staff employment files, quality monitoring records' and other relevant documents relating to how the service operated.

# Is the service safe?

## Our findings

People we spoke with confirmed they felt safe. One person said, "Yes absolutely I feel safe there are [Staff] around all the time."

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before starting their employment.

The registered manager reviewed people's requirements regularly to ensure there were enough staff to meet people's needs. We received mixed feedback from staff regarding staffing levels. Some staff felt there were enough staff while others felt there could be some more. However, people's needs were met in a calm manner by staff. One person said, "Yes (there are enough staff), they're relaxed but when they have to they spring into action they are very efficient." The registered manager monitored people's changing needs to ensure staffing levels were appropriate.

There was information and guidance displayed about how to recognise the signs of potential harm and report concerns, together with relevant contact numbers. Staff understood how to report concerns they had. One staff member told us, "I would report any concerns to the manager." Staff could describe types of harm and things that would concern them. Staff were aware of how to escalate concerns and report to outside professionals such as the local authority or the Care Quality Commission.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances to keep people safe.

Accidents and incidents were documented. The registered manager confirmed that these were reviewed for patterns and trends, to ensure people's changing needs were identified and changes could be made to keep people safe.

There were suitable arrangements for the safe storage and management of people's medicines. Temperatures of the storage area for medicines were checked and recorded daily. People were supported to take medicines by staff who were trained and had their competency assessed. Staff had access to detailed guidance about how to support people with their medicines in a safe and person-centred way. We completed a random stock check of medicines and found stock levels correct, staff completed documentation correctly and audited medicines regularly to ensure people were safe.

Infection control practices were in place. Staff had all received training in infection control. Staff wore appropriate protective equipment such as gloves and aprons where appropriate. Colour coded systems to reduce the risk of cross contamination were appropriately used by staff. Cleaning schedules were in place. The registered manager completed checks to ensure the home was regularly cleaned. The home looked clean during our inspection.

Plans and guidance were available to help staff deal with unforeseen events and emergencies. For example, the fire alarm systems were regularly tested. Each person had a personal emergency evacuation plan in place in the event of a fire. People and staff, we spoke with knew what to do in the event of a fire.

## Is the service effective?

### Our findings

People were provided with choices of food and were free to choose where they wanted to eat their meals. Staff were aware of people's dietary requirements and provided appropriate levels of support. Staff provided the support in a calm, relaxed and patient way. One person said about the food, "Yes, it's good. (Dinner) was nice." The mealtime was well organised and there were adequate staff to support people with their food.

Evidence provided demonstrated people could have food at a time they wanted. However, we found people were waiting for their breakfast to be served at 09:00am. One person told us, "If you get up early you have to wait for your breakfast." We spoke with the registered manager about this and they confirmed people could have their breakfast when they wanted. They put up posters on the day of the inspection to remind people they can have breakfast when they want. The registered manager confirmed this would routinely be discussed at resident's meetings.

People were supported to eat healthy meals and had their likes and dislikes noted in their Care plans. Food choices were discussed with people daily and pictures were also used to support people's choice. People were supported with healthy options.

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 with appropriate legal authority. 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found staff were working in line with the principles of the MCA. Staff offered people daily choices. One staff member said, "Choice is important, how would you feel if you didn't have a choice."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as, safeguarding, food safety, medicines and infection control. Staff confirmed they had completed inductions. One staff member said, "I have just recently done my health and safety and fire training."

Staff told us they felt supported by the registered manager and were actively encouraged to have their say about any concerns they had in how the service operated. Staff confirmed they had the opportunity to

attend meetings and discussed issues that were important to them. supervisions were undertaken, where their performance and development were discussed and reviewed. However, supervisions were still not where the registered manager wanted them and required improving. Staff told us that the managers' door was always open, and they could see them at any time to discuss any issues. A staff member commented, "I feel supported, this is a good home to work."

People were supported to access health services as and when they required. People had seen the opticians, dentists and GP's and had their weights checked regularly. One person said, "I had a chest infection and the nurse came and examined me. The doctor and district nurses are very good." Another said, "I ask the staff for assistance or advice. I had a manicure; better hands and nails now than in my [whole] life."

## Is the service caring?

### Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "Yes, (staff are) always kind and caring, (there are) no exceptions. They are always familiar staff, no strangers."

Staff helped people with their day to day decisions. People were supported with dignity and staff respected their privacy. One person said, "Staff are really caring and ask me what I want." Another person commented, "They call you into a small room if there's anything private" Another told us, "Staff are discreet and efficient; they are there when you need them."

Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "We have a lovely team here and we get to know people really well."

Staff had developed relationships with people they supported. We saw kind and caring interaction. Staff took time to stop and listen to people they supported. One person who was deaf was supported by staff with the use of a portable white board. We saw there were white boards in different rooms, so the person could be supported and interact with staff.

