

Willow Tower Opco 1 Limited

Signature at Chorleywood

Inspection report

High View
Chorleywood
Rickmansworth
Hertfordshire
WD3 5TQ

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Tel: 01923287750

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Signature at Chorleywood is a residential care home providing personal care and accommodation for up to 100 people. The service provides support to adults including adults living with different forms of dementia. At the time of our inspection there were 68 people using the service.

The home is a purpose-built building over three floors. There is a section of the home specifically for people living with dementia who need additional support, this is called the 'reminiscent' community.

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

We found many issues with how oxygen therapy was being managed at the home. There were a lack of processes and checks to ensure additional oxygen was stored and managed safely. Staff had not had training on oxygen therapy and the associated risks. The management and provider were not thoroughly monitoring and assessing this aspect of people's care to assure themselves and others everyone was safe in relation to the use of oxygen.

The registered manager and provider started taking action to correct these issues as soon as we told them about these safety issues. We asked them to send us an action plan which they did, detailing how they were going to correct these safety issues. The registered manager also talked us through what they had done and would be doing moving forward.

We found some other issues connected to people's health and wellbeing such as not promoting falls and pressure care safety. These concerns and the safety issues connected to oxygen therapy had not caused any harm to people, but there was a potential risk they could. Improvements were also required around how managers and the provider assessed some aspects of the quality of the care provided.

People and their relatives felt safe at the home. One person said, "I feel that I'm in a safe place. They [staff] are always popping in and out during the day when I'm here in my room." Another person said, "The staff are extremely co-operative, very nice people. They are here for you." A person's relative told us, "Yes, I'm very confident that [relative] is safe and happy. [Relative] has been here for [number of months] and the communication is very good, they [managers] tell me what's going on and they ring me."

The home was clean, and staff followed safe hygiene practices. There had been a recent COVID-19 outbreak but this was managed in a safe way. One person told us, "The cleanliness is good, they [staff] are forever cleaning." A person's relative told us, "It's immaculate."

People were supported by enough staff who had been safely recruited. Some people raised delays with requests for support in the mornings which we told the registered manager about. Actions were also being taken to increase the recruitment of permanent staff at the home to provide a better continuity of care for people.

Staff spoke well of the support they received by colleagues and managers to perform well in their jobs. Despite staff views, we found managers were not always supporting staff to maintain their knowledge in their work. We have made a recommendation about this.

Staff and managers sought help for people when they were unwell and supported people to be as healthy as possible.

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

The staff and managers were kind and thoughtful towards the people they supported. One person said, "The staff are lovely, kind and respectful. I think they listen. All my personal care is done well. I like [name of member of staff] especially, we have such a laugh." A person's relative told us, "Yes, [relative] is clearly happy. [Name of relative] is happier now than they have ever been. They [staff] encourage all [relative's] talents, they are less anxious, doesn't worry and enjoys the company and stimulation."

There was a social atmosphere to the home with staff spending time with people. Many events took place to help people feel included, happy and at home. One person's relative told us how staff had supported their relative to make friends when they first moved to the home, "[Name of relative] has made some special friends of their own age which is so good."

Complaints were processed in an open way and lessons were learnt from these. People were confident about making suggestions and raising issues which were important to them, and they felt improvements took place as a result of doing this.

Although there were some issues with how managers and the provider checked some aspects of the quality of care people received, there were also positive aspects too in terms of the other audits and checks the managers and provider were completing. The managers, provider, and staff had created an open positive culture in the home to benefit the people living at the home.

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

Rating at last inspection

This was the service's first inspection as the provider had made a change to their legal status. This service was registered with us on 1 December 2021, and this is the first inspection following this change. The last rating for the service Sunrise at Chorleywood, under the previous provider was good, published on 7 August 2018.

Why we inspected

This inspection was prompted by a change in the provider's registration which meant this service did not have a current rating.

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.

Enforcement and Recommendations

We have identified a breach in relation to ensuring all people were always safe in connection to the use of

oxygen therapy at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Signature at Chorleywood

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was completed by three inspectors (two spent time in the home another supported by reviewing documents) and two Expert by Experiences. 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

Signature at Chorleywood 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. Signature at Chorleywood is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 1 March 2023 and ended on 29 March 2023. We visited the service on 1 March 2023.

What we did before the inspection

We spoke with the local authority to gain their experiences of the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we hold about the service and reviewed the provider's website. We used all this information to plan our inspection.

