



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Willowdale

**Willowdale
112 Chester Road
Buckley
CH7 3AH**

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Description of the service

Willowdale is a residential care home situated in Buckley, Flintshire. It is registered to provide accommodation and personal care for up to 28 persons aged over 65 years which can include eight people who may have a diagnosis of dementia. The registered provider is Willowdale Residential Homes Limited and they have appointed a responsible individual. The home has been without a registered manager since February 2015.

Summary of our findings

1. Overall assessment

The service continues to be without a registered manager which is of concern. Prospective applicants have been appointed but have either not had the required qualifications to achieve registration or have left the employment of the organisation. The impact of not having a registered manager in place has affected the care and the service to the people living there. Staff supervision has fallen behind schedule and care staff appraisals have not been completed. There has been an increase in medication administration errors and a number of safeguarding issues have occurred due to the poor care practices of care staff. At the time of writing this report the Responsible Individual and Quality Assurance Manager are now playing an active role in the running of the home, having based themselves at the service five days a week in order to rectify the issues of concern. People continue to benefit from a healthy diet with a good choice of foods available to them. We saw that there were systems in place to regularly check the safety and servicing of equipment. The environment is clean, and would benefit from re-decoration in some areas.

2. Improvements

Recommendations made following the previous inspection on 15 November 2016 were not considered; we believe they should receive due consideration from the current management team. The recommendations were:

- The statement of purpose and service user guide should be available in Welsh for those people whose first language is Welsh.
- The management should consider ways that the Welsh speaking residents have their language needs met. The current arrangements mean that people cannot expect to fully receive a service in Welsh if this is what they want.
- We recommended staff receive training in equality, diversity and respect in order that they cease from labelling individuals and learn how to respectfully address residents while working with them.
- We recommended that consideration should be given to providing mirrors to enhance the hairdressing experience for individuals and making changes within the main lounge in order that people can have an enjoyable experience of television viewing. Currently the long ceiling light fitting in the lounge reflects on the TV screen that is hung on the wall and this affects to ability of some people sitting in certain positions to watch the television.

3. Requirements and recommendations

Section 5.3 of this report highlights recommendations to improve the service and the areas where the home is not meeting legal requirements. These include the following:

- The obligation to appoint a suitable manager.
- Staffing levels should be regularly reviewed to reflect the dependency needs of the people living at the home.
- Medication should be regularly audited and staff should receive regular training in order to competently administer medication.
- The provision of adapted cutlery.
- Staff use of mobile phones whilst supporting people should be stopped.
- Providing the active offer of Welsh.
- Annual Quality Review Report needs to be completed.

1. Well-being

Summary

People living in the home enjoy the activities provided and are able to choose when they want to participate. Some people told us they would like more activities, whilst others were satisfied with the activities offered. A varied menu provides people with healthy and nutritious meal choices and specialised dietary needs are catered for. The home does not provide a bilingual service and the opportunities for people to receive a service through the medium of Welsh remain limited.

Our findings

People can choose to participate in a range of activities. The home employs an activities co-ordinator and we were told by staff members that they also assist with activities. We saw people enjoying a quiz in the main lounge and several people were going out to a local memory café. We spoke with people who were well aware of local news and community events; they enjoyed reading their newspapers and having discussions with staff members about state of the country and other issues of interest to them. We saw both group and individual activities taking place; one person told us they enjoyed having their nails manicured and painted regularly and enjoyed the one to one attention the activity gave them. People's hobbies and interests were documented within their admission assessments. People can be as active as they choose to be and their views are listened to.

People are provided with a choice of foods at mealtimes and special diets can be catered for. The home had a current food hygiene rating of 5 (very good) from the environmental health department, which was the highest score available. We viewed the weekly menu and saw it contained meal options with choices available. Discussions with the kitchen and care staff showed they were aware of people's dietary preferences and those people with specialist dietary needs told us their needs were catered for. People living in the home told us alternative meals were prepared for those who did not like what was being offered. We observed one lunch time meal being served and saw that the portion sizes and presentation was good. A visiting professional who had sat with people at a lunchtime meal told us of the struggle one person had eating with the cutlery provided; the person had difficulties holding the cutlery as a result of arthritis. The food was falling off the fork and back on to the plate. When asked by the visiting professional, the care staff cut the food up into smaller pieces however, it hadn't occurred to the member of staff to offer this service to the person without being prompted to do so. The care staff sat next to the person and although friendly and pleasant was not attentive to the person's needs and requirements, as they were observed using a mobile phone which showed disrespect to the person who was being supported. People told us they enjoyed their meals and had access to drinks throughout the day; we saw people enjoying supper time drinks and snacks as they watched the television. People benefit from good food and a healthy diet and their individual dietary needs are catered for.

