

Rosmead Healthcare Ltd

Willow Brook Care Home

Inspection report

112 Burton Road
Carlton
Nottingham
Nottinghamshire
NG4 3BG

Tel: 01159613399

Website: www.rosmeadhealthcare.co.uk/willow-brook-carehome.

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Willow Brook Care Home is a residential care home providing accommodation and personal care to up to 49 people. The service provides support to older and younger adults and people living with dementia. At the time of our inspection there were 26 people using the service.

People's experience of using this service and what we found

We have made a recommendation about the resources needed for staff to have access to the care records system.

People were protected from the risk of abuse. Relatives felt confident to raise concerns and felt their family members were cared for safely. Staff understood how to recognise and report concerns or abuse and felt confident to do this.

People's needs were assessed and risks associated with their personal care and environment documented. Risks associated with the environment were assessed and mitigated. There were enough staff to keep people safe. The provider did checks to ensure staff were of good character and were fit to carry out their work.

People received their prescribed medicines safely. The service was kept clean and people were protected from the risk of an acquired health infection. There were systems and processes to monitor and assess accidents and incidents which were effective in reducing risks to people's personal care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well-led. People and relatives were positive about the care staff gave. Staff felt respected by the registered manager and management team which supported a positive culture.

Regular feedback was sought from people, relatives, and staff about the quality of the service. There was an emphasis on improvement and development of the service. The staff team worked well with health professionals to help achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service under the previous provider was good (published 14 December 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Willow Brook Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, a specialist advisor (nurse), 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.

Service and service type

Willow Brook Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Willow Brook Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 5 people who used the service and observed how care and support was given generally. We got feedback from 4 relatives and 10 staff. We spoke with the registered manager and deputy manager. We looked at a range of records including all or part of 4 people's care records and how medicines were managed for people. We looked at staff training, and the provider's quality auditing system. During the inspection visit we asked the provider to give us additional evidence about how the service was managed, which they sent to us. We also received feedback from 6 health and social care professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff kept accurate records and stored them securely. However, we found there were not always enough laptops for staff to make care notes in a timely way. For example, there were 3 laptops for staff to record care given. One was primarily used by senior carers and 1 was used by management for their audits, assessments, and other governance work. This left 1 laptop free for all other staff working across 2 floors of the building.
- One staff member said, "This does lead to delays in record keeping, so it's not as timely as it could be in terms of recording people's care. Some staff keep a paper note, but some staff rely on memory." There was therefore a risk as staff were reliant on remembering what they had done and a risk that information about how care was provided or what people needed was not available when needed.

We recommend the provider review what resources are needed to enable all staff to access the electronic records system in a timely way.

- People's needs were assessed, and any risks associated with their personal care and environment documented. These were reviewed regularly and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe. We saw evidence of good collaborative working with health professionals to ensure people received the care and treatment they needed. A relative spoke positively about how staff encouraged their family member with drinks and this had reduced the number of infections the person had and improved their quality of life.
- There was regular communication between staff and management so key information about people's needs and the running of the service was shared. For example, the daily 11am 'flash' meeting we saw was run efficiently, with care staff, housekeeping and maintenance staff all involved. These meetings were recorded, so everyone could see what was discussed, and what action needed to be taken.
- One staff member described how they were able to get information about people's current needs, and how this meant they felt able to provide the right care to people. They also felt confident and well-informed when talking with health professionals about ensuring people got the care they needed.
- Risks associated with the service environment were assessed and mitigated. The provider had clear systems in place to ensure regular checks on all aspects of the environment. These included checks of fire safety system, measures to reduce the risk of legionella and checks on all areas of the building and grounds to ensure they were safe and fit for people to use. We could see where good practice was noted, and where areas for improvement were identified.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about their needs and how they should be supported in

an emergency. The provider also had a business contingency plan in place, setting out how the service would continue to run well in the event of a major incident, such as a widespread infection outbreak.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where people were subject to restrictions in their care, the provider made sure these were less restrictive, and reviewed these frequently to ensure they remained appropriate and proportionate for each person. Any conditions to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person said, "Oh I do feel safe here definitely, staff make you feel safe." Relatives felt confident to raise concerns and felt their family members were cared for safely.
- People demonstrated they felt safe in the presence of staff. We saw people being supported to do things they enjoyed, with staff actively taking part. People's non-verbal communication whilst being supported by staff was relaxed, and showed they were happy and comfortable with the staff who worked with them.
- Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns, both within their organisation and to external health and social care professionals. One staff member said, "I do feel confident to speak up. The management team make me feel very comfortable to raise concerns."
- The manager reported any allegations of abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Staffing and recruitment

- There were enough staff to keep people safe. People, relatives and staff felt there were enough staff available to meet people's needs. We saw people who chose to spend time on their own were regularly checked by staff to make sure they were happy and to provide any support needed. We also reviewed a sample of the provider's rotas, and established there were enough staff on each shift to support people. People received their personal care at times they chose and in an unhurried way.
- The registered manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations during the inspection visit showed us that people were supported by enough staff. This included when people needed support, reassurance, or wanted to participate in an activity.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This included employment and character references and disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make

safer recruitment decisions. This all ensured staff were of good character and were fit to carry out their work.