During the inspection

We spent time in the home speaking with 11 people and seeing how people were supported and treated by the staff. During our time on site, we looked at the care of 3 people, oxygen management, and we looked at how medicines were administered and managed for 7 people. We spoke with 11 members of staff and the registered manager, deputy manager and we had e-mail contact from the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We telephoned and spoke with 12 relatives. We reviewed the care records for 11 people. During the inspection we reviewed 2 staff's recruitment checks, audits, fire and equipment safety records. Complaints, compliments, and newsletters.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The management team and provider were not managing the risks associated with oxygen therapy in a safe way which put people at potential risk of harm.
- Portable oxygen cylinders were not being stored safely according to manufactures and best practice guidance.
- Systems had not been identified and developed to test and ensure the safe management of oxygen. Staff and managers had not been given training in oxygen management to promote everyone's safety.
- People who received oxygen therapy had not received thorough risk assessments, which identified and explored the risks associated. Thorough risk assessments would have given staff clear direction on how to manage these risks and needs.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at potential risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager took action when we had identified these failures. They developed systems, contacted health professionals, and started training staff in oxygen management. The provider wrote to us saying they had also made changes as a provider group with monitoring oxygen therapy. Through all these actions the registered manager and provider had reduced these risks. But had it not been for the inspection these risks would have continued.

- People's other risk assessments and care plans did not capture people's risks in clear ways to support staff, to know and understand the risks people faced.
- Further work was needed to monitor the safety of some people in relation to falls and to ensure pressure relieving equipment were set to the correct settings to reduce the risks of skin damage for people.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with did not know of the outside agencies they could report their concerns to outside of the management team. Some staff said they would share their concerns to people's relatives, but this is not always safe practice.
- Staff did have a good understanding of what potential abuse could look like.
- Managers raised concerns with the local authority and investigated incidents appropriately.

Staffing and recruitment

- Some people told us they felt the mornings were busy times and they had to wait 15 to 20 minutes for support. One person said, "I understand that they [staff] are busy. I used my buzzer yesterday as I had a pain. I waited half an hour for a carer to arrive. I think they are short of staff at times." Another person said, "Occasionally they are short-staffed, especially if someone [staff] is ill. That's when you have to wait for help when you use the buzzer, around 20minutes."
- These people and others said they were ok with waiting and did not experience any harm, but they would prefer a shorter wait time.
- Some staff said the mornings could be challenging, especially when people pressed their call bells for non-personal care related tasks. We spoke with the registered manager about this who said these other tasks were just as important as care tasks, and staff should respond to these.
- Some staff felt the morning challenges were due to a reliance on agency staff who had not worked at the home before or frequently enough. The registered manager and staff told us about the incentives the provider was promoting to increase staff recruitment to try and tackle this issue.
- Although we found staffing levels were adequate to meet people's needs during the day and early evenings, managers needed to make some changes to how they assessed staffing levels at the other times, as people told us there were shortfalls.
- Staff recruitment checks were in place to promote people's safety with staff.

Using medicines safely

- We completed a sample check of some people's remaining medicines and found all but one tallied with the recorded stock. One person's medicines count was short which was an error of how this medicine was booked into the home. Another person who had a controlled drug did not have a signature of two staff recorded in the register, which is contrary to best practice.
- But overall, we saw that people's medicines were being managed appropriately.

Learning lessons when things go wrong

- The registered manager and provider had a culture of making improvements when something went wrong.

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.
- 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.

Visiting in care homes

People's relatives were able to visit in a flexible way. During the start of the inspection there was a COVID-19 outbreak, but people's relatives were supported to visit their loved ones in a safe way.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some people were at risk of choking. Referrals to a specialist health team had been made and staff were following the professionals' recommendations.
- Although, when we asked two experienced members of staff at lunchtime, they did not have up to date knowledge of a person's specialist diet who was at risk of choking. This was a potential risk.
- The registered manager took swift action revisiting and ensuring all staff had refreshed knowledge in this area. They also told us they would improve their auditing into this aspect of people's care.
- People spoke well of the food. One person said, "I like the food, but I'm easily pleased. There's plenty to eat and drink."

Staff support: induction, training, skills and experience

- Staff spoke well of their training, and they were able to give examples of what was good about recent training they had received.
- Staff also spoke well of their inductions into their jobs and the opportunities to develop their careers the provider offered them.
- However, staff had not received training in oxygen therapy and promoting people's safety regarding this. We also found some shortfalls in staff practices in relation to falls, people's diets, and safeguarding.

We recommend the provider consider best practice guidance on supporting staff to have and sustain a good knowledge in key areas of their of work.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had risk assessments in place, but there were shortfalls in risk assessing and ensuring people had person centred reviews of their care. Which were implemented into peoples care plans and daily experience of care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People saw health professionals when they were un-well and the management of the home had made good links with the GP surgery.
- When health professionals gave direction the management team updated care plans to guide staff practice.

- Dementia friendly techniques were used in the 'reminiscent community' to support people to locate their suites, stimulate their interest, and have places to rest for people who liked to walk about the home.

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.

