

# Willow House Care Home Service

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Anstruther  
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Type of inspection: Unannounced  
Inspection completed on: 12 December 2017

**Service provided by:**  
Kingdom Homes Ltd

**Service provider number:**  
SP2003001615

**Care service number:**  
CS2017356161

## About the service

Willow House (formerly Windmill House) is a purpose-built, two-storey nursing home, situated just outside Anstruther, a small village on the East Neuk of Fife. Kingdom Homes has been the owner and provider of Willow House since March 2016. Anstruther and the surrounding areas are very popular and there is a strong history of traditions and cultures. Many of the people living in Willow House are local to the area.

The home is registered to accommodate a maximum of 40 older people with a range of care and support needs, most people in the home are aged over 65 years. During the inspection 27 people were residing in the home. The manager was responsible for the supervision of staff and the day-to-day running of the home. At the time of the inspection the manager had only been in post for three months and was being supported by the operations manager: both were present for the inspection.

All bedrooms are single occupancy, with en-suite toilet facilities. There are communal lounges and dining facilities on both floors. An internal passenger lift is available for use, and there are larger communal bathrooms which offer people an alternative to their en-suite shower rooms. Landscaped gardens with outdoor seating areas are available for use and the provider continues to enhance this area. The provider has plans for development and is currently refurbishing the home.

The organisation's missions statement is:

"We are committed to achieving our stated aims and objectives and we welcome the scrutiny of our residents and their representatives. We aim to provide a total range of care, in collaboration with all appropriate agencies, to meet the overall personal and health care needs and preferences of our residents.

The care we provide is based on the thorough assessment of needs and the systematic and continuous planning of care for each resident. We aim for a progressive improvement in all aspects of care delivery and ongoing training at all levels of our staff and management. We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our residents to exercise their rights to the full."

## What people told us

Comments we received from residents and relatives during the inspection included:

"The changes I've seen recently are for the better"

"The food - so far so good. She's diabetic and they cater for that"

"They are always polite"

"The communication is good"

"Nothing could be better"

"Bits and pieces go on; there's always something" - relating to activities.

"I get plenty to eat and drink. If I don't like something they change it"

"They take suggestions on board"

"The meals have definitely improved"

"The new staff are brilliant"

"The manager is really good; he works really hard and doesn't suffer fools gladly"

"All staff are pulling their weight with activities"

"All my health care needs are met".

## Self assessment

We did not request a self assessment this year. We discussed and considered the service's own development plan as part of this inspection.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

The service was involving residents and their families/friends in decisions about every day life in the home. This ensured they could participate in planning their care, activities, meals and snacks and their environment, including the garden. Staff were good at giving care and support in a respectful, kind manner whilst promoting dignity and privacy.

Relatives spoke of being kept up-to-date on their relatives' health needs and felt confident that they would be informed of any changes in their relatives' care. They told us they were invited to attend care reviews.

We looked at a sample of residents' care plans. We saw that some of these were well recorded and included and identified current care needs and how these were being met. These were evaluated monthly or if a change occurred. Advice was sought appropriately from other professionals in relation to a variety of health needs. However, we also saw areas for improvement which are detailed below:

- Activities logs had not been completed since the activities coordinator's absence in August. In some cases residents did not have an activities care plan. This meant that staff had no written information on the likes and dislikes of residents regarding how they wished to spend their time.
- One resident's fluid balance chart had been discontinued. Although staff could explain the reason for this, it was not documented in the care plan to inform others. Neither had the information board in the nurses room been updated to reflect this.
- We saw that weekly evaluations of fluid intake charts were being carried out and appropriate action taken for example contacting the GP. However the care plans were not always updated to reflect this and inform others.
- We found that residents who showed signs of stress/distress had care plans in place however no meaningful evaluations were being carried out following such episodes. This meant that staff had no information on how to best support individual residents.

We have taken the above information into account and made a requirement (1).

We looked at a sample of medication administration records (MARs) and found these to be fully completed. We also looked at a sample of topical medication administration records (TMARs) (creams & ointments). Once applied some staff signed the TMAR (body map chart) and some staff signed the MAR sheet.

We discussed with the manager the benefit of having one system in place to prevent confusion and reduce the chance of error. He said he would talk with staff and choose the best method.

Discussion with the manager and review of duty rotas confirmed that staffing levels were directly related to the number and needs of people living in the home.

During our visits we saw that residents were supported to take part in a variety of different activities. Residents confirmed they enjoyed taking part in all the different activities and they really enjoyed the entertainers.

The manager stated that he intended to re-establish community links for the benefit of the residents for example with the local primary school.

He also stated that they had recognised improvements were needed to the laundry service therefore a second laundry assistant had been employed.

He had held a relatives' meeting to introduce himself and share information about forthcoming events and service development. He told us he intended to make relatives' and residents' meetings a regular occurrence to keep people updated and 'hear their voice'.

We observed lunch time and saw that staff were very courteous and respectful and clearly knew the residents' needs, likes and dislikes.

## Requirements

### Number of requirements: 1

1. The Provider must make proper provision for the health, welfare and safety of service users. In order to do so, the Provider must put in place a system to ensure that personal care plans:

- (a)
- evidence that assessment tools are used effectively and accurately to identify service users' needs and are updated regularly and as service users' circumstances change.
  - are reviewed regularly and updated to include changes as a result of a planned care review or when there is a change in service users' needs.
  - contain clear assessment and evaluation information regarding service users' needs and planned interventions by staff to meet these needs.