The care home offers limited opportunities to provide a service through the medium of Welsh. A few people living at the home speak Welsh as their first language and whilst they can speak to each other in the language of their choice, there are no fluent Welsh speakers amongst the staff team. Regulatory documents such as the statement of purpose and service user's guide were provided and were in English only. The appointed manager explained the company could get them translated into Welsh if this was needed; but that the area was predominantly English speaking and there were generally no requests for a Welsh version of the documents. There were no bilingual signs seen at the home.

Welsh speakers do have some opportunities to express themselves in their own language but cannot receive a service in the language of their choice.

2. Care and Support

Summary

Whilst we spoke to some people who felt the care they received was satisfactory, we found that not everyone's care needs were being met. This was due to care plans not being up to date and therefore care staff not being aware of any changes or reviews of care needs made by visiting professionals. We also found that staffing levels at night did not meet the needs of all of the people living at the home.

Our findings

People's care plans are not up to date and therefore their care needs are not being understood and anticipated. We found that there was contradictory information in care files, for example in one person's file it stated that the person struggles to find the right words yet care staff had ticked an assessment form to say to say the person had good communication. In another file, a tick box assessment stated a person used a stand aid when the Occupational Therapist who had assessed the person a month earlier had stated that a hoist was to be used. We found that a person who required repositioning had no moving & positioning assessment within their care plan. We also found that a person had suffered a skin tear as a result of being moved using a method not recommended within the persons' assessment. This had resulted in the matter being referral to the local authority safeguarding team by a visiting health professional. Our findings show that people have not been receiving the right care at the right time because of poor practice keeping care plans up to date. The appointed manager was made aware of the discrepancies and was starting to review all care plans to ensure they are updated with the correct information.

There are not always sufficient staff on duty to meet peoples' care and support needs. We saw records indicating that ten people required repositioning by two care staff during the night; however, only two care staff worked during the night. This would indicate that staff would not be able to attend to anyone else during the periods they were repositioning the ten people throughout the night. We were assured an extra person would be employed and visited to check the number of night staff available. Three people were on duty. We were also told of an occasion when staffing levels were less than required when poor rota planning meant too many staff had been allowed to be off at the same time. The home had used agency staff on some occasions when staffing levels were low. Due to the improvements seen and the discussion with the responsible individual that the dependency of people will be reviewed and staffing levels increased to reflect any increased dependency, we did not issue a compliance notice at this time but we will continue to monitor this at future inspections. People's individual needs and preferences have not been understood and anticipated at night due to low staffing levels; however, hopefully the extra staff now provided at night will ensure that peoples' care and support needs are now met.

People's medication has been incorrectly administered. This year there has been an increase in the number of occasions where medication has been incorrectly administered; resulting in safeguarding referrals been made to the local authority; luckily no one suffered adversely as a result as medical advice was sought quickly. The training matrix provided indicated that medication training was provided in 2015 and 2016; a medication audit completed during the inspection showed that staff found that on the monitored dosage

system used it was difficult to read the name of the person or see their picture. The home had swapped systems and was considering a further change. When errors were being made, management were not reviewing the competencies of staff who were administering the medication and there was no management audit in relation to the errors being made and no clear plan as to how to avoid the errors. The responsible individual assured us that they had introduced a system whereby the number of people administering medication was reduced and there was a clear procedure in place. The responsible individual has contacted CSSIW and informed us that medication competency checks have been carried out on six members of staff and additional training has taken place. Double checking of medication has been introduced and senior staff who administer the medication have been advised about their responsibilities in delivering a safe service. Due to these improvements we did not issue a non compliance notice but we will continue to monitor this at future inspections.

