

Willow House Care Home Care Home Service

77 Toll Road
Cellardyke
Anstruther
KY10 3HZ

Telephone: 01333 314 300

Type of inspection:
Unannounced

Completed on:
13 March 2024

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000114

About the service

Willow House Care Home is situated on the outskirts of Anstruther. The service provides nursing and social care. The home comprises of two floors, each having its own communal sitting and dining areas. The upper floor can be accessed by 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. There are car parking facilities at the front of the home.

Willow House Care Home was re-registered with the Care Inspectorate on 24 April 2023 to provide 24 hour care and support for up to 40 older people. The service is provided by Holmes Care Group Scotland Ltd.

About the inspection

This was an unannounced inspection which took place on 13 March 2024. 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 nine members of staff and management
- spoke with five people living in the service and two of their relatives
- reviewed training records
- reviewed medication audit systems
- reviewed support plans
- observed staff practice
- reviewed documents
- reviewed quality assurance systems.

Key messages

- We saw very kind interactions between staff and the people they gave care and support to.
- Improvements were required to ensure people's health needs were being consistently met.
- People were being more supported to spend their days in ways that were meaningful to them.
- Staff learning, development and support required improvement.
- People's care plans did not always reflect their needs, wishes or choice.
- Quality assurance systems required to be better to improve outcomes for people living in the service, and their families.

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

Requirements

Requirement 1

By 02 February 2024, the provider must support people to choose where and how they spend their time and benefit from maintaining and developing their interests and what matters to them. In order to do this, the provider must organise appropriate activities for people receiving care, and provide sufficient staff to support them to engage in activities meaningful to them. There should be a focus on the planning, recording and evaluation of activities.

This is to comply with Regulation 3 and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/2010).

This requirement was made on 9 November 2023.

Action taken on previous requirement

This requirement was made as the result of a previous inspection. It was made because we felt there was a lack of planning, recording and evaluation to support meaningful activities. We were told this was a result of the absence of a full time activities coordinator and a lack of specific training. We could not be confident that people were getting the most out of life.

During this inspection we saw the new full-time activities coordinator had worked hard to increase opportunities for people to have events and daily groups to look forward to. Activities had been planned in consultation with people and through evaluation of groups and events. This meant activities were meaningful and enjoyable to people living in the home. Work had also been taken forward to establish links with local community groups such as schools and nurseries. This supported people to feel connected with the village they lived in.

During our inspection we saw a poetry group taking place. Good communication between care staff and the activities coordinator meant people were supported in the right way to take part in the activity. A weekly planner was displayed throughout the home.

This allowed people to plan for the week and have events to look forward to.

The coordinator used recognised resources to plan activities. This supported her to have good conversations with people about a range of activities they might enjoy. We heard their plans for further developing meaningful engagement in the home. This included a focus on involving people in day-to-day activities in the home such as laundry and preparing for mealtimes. The activities coordinator recognised the importance of planning activities which supported people to feel valued.

This requirement was met.

Met - within timescales

Requirement 2

By 02 February 2024 the provider must support people to ensure they maintain a good daily food and fluid intake to maintain their health and wellbeing. To do this, the provider must, at a minimum:

- a) ensure proper provision for the consistent and accurate assessment and monitoring of people's nutritional needs
- b) ensure proper provision for appropriate and timely referrals to other healthcare professionals
- c) ensure staff awareness, skills and knowledge of people's nutritional needs and how these needs should be met
- d) ensure accurate and consistent recording of people's food and fluid intake where appropriate and required
- e) submit weekly progress reports to the Care Inspectorate verifying the necessary improvements are being made to meet this requirement.

This is to comply with Regulation 4(1)(a) 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 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS) 1.23.

This requirement was made on 9 November 2023.

