

Willow House Care Home Care Home Service

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Telephone: 01333 314 300

Type of inspection:
Unannounced

Completed on:
10 September 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 follow up inspection which took place on 9 and 10 September 2024. The inspection was carried out by one inspector 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 six people using the service and two of their families.
- Spoke with eight staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with two visiting professionals.

Key messages

- The environment and equipment were clean.
- Internal decorating was in progress and people were welcoming these improvements.
- Communication between supported people and staff had improved.
- Improvements were required to care plans and medication protocols.
- Staff training was improving, the service needed to monitor that this was effective.

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?	2 - Weak
How good is our setting?	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?

2 - Weak

We followed up a requirement regarding medication management. Three elements of this requirement were met satisfactorily. One element was not met and we have made an amended requirement.

Where people experience stress or distress they may take medication as required to help them manage this. It is important that there are protocols in place to guide staff about when it is appropriate to administer as required medication. Whilst most people had protocols in place they did not always provide clear guidance or links to stress/distress care plans. Care plans should guide staff about any steps to follow, prior to using medication and of any other documentation needed to help monitor frequency, patterns and monitor the person's wellbeing.

When as required medication was given staff did not always record the outcome of this medication being given. This is important to make sure that any support offered is effective for the person.

See requirement one.

Requirements

1.
By 30 November 2024, you must protect the health and welfare of those who use the service.
In particular, you must ensure people receiving care experience safe, competent, and effective support particularly when stressed or distressed. In order to achieve this, you must:

- Ensure that up to date and accurate as required protocols are in place for all as required medication.
- Ensure that stress and distress care plans, as required medication protocols and any associated documentation is in place and ensure that these link clearly to each other.
- Ensure that where as required medication is given that the effect of this is clearly recorded and that any needed further steps are taken if the medication is not effective.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4 (1)(b) and Regulation 4(1)(b) and Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

How good is our setting?

3 - Adequate

The service had met the requirement regarding the cleanliness of the home and equipment used. We carried out an environmental check of the environment and were satisfied that significant improvements had been made.

As a result, we re-evaluated this key question. Please see 'Outstanding requirements' for full details.

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

Requirements

Requirement 1

By 7 September 2024, you must protect the health and welfare of those who use the service. In particular, you must ensure people receiving care experience safe, competent, and effective support with medication. You must also ensure that pain experienced by people receiving care is identified and addressed timeously. In order to achieve this, you must:

- a) Ensure that all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue a medicine.
- b) Ensure that all medication is stored securely and that only authorised persons have access to medication rooms.
- c) Ensure that medication rooms and all equipment within these are suitably clean.
- d) Ensure that as required medication protocols are accurate and any steps to be taken prior to given an as required medication are clearly recorded and followed. This must include recording the outcome of using the medication and taking any follow up necessary.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4 (1)(b) and Regulation 4(1)(b) and Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 1 July 2024.

Action taken on previous requirement

We examined a sample of medication administration records. People were receiving their medication as intended by the prescriber.

Medication was now being stored securely. A new key system was in place where only authorised persons were able to enter the medication room.

The medication room was now suitably clean. New medication trolleys had been purchased and these were clean.

Further steps required to be taken to ensure medication protocols are accurate.

An amended requirement is made. See Key Question One.

Not met

Requirement 2

By 7 September 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 1 July 2024.

Action taken on previous requirement

The service had a suite of audit tools that they were using to help identify what was working well and where improvements were needed. We could see some evidence of actions being implemented.

The new leadership team were taking steps to identify areas for improvement and to start addressing these, however, at the time of this inspection not all the requirements made at the last inspection had been fully addressed.

The manager discussed that the information gathered from these, alongside the feedback information provided following this inspection where requirements had not been fully met would be used to inform the services development plan.

This requirement is not met and remained in place with an extended timescale of 30 November 2024.

Not met

Requirement 3

By 7 September 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: restraint and restrictive practice, stress and distress, dementia, pain management and epilepsy, food and fluid and choking management.

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) Ensure that all staff receive mandatory training and that refresher training is carried out at agreed timescales.
- d) Develop and implement systems to ensure learning is transferred into practice.
- e) 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 1 July 2024.

Action taken on previous requirement

The manager was liaising with the providers training department and dementia lead to develop a training needs analysis and implement training based on the needs of people living at Willow House.

We saw that mandatory and refresher training was being implemented through an ongoing programme of training sessions. The training team were to provide regular sessions at the home at least monthly.

