

St. Martin's Care Limited

Willow Green Care Home

Inspection report

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12 September 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Willow Green Care Home provides personal and nursing care for up to 63 younger and older adults living with a range of health conditions including dementia. At the time of inspection 53 people were using the service.

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

Care plans and risk assessments were person centred and reflective of people's current needs. Medicines were stored safely and were managed well. Quality audits clearly identified areas for improvement and ensured that people were safe and involved in their care and support. The culture of the service had significantly improved and feedback from staff, people and professionals echoed this.

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.

There were enough staff. Staff were recruited safely and received an induction to ensure they had the skills and knowledge to undertake their role. The staff team told us they were well supported and that they delivered person-centred care. We observed all the staff team working together well and interacting positively with everyone at the service.

Systems were in place to protect people from abuse. Staff demonstrated a good level of understanding in relation to safeguarding. Appropriate referrals to the local safeguarding team had been made. People and staff spoke positively about the registered manager and felt able to raise concerns and were confident that these would be addressed.

There were systems in place for communicating with people, their relatives, and staff to collect their views and feedback regarding people's care and support.

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 September 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider made improvements in relation to assessing mental capacity. At this inspection we found the provider had made improvements.

Why we inspected

We carried out an unannounced inspection of this service in June 2022. Breaches of legal requirements were

found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing, dignity and respect and governance arrangements.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive and well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willow Green Care home on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Willow Green 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.

Inspection team

The inspection was carried out by 2 inspectors 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 Green 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 Green Care Home is a care home with 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. Inspection activity started on 12 September 2023 and ended on 14 September 2023. We visited the service on 12 September 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 8 staff including the registered manager, deputy manager, group clinical lead, chef and care staff. We spoke with 7 people and 4 relatives about their views of the care provided. We reviewed the care records for 4 people, numerous medicines records, 4 staff recruitment and supervision files. We viewed records related to governance systems and processes and other documentation relevant to the running of the service. We also requested documentation to review related to staff training that was provided to us promptly after the inspection visit.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been identified and recorded. Thorough management plans were in place to reduce risks wherever possible and people's choice to make unwise decisions where they had the capacity to do so were also well recorded.
- Improvements had been made to records relating to fire safety checks. Regular fire drills had taken place and checks to ensure the safety of the service and equipment had been completed on a regular basis.
- Accidents and incidents were monitored to see if lessons could be learned to improve people's safety.
- Audits were used to identify any shortfalls in practice. When shortfalls were found, lessons had been learnt and shared with the staff team.

Using medicines safely

At our last inspection we found systems were either not in place or robust enough to demonstrate medicines were being managed and recorded effectively. This was a breach of regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were stored, administered and recorded safely.
- A number of improvements had been made with regards to medicine management since the last inspection. Stock control had improved and body maps were in place to show where topical medicines should be applied.
- Medicines were managed by staff who had the appropriate training and their competencies assessed. One person said, "They explain things, they are always chasing up if there's something not right with the order."
- Thorough medicine audits were in place and were effective in identifying any issues or concerns.

Staffing and recruitment

At our last inspection the provider failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons. This was a breach of regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Safe recruitment processes were in place and followed. All appropriate pre-employment checks had been completed prior to new staff commencing employment.
- Sufficient numbers of staff were employed to provide safe and consistent care to people. Although the service was using agency staff, we observed the staff team working well together to meet people's needs.
- People and relatives provided positive feedback about staffing. Comments included, "[Name] has one to one staffing generally from agencies, the same three or four girls and there's continuity, not a rapid change."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to maintain accurate, complete and contemporaneous records relating to risk. This was a breach of regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People were safe living at Willow Green Care Home.
- People told us, "I'm safe and comfortable", "They always keep an eye on me", and "Yes, I'm safe, I'm happy with things, the bed rails, stop me rolling out and they check them all the time."
- Systems and processes were in place to safeguard people from the risk of abuse. Staff had received appropriate safeguarding training and referrals had been made to the local authority when any concerns had been raised.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service. Government guidance in relation to testing was being followed.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider 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 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.
- Visits to Willow Green Care Home were in line with government guidance. We observed visits taking place during the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

Staff support: induction, training, skills and experience

At our last inspection an effective system was not in place to ensure staff had the correct training and skills. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Improvements to mandatory training compliance had been made in areas such as safeguarding and fire safety.
- New staff members were working through The Care Certificate standards within their induction period. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Senior staff members were enrolled onto National Vocational Qualifications (NVQ) and degree programmes. Senior care assistants were trained using the registered nursing associate programme and there were opportunities available to progress onto a nursing degree with a local university.
- Staff told us they were supported in their roles and received regular supervisions from the management team. The supervision matrix confirmed that all staff had recently had a supervision and a date scheduled for their upcoming one.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we found the provider failed to maintain accurate, complete and contemporaneous records in respect of people's care and treatment. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff were knowledgeable about people's dietary needs and nutritional requirements.
- Food and fluid charts were reviewed. We saw appropriate referrals to the dietician and the Speech and Language Team (SALT) had been made when there was cause for concern.
- People were given choices each day and multiple options were on the menu. Kitchen staff took requests for alternatives if people did not like what was offered.