3. Environment

Summary

People live in comfortable and homely accommodation, that they are able to personalise if they want to, so it reflects their own tastes and preferences. We saw evidence of good systems in place to regularly check the safety and servicing of facilities and equipment. Some areas of the home need redecoration and refurbishment; and we were shown the plans for the decoration of the dining room.

Our findings

We found that Willowdale provides homely accommodation for the people living there. We saw that some bedrooms were highly personalised with pictures, ornaments and items of furniture brought into the home by people on their admission. People told us they could have their rooms as they wished and we saw that relatives had helped to personalise bedrooms by updating family photos. We saw that people had very soft pillows and asked staff if people had a choice of whether they preferred a soft or firm pillow, however, no one asked could provide an answer. We also saw in one bedroom where a person had a special mattress the bottom sheet did not fit and as a result had moved exposing the mattress. We pointed this out to the appointed manager and were told it would be addressed as soon as possible. We saw that continence pads were being stored in a shower cubicle which meant the shower could not be used and a commode was stored in an en suite toilet. People we spoke to told us they liked their rooms. Our findings showed that people were generally happy with their rooms and liked being surrounded by their personal items.

Servicing of appliances and equipment was up to date. We found evidence of this in the sample of records we looked at. This included fire safety system checks, passenger lift servicing, electrical equipment and electrical installations. Water temperatures were also regularly checked. Within the kitchen, fridge and freezer temperatures were monitored daily. We saw records to evidence that wheelchairs and walking frames were regularly cleaned and checked. The call system was regularly checked and serviced as was the gas boiler. We tested the call system and two care staff responded quickly to the call. We found that the people responsible for the checking and maintaining of appliances and equipment carried out their duties efficiently ensuring the safety of them and this indicated that unnecessary risks to people have been identified and as far as possible eliminated.

People are not always safe from strangers entering the building. A visiting professional told us, when they visited on 04 August 2017, that a person not known to them, opened the door and walked away; did not ask for any identification or who the visitor was there to see. The visitor walked around the ground floor for almost five minutes before a member of staff appeared. On 21 August 2017, a relative held open the door for an inspector to enter without speaking to them or informing staff they had entered the home. Previously a relative held open the front door and enabled a resident to leave the premises unaccompanied when the person was unable to go out alone safely; resulting in a safeguarding referral to the local authority. Our findings show the need to ensure vigilance from strangers entering the home; for both security and health and safety reasons. This was discussed with the appointed manager who took steps to deal with the security issues raised.

4. Leadership and Management

Summary

The home has been without a registered manager since February 2015, although the company have appointed people previously to the role of manager who are not suitably qualified and have not been able to register with Social Care Wales. The last person to make a registration application to the CSSIW failed to complete their probationary period with the company in June 2017 and has left the organisation. There have also been two different responsible individuals since 2015. Administrative systems have been changed or altered; there has been a lack of clear vision and staff have had no clear direction.

Our findings

The home has not had a registered manager since February 2015. A person was appointed to manage in June 2017; however has reverted to her previous senior position at the home and another person has been appointed to manage in October 2017. This appointed manager does not meet the criteria for registration with SCW. This means the person cannot submit an application to register with CSSIW as required by the regulations. Section 11 of the Care Standards Act 2000 states "(1) Any person who carries on or manages an establishment or agency of any description without being registered under this part in respect of it (as an establishment or, as the case may be, agency of that description) shall be guilty of an offence." CSSIW may consider taking enforcement action. We recognise that the provider has put a plan in place to rectify this situation, the aim being for the appointed manager to gain the necessary qualification as soon as possible.

At the previous inspection on 15 November 2016 the lack of registered manager was not negatively affecting the operation of the home; however during this year this has changed and the impact noted during this inspection as staff supervision and appraisal has been poor and there has been a lack of direction for staff. Whilst the responsible individual and quality assurance manager are over seeing the service five days a week people can be more confident that the service provided will be satisfactory, however, a person needs to be appointed who will achieve registration and who will be able to successfully manage the service.

Staff are not being supported regularly and are not been given clear direction. Supervision should be carried out once every two months but it was evident that this was not the case. We found that supervision meetings that had previously been regularly carried out had come to a halt. We inspected three care staff files and saw the last supervision meetings carried out were in November 2016 and January 2017. There was no record of these staff receiving their annual appraisals when they had been due. We found there was a lack of systems in place for the appointed manager to monitor staff support. The appointed manager assured us that they would address this and planned a programme of supervisions to start immediately. We have been informed that this is now being addressed. with staff supervision sessions held and an ongoing plan for future session in place. At our last visit on 02 October 2017, staff on duty confirmed they had received supervision. People benefit from a service where staff are well supported; therefore it is crucial that regular supervision sessions are maintained.