Action taken on previous requirement

This requirement was made as the result of a previous inspection. It was made because although drinks were available in the communal areas, we saw little effort being made to encourage people to access them. We found where people had been referred to the dietician for losing weight, the referrals were not always followed up. When people lost additional weight, we could not always find evidence that action was taken to address it. Poor record keeping and monitoring of people's dietary and fluid intake further increased the risks to people. There were two outstanding areas for improvement relating to food and fluid management which had not been met. Due to our findings, we made it a requirement.

During this inspection we saw people being offered drinks and snacks throughout the day, and encouraged to consume them. We observed a lunchtime service and people were being well supported to eat and drink. However, on examining monitoring tools and care plans, it was clear that despite undertaking hydration and nutrition training, some staff still clearly did not understand how to put it into practice. For example, when daily fluid targets were not met, there was no plan of action to mitigate the risk of dehydration. Quality assurance processes did not highlight these deficits.

This requirement was not met and remained in place with an extended timescale of 31 May 2024.

Not met

Requirement 3

By 02 February 2024, the provider must protect the health, welfare and safety of those who use the service. To do this, the provider must, at a minimum:

- a) implement effective risk assessments and care plans to mitigate the risk of choking for individuals who might access food that is not modified to accommodate their care and support needs
- b) ensure staff awareness, skills and knowledge of people's risks and how these are to be mitigated
- c) submit weekly progress reports to the Care Inspectorate verifying the necessary improvements are being made to meet this requirement.

This is to comply with Regulation 4(1)(a) 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 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS) 1.23.

This requirement was made on 9 November 2023.

Action taken on previous requirement

This requirement was made as the result of a previous inspection. It was made because when people were at risk of choking, there was not always a care plan in place to guide staff on how to best meet their needs.

During this inspection, whilst observing lunch, we saw people were provided with the right support to eat and drink safely. For some people, who were at greater risk of choking, this included thickened fluids or a modified diet. People were supported to eat in the right position to reduce the likelihood of choking. Staff had a constant presence in the dining area during mealtimes and the atmosphere was relaxed and unhurried. This supported good outcomes for people.

We saw staff had taken the right action to recognise and escalate swallowing concerns to speech and language therapy. This helped people to receive specialist input at the right time. We saw good decisions had been made by staff to make dietary changes whilst one person awaited specialist input. This had reduced the likelihood of the person experiencing harm.

However, we were concerned that some staff we spoke with could not identify people who were at risk of choking. In addition, plans of care and risk management tools did not contain adequate guidance for staff.

People were placed at increased risk of harm as a result. It is our expectation that plans clearly state the risk of choking where this has been identified. The plan should also set out clear directions to guide staff practice. This should include the right dietary modifications, how to support good mealtime outcomes through seating position, verbal cues and observations, signs of compromised swallowing and what staff must do in the event of a choking incident. Systems should be in place to make sure all staff are aware of people's key risks and how to work with them safely.

We heard that all staff had completed dysphagia training. Further learning and assurance through observation and reflection was needed to ensure the learning outcomes from this training is used in practice, and care planning, by all staff.

This requirement was not met and remained in place with an extended timescale of 31 May 2024.

Not met

Requirement 4

By 02 February 2024, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety and wellbeing 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
- c) ensuring that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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).

This requirement was made on 9 November 2023.

Action taken on previous requirement

This requirement was made as the result of a previous inspection. It was made because the lack of effective quality assurance systems meant we found increased risks to people, including nutrition, hydration, choking and effective care planning. Referrals to relevant health professionals were not always followed up, which put people's health, safety and wellbeing at risk. There was also a lack of daily oversight of people's wellbeing in general. For example, staff not interacting with people or promoting regular fluid intake going unnoticed or addressed.

During this inspection we saw some improvement in areas such as the provision of meaningful activity and staff supervision.

People were being consulted more about changes in service delivery, and the dining rooms were more pleasant for people living in the home and their visitors.

However, the improvements made were not enough to meet all the outstanding requirements and ensure improved outcomes for people, therefore most of them remain outstanding. This meant we couldn't be confident that the quality assurance systems in place were effective.