- Most people spoke positively about the quality of food. A person told us, "The food is very good on the whole."

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we recommended the provider reviewed best practice guidance around the MCA, including how capacity and consent are assessed and recorded. We found the provider had made improvements at this inspection.

- 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.
- Staff understood the principles of the MCA and mental capacity assessments were completed when required and recorded.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with health professionals to ensure people were regularly monitored and received care that met their needs. Records showed action was taken swiftly when people's health or wellbeing deteriorated.
- We spoke to a visiting advanced nurse practitioner (ANP) who said, "They have improved a lot since December. They know patients really well and their interaction is really good."

Adapting service, design, decoration to meet people's needs

- The layout of the building met peoples' support needs and was bright, clean, tidy and nicely decorated including personalised bedrooms.
- The décor was adapted to suit the needs of people living with dementia helping people to orientate themselves within the building.
- Garden areas were accessible to people, there were raised flower beds and outdoor areas which people could use recreationally.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans documented ongoing support when accessing a wide range of healthcare appointments and it was documented if people refused treatment.
- The service offered Tai Chi, dance and seated exercise classes encouraging people to remain active.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider failed to maintain accurate, complete and contemporaneous records in respect of people's care and treatment. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Care plans were detailed with clear information for staff to follow so they could support people safely and in the way they preferred.
- People told us they were routinely involved in their care planning and staff supported them to make individual decisions. A person said, "Normally when something changes with my care, we discuss it."
- People's assessments and care plans were reviewed regularly as their needs changed. We could see people's choices and decisions were clearly recorded.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider failed to ensure people's personal preferences, lifestyle and care choices were met. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were supported to stay in regular contact with friends and family.
- Staff supported people in a way that enabled them to live as independently as possible.
 - We received mixed feedback about activities at the home. Some people said they would like more opportunities to join in. The provider was in the process of developing a wellbeing role to undertake 1:1 activities with people. They committed to gathering feedback about how this was working for people.
- We observed staff engaging positively with people and interactions with families were good.

Improving care quality in response to complaints or concerns

At our last inspection the provider failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had a structured approach to dealing with complaints. People and relatives knew how to raise concerns if needed. A relative said, "We can always talk to [registered manager] about anything."
- People told us they had completed surveys about their experience and actions taken as a result of this had been shared with them.
- Previous complaints had been investigated and action was taken to address people's concerns and any learning points shared with the whole staff team.

End of life care and support

- People were given the opportunity to discuss and make advanced decisions about their future care and support needs.
- A policy was available which included information to ensure people would be supported to remain comfortable and pain free, following their wishes and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured information was available in a variety of formats for people. For example, large print or pictures, and in different languages to meet people's needs if required.

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 inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider failed to establish and operate robust systems to monitor and improve the service, maintain accurate, complete and contemporaneous records and have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective quality assurance processes to monitor the quality and safety of the service were in place.
- Audits and surveys had been completed regularly by the management team and were effective at highlighting any shortfalls. Audits contained clear action plans to address any concerns found.
- The registered manager understood their responsibilities in relation to the duty of candour. They understood their responsibilities to be open and honest when things go wrong. They also knew what they needed to report to CQC and other relevant agencies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At the last inspection the provider failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People were actively involved in the running of the service. Surveys, meetings and relative and resident representatives were in place and people were encouraged to share their views.
- Staff told us they felt valued and fully involved in the service.

- The service had good links with other professionals. Records showed that staff actively engaged with other professionals to ensure people received the support they required in a timely way. A visiting professional told us, "There has been a significant change in the last six months their paperwork is now concise and up to date and I have only had positive feedback on the home from families."

Continuous learning and improving care

At the last inspection the provider failed to have effective systems to assess, monitor and improve the quality and safety of the service. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team showed they had worked hard to ensure they improved the service. This included making staff changes and delivering additional training.
- There was a robust and ongoing action plan in place that the management team reviewed regularly.

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

- There was a positive culture at the service which created a warm, relaxed and caring atmosphere.
- Staff told us they met regularly with the registered manager, deputy manager and their colleagues. Feedback and input including ideas for improvement were listened to and valued. Staff told us the culture and team work had improved. A staff member said, "I feel happier coming to work than I did last year, feels calmer and the staff are a lot happier."
- Positive relationships existed between people, relatives and staff. People spoke highly of the staff team and their approach. Comments included, "The rapport with the staff is very good", "It's good here they are caring, and welcoming" and one relative said, "TV is very important to him. Deputy manager got Netflix sorted for him and registered manager is always coming in, it's all part of it, that adds to it."