

Willow House Care Home Service

77 Toll Road
Anstruther
KY10 3HZ

Telephone: 01333 314 300

Type of inspection:
Unannounced

Completed on:
14 December 2022

Service provided by:
Kingdom Homes Ltd

Service provider number:
SP2003001615

Service no:
CS2017356161

About the service

Willow House is a privately run nursing home. The care home is in the process of changing providers from Kingdom Homes Ltd to the Holmes groups and registration is underway. It is situated on the outskirts of Anstruther. The home comprises of two floors and is registered to accommodate 40 people. Each floor has its own communal sitting and dining areas and a passenger lift. Bedrooms are all ample size with ensuite toilet and shower facilities. The home benefits from well kept, landscaped surrounding garden areas with garden seating available for residents' use. There are car parking facilities at the front of the home.

About the inspection

This was an unannounced inspection which took place on 14th December 2022. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with eight people using the service and three of their family members
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People told us staff were kind and respectful.
- Leadership and oversight of the service required improvement.
- Staff learning, development and support required improvement.
- Further development of activities was required to make them meaningful to people.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

4 - Good

We evaluated how well people's health and wellbeing was supported. We concluded that this was good as there were a number of important strengths which, taken together, outweigh the areas for improvement.

People were supported by a staff group who knew them well and treated them with kindness and respect. One person stated 'I'm happy. We have a giggle'. Another stated 'I'm well looked after'. People enjoyed friendly, good natured and humorous interactions with staff. This put people at ease and enhanced the homely atmosphere.

People should have access to high quality nursing care and regular health care assessment, from a staff team that know them well. We observed lots of friendly interactions between staff and people living in the service. Despite a high use of agency care and nursing staff, one person told us "I like it here, they are kind to me". A Family member told us "I have to be able to trust them and I do". We saw good outcomes for people during our inspection. We saw that people had access to the right health care at the right time, for example the dietician and dentist. Evidence showed good management of pressure care and wound care. Care plans provided a good level of detail for care staff and evidenced good use of best practice guidance. We saw good oversight of food and fluid charts and the plans we sampled evidenced weight gain for those where low weight was an area of concern. The service was actively recruiting, and nursing vacancies had recently been filled. Overall, this should support consistent and proactive health care.

Having access to food and drink that meets people's needs is essential. We saw snacks and drinks available for people to access at any time within the main lounge, and for people who spend time in their rooms. People told us that they enjoyed the meals prepared by the in-house kitchen 'I really liked my lunch; pie and beans and it was lovely'. Others stated they had plenty options and access to food as they wished. It was not evident that people were involved in choosing what food was available and the service should promote more participation in this area. Area for improvement (1) in the 'how good is our setting' section of this report applies to this key question.

People were well supported to maintain contact with their family and friends. The newly appointed manager had made efforts to ensure families were aware that they could visit at any time. The relatives we spoke with described good communication and regular updates. This helped to maintain meaningful relationships. The service had recently employed an activity co-ordinator who was focussing on building relationships and in the early stages of making meaningful links to local schools and community resources. This needed further development to ensure people have the opportunity for meaningful, personalised activities and contact with the world outside of the care home. This would enhance people's emotional wellbeing. We made an area for improvement regarding activities at a previous inspection and this is being restated. See area for improvement (1). Further details can be found in the 'what the service has done to meet any outstanding areas for improvement at or since the last inspection' section of this report.

A robust medication management system should be in place to ensure that people's identified health needs are well managed. Our review of the service's medication practices found evidence of good practice relating to 'as required' medication and controlled drugs. The service was being supported by the organisation's quality team to review medication administration systems. Despite this, our audit of medication systems identified a small number of omissions in the medication administration recording (MAR) charts. We saw good practice guidance in place for the application of creams, however, this was not being used effectively. This meant we could not be confident people were always receiving their prescribed medication at the right time to support their health. Requirement (1) in the 'how good is our leadership' section of this report applies to this key question.

Peoples health and wellbeing should benefit from safe infection prevention control measures. We found the home to be clean and free from any malodour. We observed good use of personal protective equipment (PPE) and PPE stations were easily accessible and well stocked. The home was undergoing a re-decoration program which, we were able to see, was enhancing the overall environment. Good cleaning schedules were in place and we found all soft furnishing and high traffic areas to be clean. Care home staff evidenced a good understanding of Infection Prevention and Control (IPC). Some staff were overdue training in IPC which the service should address. Requirement (1) in the 'how good is our staff team' section of this report applies to this key question. Overall we found a good standard of infection control which helps to keep people safe.

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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where there are some strengths which just outweigh weaknesses.

Quality assurance and improvement should be well led and drive improvement. We found some systems in place to monitor practice and service delivery. We recognise that the service went through a period without a manager in post, which resulted in a lack of management oversight and quality assurance. At the time of this inspection the service had a newly appointed manager who was able to evidence some auditing systems. For example, audits of care plans had commenced and a daily 'flash meeting' had been introduced to monitor critical care needs.