This requirement was not met and remained in place with an extended timescale of 31 May 2024.

Not met

Requirement 5

By 02 February 2024, the provider must ensure people's rights are upheld and respected, and that they have access to the services and support they require, including support with, and the safeguarding of their finances. In order to do this, the provider must have effective financial systems in place that are transparent and auditable.

This is in order to comply with Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Part 4 of the Adults With Incapacity (Scotland) Act 2000, 41 (b), (c), (f) and (h).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 2.5).

This requirement was made on 9 November 2023.

Action taken on previous requirement

This requirement was made as the result of a previous inspection. It was made because there was a lack of regular financial audits of people's monies kept on the premises. This meant if an error occurred, it would be hard to ascertain how and when it happened. We found some discrepancies in certain funds held on the premises (this did not include people's personal funds).

During this inspection we saw robust systems in place to safeguard people's individual monies kept on the premises. However, people should have access to their money at all times and although a system was in place to support this at the last inspection, it wasn't managed well and needed to improve. Unfortunately, we saw no improvements at this inspection. A petty cash tin was used, but the inadequate system in place to safeguard this money meant that the money available and the finance records did not correlate, and no receipts or records were available for money spent and by whom. This meant a financial audit trail could not be kept. People would not be able to access their funds outwith office hours as there were insufficient funds in the tin.

This requirement was not met and remained in place with an extended timescale of 31 May 2024.

Not met

Requirement 6

By 02 February 2024, in order that people experience good outcomes, the provider must ensure staff have the knowledge, skills and understanding to meet the needs of people using the service. Priority must be given to: mandatory training, food & fluid management, and managing the risk of choking. In order to achieve this, the provider must:

- a) carry out staff training needs analysis on regular basis
- b) ensure the content of training is person-centred to the needs of people using the service
- c) develop and implement systems to ensure learning is transferred into practice
- d) ensure staff's knowledge, skills and understanding remains current and meets best practice standards.

This is in order to comply with Regulation 15 (b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure 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).

This requirement was made on 9 November 2023.

Action taken on previous requirement

This requirement was made as the result of a previous inspection. It was made because we found the lack of evaluation of staff training meant limited improved outcomes for people living in the service. Staff told us the training they received supported them in their role. However, some staff had not completed essential induction training such as infection prevention and control and fire safety. This put people at risk of receiving poor standards of care.

During this inspection we saw a high percentage of staff had completed the organisation's mandatory training; most of which is undertaken online. Staff had also received training in hydration and nutrition, and managing the risk of choking. However, requirements (2) and (3) above were made because improvements were necessary to maintain people's health, wellbeing and safety in relation to the management of hydration and nutrition, and choking. Neither of these requirements have been met. It is clear therefore, that although staff are undertaking training, more support is required to ensure they fully understand the training and are putting their learning into daily practice.

This requirement was not met and remained in place with an extended timescale of 31 May 2024.

Not met

Requirement 7

By 02 February 2024, the provider should ensure that people's independence is promoted in the service. This should include the use of best practice guidance such as the King's Fund Environmental Assessment Tool and involving people and their representatives in designing their environment, and care and support.

This is to comply with Regulation 2 (Principles) 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 can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11).

This requirement was made on 9 March 2023.

Action taken on previous requirement

This requirement was made as the result of a previous inspection. It was made because there were numerous missed opportunities to promote independence. For example, snack stations were set up in the communal lounges, but people did not appear to know what they were. There was minimal signage throughout the home and corridors contained few features to help people stay orientated. This meant their independence could be limited.

During this inspection we saw people's independence being supported more with drinks and snacks throughout the day. Much better signage was in place to help people find their way around. Bedroom doors had individualised boxes on them to help people recognise their room. Additional new signage was being purchased which had been chosen by people living in the home. This meant people's independence was being promoted by being involved in decision making about their home.

This requirement was met.

