

Willow House Care Home Service

77 Toll Road
Anstruther
KY10 3HZ

Telephone: 01333 314 300

Type of inspection:
Unannounced

Completed on:
10 September 2021

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. The home is owned by Kingdom Homes and registered to provide care to a maximum of 40 people. During the course of our inspection 34 people were residing in the home.

All bedrooms are single occupancy, with en-suite toilet facilities. There are communal lounges, bathrooms and dining facilities on both floors. An internal passenger lift is available for use. Landscaped gardens with outdoor seating areas are available for use.

This was a focused inspection to evaluate how well people were being supported during the Covid-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate.

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

People's views were not formally gathered during our visits to Willow House Care Home. Over the course of our visits we spent time observing people's experiences of care and support.

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 good is our care and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

2 - Weak

7.1 People's health and wellbeing are supported and safeguarded during the Covid-19 pandemic.

The focus of this inspection was to evaluate the care and support which people have received during the Covid-19 pandemic. We wanted to explore whether people's rights were being respected and whether their physical, mental and emotional health was being promoted. We also considered the ways in which people were being supported to stay connected with their loved ones and to maintain relationships. Our findings and requirements made in key quality indicators 7.2 have impacted on the grade awarded for this quality indicator.

People living in Willow House were supported by care staff who were familiar with their choices and preferences. Staff were attentive and people were treated with kindness and respect. Support plans were well written, providing clear guidance on how best to meet people's needs. Informative anticipatory/end of life care plans had been developed. These care plans provide an important opportunity for people to have conversations with carers and loved ones about the type of care that they would like to receive should they become unwell. We were confident that people's healthcare needs were being attended to.

People we spoke with confirmed they got plenty to eat and drink. We could see that the service continued to be responsive to people's healthcare needs during the pandemic. There was evidence of input from external professionals to support people with non-Covid-19 related issues. It was also clear that staff were considering possible Covid-19 related symptoms that people presented with and were discussing these with the relevant people.

Examination of medication administration records identified medications were always available, however, we found several missing entries on the charts and no reasons given for these omissions. Tablet counts identified people were receiving their prescribed medications. It is important that when there are any errors/omissions in medication administration that these issues are fully discussed with medical staff (GP/ NHS 24) at the time of concern. This is to ensure any health impact on a person is monitored. A requirement (1) is made.

In line with current guidance, the home was welcoming visitors back into the home. Systems were in place to help staff accommodate the increasing footfall safely and it was lovely to see people getting out with their families. Some people continued to benefit from staff helping them to stay in touch with family and friends using technology. This helped to prevent people feeling isolated. People also had the choice to have window and garden visits. This was having a positive impact on people's wellbeing.

There was an activities coordinator in the home who worked across both floors. There was evidence that some activities were taking place, however, these were not happening in a planned way and there was little evidence to show that what was offered was always meaningful to people. The activities coordinator was not available at the time of our inspection and it was clear that support staff did not always have the time to offer people meaningful social interaction in her absence. An area for improvement (1) is made.

Although financial systems were in place, we felt they were not robust enough to safeguard people's money or prevent possible financial abuse. There was no system in place to enable people to access their money out of business hours (evenings and weekends). This was rectified by the time the inspection was concluded and we have made an area for improvement (2) regarding quality assurance.

We discussed with the newly appointed manager the importance of having a service development / improvement plan. This enables the service to monitor what is working well and highlight areas to improve standards for people living in the home and their visitors. The manager said this will be done and we will monitor progress during future inspections.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

We evaluated how well infection control practices support a safe environment for people experiencing care and support. We concluded that people's welfare and safety was compromised by risks which could be avoided, and that immediate action was required.

During an outbreak of Covid-19, the application of strict infection control procedures is paramount to make sure people are safe. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of all people experiencing care and the workforce.

We found the service had good supplies of Personal Protective Equipment (PPE) and staff knew how to access it. The PPE was situated at the entrance of the home. PPE includes the wearing of masks by staff and visitors in all parts of the home. We saw staff and visitors wearing masks appropriately to reduce the risk of transmission of air borne infections. However, there were insufficient numbers of both clinical waste and general waste bins throughout the home for staff use. The manager was aware of this and has ordered replacements. We also found staff were not always disposing of their PPE in the appropriate containers. This was not satisfactory and could cause risks to staff, people living in the home and visitors. A requirement (2) is made. We also found the external clinical waste bins were not locked; this presents a risk to the public. These were locked during the inspection visit and staff were reminded to always ensure they were locked.

