

Willow House Care Home Service

77 Toll Road
Anstruther
KY10 3HZ

Telephone: 01333 314300

Type of inspection:

Unannounced

Completed on:

30 January 2019

Service provided by:

Kingdom Homes Ltd

Service provider number:

SP2003001615

Service no:

CS2017356161

About the service

Willow House is a purpose-built, two-storey nursing home, situated just outside Anstruther, a small village on the East Neuk of Fife owned by Kingdom Homes. 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 35 people were residing in the home. The manager was responsible for the supervision of staff and the day-to-day running of the home.

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

We distributed 20 questionnaires prior to the inspection and received seven completed questionnaires from residents and relatives. The residents/relatives strongly agreed/agreed with the statement that overall they were happy with the quality of care and support provided to them. We also spoke informally with a number of residents and relatives.

Comments received from residents and relatives during the inspection included:

"They definitely look after us."

"It's very good. They're well looked after and she seems happy. It's always clean and very welcoming. Her health needs are well looked after and the management is excellent. I'm in every day and there are activities all the time. She gets plenty to eat and drink and the staff are fantastic. They have meetings and ask us what we want for the home. I've no complaints and I can't think of anything that could be improved."

"There's lots to do and we can go downstairs and join in if we want to. The meals are great."

"It's fabulous; the atmosphere. They are the loveliest staff you will ever come across; nothing is too hard for them".

"I've eaten more here than I have for ages; the food is terrific".

"It's excellent. They can't do enough for you".

"I'm happy with everything".

"I think the staff here are excellent and have a lot of passion and care".

"It's very good".

During the inspection we used the SOFI 2 which stands for Short Observational Framework for Inspection. This tool helps us to capture the experience of people using the service who may not be able to express their views for themselves. We spoke with the management team about our observations of people's care in one sitting room. We observed at least one member of staff in the sitting room at all times interacting with the residents. The residents appeared to know the staff well and felt at ease. Residents and relatives told us it was the norm for staff to present at all times.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated the service as performing at a very good level. This means that the service demonstrates major strengths in supporting positive outcomes for people. There were very few areas for improvement and those that do exist would have a minimal impact on people's experiences and outcomes. Opportunities to strive for excellence were being taken within a culture of continuous improvement.

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 said they were confident staff would seek medical attention as soon as their loved one needed it and gave us examples. They told us they were invited to attend care reviews.

We looked at a sample of residents' care plans. We saw that 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.

It is important for residents to enjoy a healthy and balanced diet and have access to plenty of drinks throughout the day. We found that dining rooms were presented very nicely and that residents could choose whether to have meals there or in their own bedroom. Residents told us that the food was very good and if they didn't fancy what

was on the menu they could have an alternative. The chefs completed dietary questionnaires with residents on admission and were always on the floor during meal times to ask their opinions.

It is important that people experience support that promotes independence, dignity and choice and that staff have an enabling attitude towards those they care for. We were pleased to see residents were involved in deciding how to spend their day and what activities they wanted to take part in. The full-time activities co-ordinator held monthly meetings with the residents and devised the activity planner around their wishes. They had the choice to go on the fortnightly bus trips and they told us they loved the regular entertainers that came to the home. They also had the opportunity to do one-to-one activities they requested via the 'wishing well'. These had included trips to the cinema, shopping days and a tour of Ibrox football stadium. Relatives told us they were invited to join in all activities.

Fund-raising events were held to raise money to purchase items of residents' and relatives' choice. The latest addition being an outside bar. During one of the residents/relatives meetings a greenhouse had been suggested and the money had been raised for this also. Residents and relatives told us their opinions were taken into account in all decision making in the home.

The manager was continuing to build up links with the community and the residents enjoyed the monthly church services, the 'book shop' from the library and visits from the local primary school for seasonal events.

The manager had been keeping a record of how the home had progressed and improved since he commenced. We discussed the benefit of further developing this into a formal development plan detailing plans for the future, timescales, roles and responsibilities.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

5 - Very Good

We evaluated the service as performing at a very good level. This means that the service demonstrates major strengths in supporting positive outcomes for people. There were very few areas for improvement and those that do exist would have a minimal impact on people's experiences and outcomes. Opportunities to strive for excellence were being taken within a culture of continuous improvement.

People should be fully involved in their assessment and development of their personal plan. These should be available and set out in a way which is personalised and meaningful to each individual. We saw evidence of residents and relatives involvement in the development of residents' personal plans. Monthly evaluations were carried out on all individual care plans and updated to keep staff informed of residents' health and well being. Six monthly reviews took place for each resident to which residents and relatives (where appropriate) were invited to be included. All personal plans examined were up-to-date.

Personal plans included information of all visits and appointments with other healthcare professionals and the prescribed treatments and outcomes were well documented.

Monitoring charts such as food and fluid balance charts were fully completed and we saw action was being taken to improve people's health when necessary. Residents who showed signs of stress/distress had care plans in place which were evaluated regularly. However in some instances recording tools such as Antecedent Behaviour Consequence (ABC) charts were being used during such episodes and we found that the review section of the tool was not always being completed. This meant that although the de-escalation techniques used were recorded they were not always being thoroughly evaluated to inform future practice. The manager agreed with this (see area for improvement 1).

Areas for improvement

1. The manager should ensure that full evaluations are carried out and recorded following a resident's episode of stress/distress. These evaluations should be taken into consideration when reviewing the care plan.

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

Requirements

Requirement 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.

This requirement was made on 25 January 2018.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because

- Activities logs had not been completed since the activities coordinator's absence the previous 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.

During this inspection we saw huge improvements in the care plans, risk assessments and monitoring charts. The full time activities co-ordinator kept her own activities records up-to-date. Monitoring charts such as food and fluid balance charts were fully completed and we saw action was being taken to improve people's health when necessary. Residents who showed signs of stress/distress had care plans in place which were evaluated regularly. We discussed areas for improvement in this area with the manager. Further information can be found under the 'how well is our care and support planned ?' section of this report.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

During the previous inspection we discussed with the manager the benefit of having one topical administration recording (TMAR) system in place to prevent confusion amongst staff.

This area for improvement was made on 25 January 2018.

Action taken since then

During this inspection we learned that the home and local pharmacy had discussed this and the old recording system had been replaced with one document. The TMARS examined during the inspection were fully completed and up-to-date.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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