- Staff assessed people's capacity to make specific decisions when appropriate and best interest processes were followed.
- When people made decisions to not follow the professional's advice these people were supported to do so.
- However, improvements could be made in how these associated records were written to demonstrate people had been given all the information to make an informed decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke well of the staff and managers at the home. One person said, "I still have a choice about things, I'm never forced to do anything. There are both male and female carers and I'm comfortable with both. In fact, I often prefer the male carers as they are fun."
- People were supported consistently in a kind and thoughtful way by the staff at the home.
- Staff spoke in kind and soft tones when talking with people. If people needed support or looked upset staff stopped what they were doing and gave support to those people.
- Staff spent time chatting to people especially those living with dementia to try and reassure them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity, one person said, "We have fun together, the carers are good. They do a lot of intimate things for me, and it is all done with dignity."
- People were encouraged to maintain and improve their mobility as much as possible. For those where it was safe to do so, people were able to come and go, and access communal areas as they pleased. One person told us, "I was using a wheelchair and somehow was not able to walk. It was [name of member of staff] who helped support me with walking again."
- When a person needed support to be transferred into their wheelchair via a hoist in the lounge, a privacy curtain was used to promote this person's dignity.
- For those people living with advanced dementia who needed more support, people were supported to maintain their appearance in line with their preferences explored in their care plans.
- Staff were respectful entering people's private suites, routinely knocking and waiting.

Supporting people to express their views and be involved in making decisions about their care

- People were invited to regular 'Town Hall' meetings where they could give feedback and make suggestions. There was a positive culture of people being confident about sharing their views about living at the home.
- The deputy manager talked us through how people had been involved in their reviews of their care. Although, how these reviews were recorded could be improved upon to show this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People spoke positively of the planned events and opportunities to find interesting things to do. One person said, "There are plenty of things to do here, always something happening. Someone will come by the room to ask would I like to join in but there is never any pressure to do so." Another person said, "There are plenty of things to do, some really interesting things such as art and drama. We do use the garden in the summer, it's lovely. Quite a few of us join in the quiz, it's good to have something sociable to do during the evening."
- There was a range of creative opportunities for people to get involved in and promote their own well-being. Planned trips out, parties, events involving entertainers, exercises, and games were all common place, for people to engage in if they wanted to.
- There were also opportunities when people mixed amongst the different areas of the home. This included the reminiscent community.
- Mealtimes were sociable events with people routinely enjoying wine and sherry. People were supported to enjoy alcohol if this was important to them. Again, this was a theme throughout the different areas of the home.
- Staff spent time with people on a one-to-one basis chatting and doing something together to make the afternoons interesting.
- We found some people would benefit from more person centred reviews of their care, to ensure their health and well-being needs were being promoted. The registered manager said they would address this issue moving forward.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff followed the plans made to promote people's communication needs.
- Some people's relatives felt improvements could be made when hearing aids, glasses and dentures went missing, so quick action could be taken to find these. We spoke with the registered manager about this who said they would take action to address this issue.

End of life care and support

- People who were actively at this part of their lives had end of life plans in place. Some demonstrated their relatives had contributed to these plans. But they did not always demonstrate the person (when possible) had played a key part in shaping these plans.
- When people and their relatives did not want to discuss end of life plans, staff were not recording they had tried to have a meaningful conversation about this or attempted to revisit this.
- The registered manager and staff were now working with a specialist palliative care team to support the staff and managers to improve end of life planning. Work was already underway during this inspection to do this.

Improving care quality in response to complaints or concerns

- There was a complaints process in place which the registered manager followed when responding to complaints.
- These complaints were dealt with in an open way and when possible, lessons were learnt. One person told us, "The food has improved. Some of us complained and there have been some changes."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management and provider had not understood or were knowledgeable about their roles in managing the risks associated with oxygen therapy at the home. They took action when we identified these concerns to them. But their own quality monitoring processes had not identified these important safety concerns.
- There were other shortfalls in relation to risk assessments, care plans, safeguarding, some aspects of falls prevention, person centred reviewing of individuals care, ensuring staff had up to date knowledge and were given training in all aspects of their work. These issues had not been identified via their own audits with no actions taken to remedy these.
- Managers and the provider were clear about other aspects of quality monitoring in relation to promoting people's safety, health and well-being.

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

- There was a positive open culture at the home and amongst the staff and management team.
- People were treated with respect and kindness.
- Efforts were made to make people's lives interesting and sociable.

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; Working in partnership with others; Continuous learning and improving care

- The provider took action to start rectifying the concerns identified with oxygen management at this home. They told us they have shared these lessons with their other homes.
- When required managers worked with other health professionals to improve the outcomes for people.
- Improvements had been made when people raised issues about the food provided. When complaints were made people received an apology. The registered manager was also open to the issues we found during this inspection.

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

- Managers and the provider sought people's, staffs' and relatives' views about the home and quality of care provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at potential risk of harm.