Using medicines safely

- People received their prescribed medicines safely. Medicines were managed and stored safely. There was a robust system in place to ensure people were offered their medication as prescribed. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- People received their "as and when" (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which staff followed in assessing when this medication was needed and how to measure the effectiveness.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.
- Where medicines audits identified any issues, these were dealt with quickly and used as an opportunity to learn lessons and improve.

Preventing and controlling infection

- The service was kept clean and people were protected from the risk of an acquired health infection. People and relatives commented positively about cleanliness, and there were enough housekeeping staff to ensure all essential cleaning was done in a timely way. Staff understood and followed infection control procedures and had regular spot-checks on their practice. The management team and staff carried out regular checks in relation to cleanliness, infection prevention and control to ensure this was effective. This ensured risks from an acquired health infection were minimised.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection, and the provider was admitting people safely to the service. We were assured that the provider was using PPE effectively and safely and was responding effectively to risks and signs of infection. We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on people welcoming visitors to their home.

Learning lessons when things go wrong

- The service managed any incidents affecting people's safety well. Staff recognised and raised concerns, near-misses and incidents and reported them appropriately. The management team used this information to get a clear picture of the quality of care and carried out investigations to establish what went wrong.
- There were systems and processes to monitor and assess accidents and incidents. Accidents and incidents were analysed regularly to assess trends and patterns. This had helped to reduce incidents and make improvements to the care provided to people who used the service.
- Where any investigation identified care needed to improve, staff were told what was expected of them, and people's care plans were updated to reduce the risk of further incidents.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the care staff gave. One person said they would recommend Willow Brook Care Home to other people, stating, "Oh yes I would tell them they would be very welcome and very well looked after." A relative said, "I would recommend the care I've seen [here]; nice and calm, staff are calm and polite." A health professional told us the staff team had a good person-centred approach which helped to ensure people maintained a good quality of life.
- Staff felt respected by the registered manager and management team which supported a positive culture. Staff spoke about the support they got to carry out their roles and told us they felt part of a team all working together to give people good quality care. One staff said, "It's like a massive family: everyone is very supportive and welcoming." Another staff member described the support they got as, "Great: [management] always have an open door and they support us throughout. I love being at work".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well-led. The provider and registered manager had a strong framework of accountability built into the day-to-day governance of the service. Regular checks and audits were effective in identifying areas where improvements were needed. This included checking that people's health was maintained, as well as ensuring the environment was safe for people to live in. There was a system of learning from accidents and incidents. Where areas for improvement were identified, this was shared with all staff and actions were taken in a timely fashion to improve people's quality of care.
- Staff were well supported by the management team. Staff understood their roles and responsibilities, and felt it was clear what the provider expected of them in terms of quality of care. Staff said, and records confirmed they had regular training and meetings to discuss how to ensure care was provided in an open and transparent way. This included being honest about what was not working well and committing to improving people's quality of life.
- The registered manager and provider understood duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The provider and registered manager had notified us of all significant events which had occurred in the home in accordance with their legal responsibilities. They were also displaying the current rating of the service as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular feedback was sought from people, relatives and staff about the quality of the service. Any issues raised were acted on promptly, and everyone was told what action was taken so they could see what had been improved.
- Staff felt well supported by the provider and registered manager and were able give feedback about the service in team meetings and one to one conversations.
- People's equality characteristics, such as their cultural needs and disabilities, were considered and recorded in their care plans.

Continuous learning and improving care; Working in partnership with others

- There was an emphasis on improvement and development of the service. The management team undertook regular evaluation of the impact of the care provided to ensure they continued to give people the best outcomes possible.
- The provider had a robust system in place to ensure any lessons learnt from complaints or concerns were shared with all staff. The management team carried out investigations into each complaint or incident to identify areas for improvement.
- Staff and the management team were confident to recognise when they needed to refer people to external health and social care professionals. This meant people got the right support in a timely manner when needed.
- The staff team worked well with health professionals to help achieve good outcomes for people. Feedback from health and social care professionals was all positive and they felt the service was run well and focussed on achieving positive health and wellbeing for people. They said staff knew people well and always identified when professional advice was needed.
- One professional said the staff team was, "Fantastic to work with regarding general working relationship and patient care planning." Another professional said they were confident people had their needs met in a person-centred way by all staff.