On day one of the inspection levels of cleanliness throughout the whole home were not adequate and required attention to help minimise the potential spread of infection. Although cleaning of the home was being carried out, we found one shower chair and one mattress contaminated with body fluids. In one bathroom we found equipment that needed replaced as it was rusty. The PPE containers were unclean and being used to store toiletries. By day two of our inspection there were new PPE stations in place, rusty equipment and the mattress had been removed and generally the home was cleaner. However, although we found improvements had been made, in some areas further improvements were required maximise people's safety. A requirement (3) is made.

There was a good supply of cleaning equipment, products, and solutions (including chlorine releasing agents) which were suitable for a range of cleaning purposes and used according to guidelines. However, we found a number of potentially harmful cleaning products in an unlocked cupboard in one satellite kitchen and the main cupboard containing cleaning products was unlocked. This presents a risk to the people living in the service. A requirement (4) is made.

We saw that laundry was managed appropriately in line with government guidelines.

Government guidelines and processes provide regular testing for staff. The availability of this testing was communicated to staff and there were three opportunities each week for staff to be tested. Staff were able to be tested during their days at work, resulting in a high rate of compliance.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Our findings and requirements made in key quality indicators 7.1 and 7.2 have impacted on the grade awarded for this quality indicator.

People who use care services should feel confident that staff arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes. During this inspection we found there were some weaknesses in performance (see quality indicator 7.2), which required prompt attention to ensure that people were protected, and experiences enhanced.

We were satisfied that plans were in place to aim to ensure that staffing levels were right to meet people's needs. We were able to establish that a contingency plan was in place to help maintain safe staffing levels. This included flexibility within the working hours and roles of the staff team as well as the use of agency staff. Unfortunately, due to the current national health and social care staffing crisis, the service was not always able to maintain optimum staffing levels. In an effort to enable staff to meet people's needs, the service had decided to stop further admissions to reduce further workload. This would also give the newly appointed manager the opportunity to develop her role.

Staff told us about the training that they had received in relation to infection control practice, including putting on and taking off Personal Protective Equipment (PPE) and handwashing. We saw staff were wearing PPE correctly, however, they were not always disposing of it in line with public health guidance or in a way that kept people safe.

Staff training had been delivered in key areas of infection prevention and control, however, there was a lack of formal evaluation of learning. Having clear systems for evaluating learning opportunities supports safer ways of working. We thought staff would benefit from a more in-depth knowledge and understanding of infection prevention and control precautions. The use of reflective accounts and peer discussions would support this further learning. An area for improvement (3) is made. We found areas of concern in relation to IPC (Infection, Control and Prevention) which we have taken into account whilst awarding the grade for this quality indicator - see quality indicator 7.2.

Requirements

1. By 8 October 2021 the provider must ensure medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this, the provider must:

- ensure that all medication is administered as per the instructions of the person authorised to prescribe or discontinue a medicine.

This is in order to comply with SSI 2011/28 Regulation 4 - requirement for records all services must keep, and SCSWIS (Requirements for Care Services) Regulations SSI 2011/201 Regulation 4(1)(a) - requirement for the health and welfare of service users.

2. By 17 September 2021 the provider must ensure that people experience care in an environment that is safe and minimises the risk of infection. In particular you must:

a. ensure that clinical waste is disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland.

This is to comply with Regulations 4 (1) (a) and (d)(welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 17 September 2021 the provider must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

a. ensure that the internal premises, furnishings, and equipment are safe, clean, and tidy

b. ensure that processes such as enhanced cleaning schedules and regular quality assurance checks of the cleaning undertaken are in place.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

4. By 17 September 2021 the provider must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

a. ensure all harmful chemicals are stored securely.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. In order to improve people's physical and mental wellbeing, the service provider should ensure people have the opportunity to participate in regular meaningful activities.

This to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors.' (HSCS 1.25).

2. In order to ensure people's finances are safeguarded, robust audit systems should be in place.

This to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'. (HSCS 3.20).

3. The provider should ensure that staff receive training relevant to their role. Any training should be formally evaluated to ensure it is effective in delivering the desired outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14).

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 good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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