The service had little evidence of staff training being up to date, although we saw good standards of practice during the inspection. Requirement (1) in the 'how good is our staff team' section of this report applies to this key question.. The service did not have a written improvement plan to identify future actions to drive change. It was encouraging to see some systems in place. However, these needed further development to reduce the risks to people living in the service and evidence capacity for improvement. The leadership team were able to reflect on the changes needed to make improvement to the overall experience of people living in the service. We were reassured to see plans in place to create a formal system for conducting care plan reviews, staff supervisions, observations of practice, and to oversee accidents and incidents. This would support a culture of continuous improvement. The service must develop and evidence robust quality assurance systems and management oversight to support people's health and wellbeing and support a culture of improvement. See Requirement (1).

Requirements

1. By 13 March 2023, the provider must ensure that there are appropriate quality assurance systems in place. This is to ensure that the health, safety, and well-being needs of people receiving care are met, and they experience positive outcomes. This must include, but is not limited to:

- a) ensuring appropriate and effective leadership of the service
- b) implementing accurate and up-to date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay. Priority should be given to the administration of medication.
- c) ensuring that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes.
- d) ensuring the current environmental improvement plan is adhered to, to improve the standard of living conditions for people receiving care and enhance their well-being.
- e) implementing and following a regular pattern for staff supervision and observations of staff practice to identify development needs and enhance peoples overall experience of care.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. The strengths identified just outweighed the weaknesses. The likelihood of achieving positive experiences and outcomes for people was reduced because improvement was needed in key areas.

Many of the staff observed, appeared experienced and confident. Staff knew the people they were caring for well, and interactions were warm and kind. Support call alarms were answered quickly and people who were experiencing distress were supported respectfully. One family stated, "the staff are very helpful" another stated "every time I visit, the staff know me and they know my relative."

A dependency tool was in place to inform staffing levels. The service had several vacancies and the use of agency carers and nursing staff was high. The agency staff were consistent and appeared to have a good knowledge of people's needs. Recruitment was active and new staff were due to commence in the coming weeks. One carer commenced post on the day of this inspection. They had not yet undertaken any mandatory training but had been given an induction programme to follow despite having left the service for a short period of time before returning. This showed that all new recruits will be expected to comply with the organisation's training policies and procedures.

Training across the staff team was poor. We were assured that some mandatory training was taking place the following week and more was scheduled in the weeks to follow. Although we did not observe this to be impacting people's outcomes, it needs addressed urgently. This supports safe practice. See requirement (1).

Staff should have the right set of competencies to care for, and support good outcomes for people receiving care. A regular supervision and appraisal system for care staff was lacking. The manager evidenced a system to commence regular supervision and observations of practice. This would enable a culture of developing strengths, knowledge, and ensure the mix of staff skills meet the people's needs. The service should implement this system into practice to support good outcomes for the people living there. Requirement (1) in the 'how good is our leadership' section of this report applies to this key question.

Requirements

1. By 13 March 2023, the provider must ensure that people experience a service with well trained and informed staff. The training must be relevant to the work that they carry out in order to keep service users safe.

This must include, but is not limited to:

- a) regular quality assurance checks to demonstrate how the training received is being implemented in practice throughout the care service;
- b) regular monitoring of staff practice to provide assurance that staff practice is consistent with current good practice guidance;
- c) providing regular staff supervision to ensure their learning and development needs are assessed, reviewed and addressed; and
- d) ensuring staff have access to up-to-date knowledge and best practice guidance through access to regular team meetings.

This is in order to comply with Regulations 9, (2)(b) (fitness of employees) and 15, (b)(i)(staffing), of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This it 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).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. The setting has some strengths that impacted positively on people's experiences, but these just outweighed the weaknesses.

People should have access to an environment that promotes independence and be able to choose how they wish to spend their time. We saw people benefitted from a warm, clean, and comfortable environment with sufficient space to meet their needs and wishes. One family member commented that the home was "small and intimate". The setting offers a large communal lounge on each floor with separate kitchenette and dining area. At the time of the inspection, a large re-decoration program was underway. This included fresh paint to all walls, new carpets throughout, and changes to communal areas that aimed to promote independence. People, wherever possible, should be involved in a meaningful way, in decisions being made about the layout of the setting and how the spaces are used. This supports inclusion, choice and promotes an environment that meets the needs of people. People had not been consulted about the re-decoration. See area for improvement (1).

A chalk board was being introduced to the dining areas to detail the foods on offer that day. In additional, a table will be equipped with a full set of condiments so people can access these independently. We saw communal lounge areas had a snack bar on offer for people to help themselves.

Care settings should offer spaces that are safe and relaxing. We saw maintenance records that supported a safe environment. During our inspection, the home was free from intrusive noises or smells. The care home has access to a large, accessible, and enclosed garden. Focus should be given to ensuring people have access to these outdoor spaces to help promote their physical and emotional health. We observed use of technology to keep people connected to their interests and as a good 'conversation starter' during mealtimes. For example, each dining area has use of an 'Echo Dot' and people were encouraged to choose their favourite songs. While this was an example of good practice, care should be given to ensure people residing in the home are always included in the choice of music.

A care environment should enhance people's wellbeing. Many of the people in the home were living with dementia. The layout of the home meant people could walk around free from hazards. There was a lack of dementia friendly signage that supported safe wayfinding. This could increase people's risk of stress and distress. We were reassured that adding dementia friendly signage was part of the re-decoration plan.