Staff receive training appropriate to their role. We saw records confirming staff had attended training in fire safety, dementia awareness and health and safety during the

summer months. We were provided with a training matrix indicating regular training in mandatory subjects. There was a company system in place to highlight when courses needed to be refreshed and when they were due. The appointed manager was fully aware of this system and of how to access training courses for staff.

Systems had been in place to measure the quality of the service. We saw that from January to June 2017 there was a period where auditing of care and staff records, medicines management and the environment had not been completed. The appointed manager was endeavouring to get the process back on track, but was finding the scope of the task difficult given its enormity. We have now been informed that monthly management audits have commenced with full action plans implemented where issues or concerns have been identified. We shall follow this up at the next inspection. The frequency and consistency of monitoring systems should be improved and the home would benefit from regular audits in order that the management can satisfy themselves that the service is improving and developing.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

NONE

5.2 Areas of non compliance identified at this inspection

<ul style="list-style-type: none">• Leadership & Management - The home has not had a registered manager since 2015. The provider has appointed individuals to manage the home but they have not had the necessary skills qualifications or experience to manage the home. The registered persons need to appoint a suitably qualified and experienced person who can apply and achieve registration with CSSIW and Social Care Wales.	9(1) & (2)
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5.3 Recommendations for improvement

We recommend the following:

- People who have difficulty using cutlery due to their physical disabilities should be provided with adapted cutlery and plate guards. Paper napkins or side plates could be offered to people at supper time when biscuits or cake are offered whilst people are sitting in the lounge or in their rooms. This provides a more dignified way of eating.
- Care staff should refrain from using their mobile phones whilst assisting or supporting people. By using their phones they are being disrespectful towards the people they are supporting and are not giving people the attention they deserve.
- The service could improve their provision of the active offer by providing care staff that are able to speak Welsh. This will enable people who use the service and who speak Welsh to receive a service in the language of their choice.
- A system needs to be introduced to ensure those providing direct care to people are fully aware of the changes to people's care plans and assessments. This would ensure the correct care is delivered.
- Staffing levels should be regularly reviewed to reflect the dependency of people living at the home. This would ensure people receive the care and support they need.

- Management need to carry out regular auditing of medication and ensure senior staff receive regular training in order that they can competently administer medication.
- Bedding needs to be purchased in order that bottom sheets fit any special mattresses used and pillows should be replaced regularly with choices available for people who prefer soft or firm pillows.
- Monitoring systems should be improved and there needs to be regular auditing of systems.
- The annual quality review report should be forwarded to the CSSIW when completed.

6. How we undertook this inspection

We (CSSIW) undertook this unannounced inspection during several visits to the home. We visited on 24.07.2017 between 10:00 and 16:40, on 09.08.2017 between 08:30 and 09:00 and on 21.08.2017 between 10:50 and 16:45. We also carried out a visit on 02.10.2017 between 21:15 and 22:15. This was a full inspection that looked at the Wellbeing of people, the quality of care and support, the quality of leadership and management and the quality of the environment for people living at the service.

The following methods were used;

- We spoke with the person who had been appointed as manager and the person appointed to support them; six staff and seven people who live at the home
- We inspected three files in respect of people living at the home and three staff files.
- We observed the lunchtime meal being served and visited the kitchen to inspect food stocks and supplies.
- We observed how care and support was offered and the interaction between people living in the home and staff.
- We looked around internal areas of the home.
- We inspected records regarding the operation and safety of the home.
- We discussed service provision with responsible individual.
- We spoke with and liaised with visiting professional from the local authority.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Willowdale Residential Homes Ltd
Registered Manager(s)	Vacant
Registered maximum number of places	28
Date of previous CSSIW inspection	15/11/ 2016
Dates of this Inspection visit(s)	24/07/2017, 09/08/2017, 21/08/2017, 02/10/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The registered provider should review the document 'More than just words'.
Additional Information:	