People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One relative said, ""We helped to fill out the details. We do review it, there are review meetings at about six-monthly intervals."

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories were kept secure. Information about advocacy services was made available to people and their relatives should this be required.

## Is the service responsive?

### Our findings

People's identified needs were documented and reviewed to ensure they received appropriate care. However, we found one person's changing needs were not updated appropriately in their care plan as required. Staff we spoke with were aware of the person's needs. We discuss this further in the well-led section of this report.

Staff had access to good guidance on how to deliver the care and support people wanted. One person said, "The staff are excellent and unobtrusive, they do their job very efficiently."

People received an initial assessment to ensure their support needs could be met. They received regular reviews of their care and support. People confirmed they were involved with and contributed to their assessments. We found people's views were listened to and people were supported to follow their interests and maintain relationships.

People were supported with their end of life care. People's end of life preferences were sought to ensure people's wishes could be met. Medication for pain relief was prescribed in advance to ensure that they were there when required. We saw a letter from one family who praised staff about the care they as a family had received.

There were various activities in different rooms during the inspection. Several residents were engaged in each one and there was pleasant chat and banter. Activities included a quiz, a pottery painting session and knitting baby squares. One person who was profoundly deaf, asked what the squares were for. The staff member explained by writing on a whiteboard used to communicate with this resident. Another person had agreed to join the pottery painting session (which they appeared to enjoy) only if their favourite staff member came too. The staff arrived during the session, apologised for being held up, and spent time with the person.

The activity coordinator also explained they ensured each person had some type of involvement from a hand massage to reading a book for them. They told us, "Care staff lead activities and I ask them to do things they also enjoy as this makes for a better session. Nine times out of ten, care staff are available to lead activities."

There was a complaints procedure in place. People were aware of how to make a complaint should they need to. People we spoke with told us that they were very happy with the care and support they received. One person said, "I think (the registered manager) would jump on it if I complained." We noted complaints received had been appropriately dealt with in line with the provider's complaints policy.

## Is the service well-led?

### Our findings

At our last inspection we found people's care records required improvement to ensure they were updated either when routinely reviewed or when people's needs changed. We found that the care plans had changed and were improved. The provider had implemented an electronic care plan system that allowed staff to manage their duties and tasks and alerted staff of people's daily needs. One staff members said, "I think it's a really good system." All staff confirmed the new system saved them time and it was easy to use.

However, we found that improvements were still required to ensure care plans were appropriately updated with the correct information and guidance.

Care plans had risk assessments that were reviewed to ensure peoples changing needs were met. However, one person's care plan had not reflected the persons changing needs appropriately. We found the care plan stated the person should use a medium sling when being hoisted. The same care plan also stated that a large sling should be used.

We looked at the risk assessments for the sling and they stated that the red hoops should be used but this was incorrect as the black hoops were the correct option. The person was at risk of banging their head whilst being hoisted due to their height. Appropriate guidance was not documented to help staff manage this appropriately. This meant there was a risk that staff would not follow the appropriate guidance whilst using the hoist.

We found there was no audit trail to demonstrate the decisions to change the size and hoops used whilst hoisting. There was involvement from the occupational therapist but decisions to change the sling size had not been documented. However, the assistant manager knew the history behind the changes all though these were not documented. This required improvement.

We spoke with the registered manager and the assistant manager about our findings. The assistant manager confirmed that they had appropriately updated the care plan with the changes and would remind staff of the importance of the care plans being updated as required.

Regular audits were carried out in areas such as medicines, infection control, support planning and health and safety. Where issues were identified, action plans were developed to improve the service. For example, we saw where areas of the home that required refurbishment had been identified, works were being carried out at the home. This meant there were systems in place to monitor the quality of the service.

Staff received competency checks and had access to monthly staff meetings. The manager had an open-door policy and staff we spoke with told us they felt supported and they could see the registered manager at any time.

People, relatives and staff were positive about how the home was run. They were complimentary about the registered manager, they described them as approachable and supportive. One staff member said, "I feel

listened to." Staff told us they had daily handovers and that they understood their roles and responsibilities.

The registered manager was very clear about their vision regarding the purpose of the home, how it operated, and the level of care provided. They told us they completed regular walks around the home where they talked with people and checked everything was alright. The registered manager was knowledgeable about the people who used the service, their different needs, personal circumstances and relationships. Staff we spoke with confirmed the registered manager was visible around the home.

The registered manager confirmed they felt supported. They told us the operations manager visited fortnightly. They said, "We walk the home together and discuss any issues." They also explained that the director completes their appraisals and that realistic goals are set. The registered manager said, "I feel supported, I can literally pick up the phone and speak to my director for support."

The registered manager had access to current information and changes to best practice. They received emails from the provider with relevant information updates. The provider checked audits and action plans to ensure they had an overview of the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.