Planned one to one sessions with staff had commenced. These needed to be further developed to demonstrate what actions would be taken where staff requested training or raised any issues. The leadership team planned to use these one to one sessions to ensure training had been meaningful and to support staff to reflect on their learning from training. This would also provide assurances alongside observations of practice to the leadership team that training had been effective.

This requirement is not met and remained in place with an extended timescale of 30 November 2024

Not met

Requirement 4

By 7 September 2024, the provider must ensure that service users experience a safe, clean, and well maintained environment. In particular, the service must be staffed, resourced, and led in a manner that will ensure:

- a) All areas and equipment used within the home are free from contamination and are cleaned effectively,
- b) Systems, including effective cleaning schedules, are implemented with regular quality assurance checks, to ensure that the environment is consistently safe, clean and well maintained.

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

This requirement was made on 1 July 2024.

Action taken on previous requirement

The service had taken prompt action to ensure that the service was cleaned to a good standard and had maintained this. To achieve this they had employed a cleaning company to carry out a deep clean of the main kitchen, reviewed the cleaning schedules, were now monitoring the completion of these and carrying out regular planned audits of the kitchen area.

The rest of the building had been thoroughly cleaned and this was being maintained to a good standard. Internal decoration was ongoing, this included painting communal areas to be more pleasant for people to live in and to ensure good cleaning can be carried out effectively. For example bannisters had been badly chipped in places - these were being repaired and meant they could be cleaned to maintain good infection prevention and control practices.

Where equipment was no longer fit for use these were being replaced.

Several people commented favourably on the environmental improvements.

This requirement was met.

Met - within timescales

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

The provider should ensure that people are supported with dignity and respect at all times. This should include:

- Ensuring good communication and interactions are being supported by staff and,
- Ensuring that the environment is clean in all areas and to promote personalisation of individual bedrooms.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I experience care and support where all people are respected and valued" (HSCS 4.3), "If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture and fittings where possible" and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. (HSCS 5.22)

This area for improvement was made on 1 July 2024.

Action taken since then

Our observations were that communication by staff supporting people had improved significantly, conversations included people and people were encouraged to spend time in small friendships groups. This helped to improve feelings of wellbeing.

Two visiting professionals said that people appeared to be happier and that the atmosphere in the home was better with improved interactions.

The environment was clean and appeared more homely.

This area for improvement is met.

Previous area for improvement 2

To promote people's nutritional health, the provider should regularly review the menu arrangements to ensure adequate provision of meal choices. People living in the home and their representatives should have the choice to be involved in the menu planning.

Meals should also be presented in a way that encourages people to eat well.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My care and support meets my needs and is right for me' (HSCS) 1.19.

This area for improvement was made on 1 July 2024.

Action taken since then

The menu plans had been reviewed and were being implemented. The service planned to further review these once they had been trialled. People told us their mealtime experience was improved.

People were served with care and offered some choice. New crockery and correct use of this and cutlery was in place. This enhanced people's dining experience.

However, the lunchtime meal we observed did not follow the menu on display and people who needed soft or pureed diet did not receive any choice of what to eat. It is important that people can read the menu and anticipate their meal accurately or request an alternative if wished.

This area for improvement is continued.

Previous area for improvement 3

The provider should ensure that staff are deployed in such a way that benefits people using the service and to ensure availability of staff to support people timeously. This should include taking account of the views of staff, people using the service and their relatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My needs are met by the right number of people" (HSCS 3.15) and "I am confident that people respond promptly, including when I ask for help (HSCS 3.17)

This area for improvement was made on 1 July 2024.

Action taken since then

There was adequate staff available to support people well. People told us that staff supported them when requested and mostly quickly. Senior staff were responsible for allocating staff duties and did this based on their knowledge of people and the layout of the home. A daily huddle of senior carers, nurses and the manager took place to review what was happening in the home and people's needs and used this time to make any needed amendments to staff deployment.

This area for improvement is met.

Previous area for improvement 4

To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have person-centred care plans in place, that offer clear and up to date guidance to staff.

This is to ensure that care and support is consistent with the 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) .

This area for improvement was made on 1 July 2024.

Action taken since then

Some care plan audits had taken place, however, these did not always identify some of the areas for improvement that we did. This was particularly where people needed support when they experienced stress or distress. It was not clear how stress/distress care plans linked to as required medication protocols. Where systems were in place such as stress/distress diaries to help monitor people's experiences these were not updated accurately. Daily care notes were not always reflective of people's experiences. This is important to ensure people can be supported well.

The provider was planning to move to a new electronic care planning system. They needed to ensure that good care planning be maintained until this is actioned.

This area for improvement is continued.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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