Met - within timescales

Requirement 8

By 02 February 2024, the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

- a) care and support plans include any relevant risk to them that could affect their health and wellbeing
- b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals
- c) care and support plans include information on all important care needs and health conditions
- d) that all care documentation is kept up to date and used to evaluate and amend people's care as needed
- e) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 9 March 2023.

Action taken on previous requirement

This requirement was made the result of a previous inspection. It was made because although we saw some good examples of personalised care planning, this was not consistent. Some care plans did not contain the information and guidance staff required to provide safe, consistent and effective care and support for people. Care plans should be regularly reviewed, analysed and evaluated to ensure appropriate care is being given. Some care plans we looked at had not been reviewed for two years; therefore, we could not be confident that they reflected people's current needs. Care plans were sometimes not developed to ensure people received safe and consistent nutritional care, or for people who were at risk of choking. Where people required to have their food and fluid intake monitored, the recording charts were missing; therefore, there was a lack of effective evaluation. People's preferences relating to personal care were recorded, for example whether they liked a bath or a shower. On two occasions we saw no evidence to suggest this was being adhered to. We felt recording could be improved to verify people's personal preferences and choices are being respected.

During this inspection we found staff were taking the right action to escalate concerns. This included making referrals to health professionals such as speech and language therapists and dieticians. This supported people to receive the right specialist support for their needs.

We continued to have concerns that some people had not had an opportunity to have a full review of their care needs within the last six months. Whilst monthly care evaluations were carried out, these did not involve people experiencing care and their relatives. This meant we could not be assured that the care people received was right for them.

To make sure people stay healthy and well, where a risk is identified, there should be an agreed plan in place which details the strategies to reduce the likelihood of harm. We did not find this to be a consistent practice. This included risks in areas such as skin breakdown, falls and dehydration. This lack of written direction placed people at risk of harm.

Plans of care should contain detailed and personalised information to provide staff with clear direction to work with people safely and effectively. We did not find this to be consistent practice. This included key areas of care and support such as supporting stress and distress, safe movement and personal care. This placed people at risk of poor health and wellbeing outcomes.

Given the significant lapses we found in relation to care planning, we were concerned that quality checks were not working in the right way to drive improvement.

This requirement was not met and remained in place with an extended timescale of 31 May 2024.

Not met

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

In order to support good outcomes for people experiencing care, and their representatives, any concerns about practice issues should be documented, and followed up, appropriately.

This is to ensure care and support is consistent with Health and Social Care Standard 3.3: 'I have agreed clear expectations with people about how we behave towards each other, and these are respected'.

This area for improvement was made on 6 June 2023.

Action taken since then

This was an outstanding area for improvement that had not been met at the previous inspection. It was made because on several occasions during the last inspection, we saw several staff in communal areas speaking to each other, but no interaction with the people living there. One relative told us communication about service delivery was poor from some staff and senior management. This included not introducing themselves to visitors on their first visit to the home. This behaviour does not promote a sense of wellbeing and mutual respect.

During this inspection we found interactions between staff and people living in the home to be kind, courteous and respectful. Relatives we spoke with said management and staff were approachable and they were always kept up to date with their loved one's well-being. This included being contacted at home with issues relating to their health.

This area for improvement was met.

Previous area for improvement 2

All staff working in the service should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed and addressed. In addition, the service should use formal observations of practice of both care and nursing staff to monitor standards of practice and competencies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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).

This area for improvement was made on 9 November 2023.

Action taken since then

This area for improvement was made as the result of a previous inspection. It was made because we would expect observations of staff practice to inform supervision, however we did not find this. Some staff had identified additional training they would like to do, but supervision records did not reflect how the service planned to address this. As a result, we could not be confident staff were being supported to develop their knowledge and skills.

During this inspection we saw all staff were receiving regular supervision. This included staff development and we saw evidence of training being requested for those who identified training needs. The deputy manager had a good overview of this and had also carried out daily practice observations for example people's dining room experiences to highlight any areas for improvement.

This area for improvement was met.

Complaints

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

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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