People should be able to choose how and when they spend their money, with robust systems in place to keep their money safe. People did not have access to their money out-with office hours. This restricted people's choice and independence. See area for improvement (2).

Areas for improvement

1. The provider should ensure that the people living in the service are fully consulted in a meaningful way in decisions about service delivery. The provider should use this consultation to inform any changes and to improve the wellbeing of people living there.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought, and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11) and 'I can be meaningfully involved in how the organisation that supports and care for me work and develop' (HSCS 4.6)

2. In order to improve people's involvement in all decisions about their care and support, the service provider should ensure people have access to their monies at all times.

This to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.' (HSCS 2.25).

How well is our care and support planned?

3 - Adequate

We evaluated how well people's care and support planning as good as there were several important strengths which, taken together, outweigh the areas for improvement.

It is important that people's care plans reflect their needs and wishes. We found the majority of care plans we sampled contained sufficient information to inform staff of how to best meet people's needs. They detailed guidance for staff on people's wishes and preferences. Risk assessments and monitoring charts were completed appropriately. This provided an accurate and up-to-date overview of people's health status.

Anticipatory care plans were in place, however, would benefit from being more detailed and personalised. We found good examples of how relevant health professionals had been involved in supporting good health outcomes for people. One family told us "The care home noticed some weight loss; without any delay they contacted the dietician to get advice." The service should continue to embrace all opportunities for joint working with health and social care professionals.

We found care staff knew people well and recognised individual care needs. One person residing in the home told us that staff were attentive to her health condition and got her the support she needed from the GP. We found room for improvement in recognising if people with reduced verbal communication are experiencing pain. We saw the use of pain assessment scales, but no pain management care plans. This was discussed at feedback and the manager gave assurance that this would be addressed. This would mean that care staff could be proactive in getting the every person the right health care at the right time.

Care records should be up to date, regularly reviewed and evidence involvement of the person receiving care and their next of kin. Families told us they had been involved in reviews and had been asked to sign required and legal consent forms. Regular reviews were evidenced within care plans, however, it was not evident that the people receiving care were involved in this. The service was in the process of reviewing all care plans as part of quality assurance and this could provide an opportunity to ensure good standards of participation are promoted. Requirement (1) in the 'how good is our leadership' section of this report applies to this key question.

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

To ensure positive outcomes for people who use this service the provider should;

- (a) Ensure that documentation and records are accurate, sufficiently detailed and reflect the care/support planned or provided.
- (b) Ensure that there is documented evidence on actions taken when residents are not achieving their targeted daily fluid requirements.
- (c) Ensure that staff have a clear understanding of accurate recording in relation to residents dietary monitoring.
- (d) Be able to show evidence of regular ongoing monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities and can demonstrate this through their practice.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 20 October 2022.

Action taken since then

This area for improvement was made as a result of an upheld complaint. It was made because somebody receiving a care service did not experience adequate support with bowel monitoring, impacting on their health, comfort, and wellbeing.

During this inspection we found we found the majority of care plans we sampled contained sufficient information to inform staff of how to best meet people's needs. They detailed guidance for staff on people's wishes and preferences. Risk assessments and monitoring charts were completed appropriately. This provided an accurate and up-to-date overview of people's health status. Care records were be up to date, regularly reviewed and evidenced action being taken when required.

This area for improvement was met.

Previous area for improvement 2

To ensure positive outcomes for people who use this service the provider should further develop robust systems to improve lines of communication to enable person centred decision making. To achieve this:

(a) Staff must be able to demonstrate through their practice a clear understanding of their role and responsibilities to ensure all parties are kept fully informed.

(b) Ensure documentation is accurate and sufficiently detailed to be able to demonstrate that people are enabled, empowered and their choices are respected.

(c) Staff must be able to demonstrate through their practice that they have a clear understanding of the role of the Power of Attorney.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

This area for improvement was made on 20 October 2022.

Action taken since then

This area for improvement was made as a result of an upheld complaint. It was made because the service failed to share information when this had been requested by a relative of someone receiving a care service.

During this inspection people told us they were kept well informed. They said communication was good and staff were proactive in updating them on their relatives wellbeing. This included any changes in their health and what actions were being taken to improve it. Care plans contained information about people's next of kin, their legal status (for example power of attorney or guardianship) and when they wished to be contacted.

This area for improvement was met.

Previous area for improvement 3

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).

This area for improvement was made on 10 September 2021.

Action taken since then

This area for improvement was made as a result of a previous inspection. It was made because the activities on offer were not meaningful to people. The service has continued to experience issues with staffing which has impacted opportunities for meaningful activities. Although we saw plans on how the service intends to enhance opportunities for residents in this area, with a new activities co-ordinator in post, we did not see enough evidence that people's emotional or physical wellbeing was being fully supported. The service should continue to develop opportunities for personalised, social, physical and creative activities for people. This should also include links to the community and opportunities to get outdoors.

This area for improvement was not met and has been repeated under key question 1 - 'how well do we support people's wellbeing'..

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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