- (b)
- The Provider must put in place a system to:
- review care plans for service users whose behaviour can be challenging to ensure staff have sufficient guidance on how to manage behaviours which are challenging.
  - ensure behaviour recording charts accurately record the support and management of each individual's situation. The support and management of individual service users must be regularly evaluated and personal care plans updated to reflect changes.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210: Regulation 3 - Regarding the principles of the Act. Regulation 4 (1) (a) - Welfare of users.

Timescale: within two weeks of receipt of this report.

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

## Quality of environment

### Findings from the inspection

We looked at some records and checks which were carried out to make sure the environment was safe and residents were protected. The manager could evidence the visual checks of the environment that were carried out regularly and how these were recorded and managed.

Staff had ready access to a variety of hoists and other moving and handling equipment to support and transfer residents safely and with dignity. We found all equipment to be clean. Personal Protective Equipment (PPE) such as disposable gloves, wipes, aprons, soap and hand towels were readily available and used appropriately by staff. These measures helped reduce risk of infection.

During the inspection we saw a record of water tests that were routinely carried out. This ensured minimised risk of people being scalded and prevented the development or spread of legionella.

An entry and exit keypad system was in place and visitors were requested to sign in and out of the building so staff knew who was present. Staff had undertaken fire safety training. This helps to ensure staff know what to do in the case of a fire in the home to maximise the safety of the residents. Fire alarm checks were recorded regularly and all fire exits were alarmed.

The service had policies and procedures in place for the safe recruitment of staff. We saw that these were adhered to. This ensured that unsuitable people were not employed to care for vulnerable adults.

Corridors and circulation areas were clear of hazards and a record of accidents and incidents was maintained. These measures help ensure people are safe and comfortable living in the care home. Examination of records, observation and discussion with staff and people who use the service verified that routine maintenance and repairs were carried out promptly. PAT (portable appliance testing) had been carried out to ensure small electrical appliances were safe to use.

We assessed how the service managed residents' finances. There was a system in place for signing in/out residents' monies and regular audits were carried out. Residents could access their money during the working hours of the manager and/or administrator and families could pay in to their relatives' funds at any time. For all expenditures, dated receipts were in place.

We spoke with the manager and administrator about the benefits to residents of accessing their money at all times including evenings and weekends. By the end of the inspection they had put a system in place.

We found that the environment was comfortable and properly equipped. All areas of the home were clean and the enclosed gardens were seen to be tidy and well maintained. The refurbishment programme was included in the development plan which was ongoing. We did see improvements that had been made as part of the development plan.

The service had a range of policies and procedures in place relating to the safety of residents including adult protection, child protection, complaints and restraint. These policies were subject to regular review.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

We received many positive comments from residents and relatives regarding the quality of the staff employed in the care home. Observation of practice showed there was an improved relaxed atmosphere in the home. The staff were friendly and helpful and interacted with residents in a warm, relaxed manner.

Staff told us they were confident in their responsibilities to protect and care for residents. Staff we spoke with told us they felt supported and valued.

The organisation had a dedicated training department and an annual training plan in place. Staff had access to e-learning and they could request specific training outwith the home. We saw that mandatory training was up-to-date. This is important to ensure staff have the relevant skills and knowledge to carry out their daily tasks. We discussed with the manager the benefit of developing a training matrix to highlight when individual mandatory training was due. This was in place by the second day of the inspection. We also saw that the manager signed to verify staff had completed training and induction for new employees. We advised him to consider not signing until he was confident the staff were competent in the tasks they had received training in. He agreed this would be appropriate.

Staff were able to attend regular meetings to discuss a varied agenda: this ensured that information was shared on a regular basis and the team was updated. Staff spoken with said they felt their opinions and ideas were respected. Staff received supervision which provided an opportunity for the management and employee to discuss any matters of concern, review work performance against agreed objectives and review the employee's personal learning and development plan. We discussed with the manager the benefit of developing a supervision matrix to highlight when individual supervision was due.

This was in place by the second day of the inspection.

The manager was aware of his responsibilities to ensure the appropriate staff were registered with the SSSC (Scottish Social Services Council) and NMC (Nursing and Midwifery Council). All staff were either registered with the appropriate body or in the process of doing so.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

The new manager and operations manager declared their commitment to continue improving the service. Residents and relatives told us that improvements had been made and that they were being consulted in decision-making. We saw the service development plan and the progress being made. We were assured that the development plan would be continuous.

There were a number of audits carried out in the home. The aim of the audits was to make sure standards were maintained and any areas for improvement identified and acted upon. We looked at some of the regular quality assurance audits completed, including medication management, personal care plans, financial systems and an environmental audit.

The management's 'open door' approach and relationships within the home enabled people and families to share their opinions and feel able to comment on the quality of the service. The manager intended to start a 'manager's surgery' - making himself available solely to speak to people and listen to their concerns/ideas. People in the home were confident that the service would/had responded to concerns or comments.

During the registration process we placed a condition of registration on the registration certificate regarding the sluice. This condition dictated that each of the two sluices should have two sinks; one general purpose and one for hand-washing. During the inspection we noted that although the sluices had been upgraded they only had one sink each. The operations manager stated this had been a misunderstanding and a request was submitted immediately for a second sink to be installed in each sluice. The operations manager stated that she would inform us when this work is complete.

## Requirements

**Number of requirements:** 0

## Recommendations

Number of recommendations: 0

Grade: 4 - good

**What the service has done to meet any requirements we made at or since the last inspection**

## Previous requirements

There are no outstanding requirements.

**What the service has done to meet any recommendations we made at or since the last inspection**

## Previous recommendations

There are no outstanding recommendations.

## Complaints

There have been no complaints upheld since registration. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since registration.



## Inspection and grading history

This service does not have any prior inspection history or grades.

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