

BUPA Care Limited

Willow Brook Care Home

Inspection report

Tel: 0115 9203754

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Willow Brook Care Home is registered to provide accommodation and personal care for up to 49 older people. There were 37 people living at the home at the time of our inspection.

This unannounced inspection took place on 26 March 2015. At our previous inspection on 12 June 2014 we found the provider was not meeting all the regulations that we looked at. We found concerns in relation to, records, infection control, staffing, care and welfare of people, quality assurance, respecting and involving people and consent to care and treatment. The provider sent us an action plan detailing how and when they would make the necessary improvements and we found during this inspection that the improvements had been made.

At the time of this inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that staff treated people in a way that they liked and that there were sufficient numbers of staff to safely meet people's needs. People received care which had maintained their health and well-being. Relatives were very happy with the care provided.

There were robust infection control procedures in place and staff were found to be following these.

Summary of findings

Medicines were stored correctly and records showed that people had received their medication as prescribed. Staff had received appropriate training for their role in medicine management.

Staff supported each person according to their needs. This included people at risk of malnutrition or dehydration who were being supported to receive sufficient quantities to eat and drink.

Staff respected people's privacy and dignity. They knocked on people's bedroom doors and waited for a response before entering. People told us that staff ensured doors were shut when they were assisting them with their personal care.

People's needs were clearly recorded in their plans of care so that staff had the information they needed to provide care in a consistent way. Care plans were regularly reviewed to ensure they accurately reflected people's current needs.

People confirmed they were offered a variety of hobbies and interests to take part in and people were able to change their minds if they did not wish to take part in these

Effective quality assurance systems were in place to monitor the service and people's views were sought and used to improve it. The registered manager had introduced changes to support staff with additional meetings to discuss care and support to ensure that people were receiving a good quality of care and support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Medicines were safely managed.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Good



Is the service effective?

The service was effective.

Staff had been supported to care for people in the way they preferred.

People were helped to eat and drink enough to stay well.

People could see, when required, health and social care professionals to make sure they received appropriate care and treatment.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



Is the service caring?

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

There was a homely and welcoming atmosphere and people could choose where they spent their time.

Good



Is the service responsive?

The service was responsive.

People and or their relatives were involved with developing and reviewing their care plans. People were supported to take part in their choice of activities, hobbies and interests.

People's complaints were thoroughly investigated and responded to in line with the provider's policy

Good



Is the service well-led?

The service was well-led.

There were various opportunities for people and staff to express their views about the service.

A number of systems were in place to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

Good



Willow Brook Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered manager is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on

26 March 2015 and was unannounced. It was undertaken by three inspectors.

Before and after our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events that

the provider is required by law to inform us of. We also looked at the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and any improvements that they plan to make. We also made contact with NHS continuing health care commissioners and a local authority contract monitoring officer.

We observed how the staff interacted with people and how they were supported during their lunch. We spoke with 11 people who used the service, 8 staff including, six care workers, one house keeper, the activities co-ordinator and four visiting family members.

We also looked at five people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Is the service safe?

Our findings

People told us that they felt safe because they liked the staff and said that they were treated well. One person said: “The staff are lovely and yes, I feel very safe”. Another person said: “I have always felt safe here”. Relatives we spoke with had no concerns about the safety of their family members.

At the inspection carried out in June 2014 we found there were concerns regarding the staffing levels, cleaning, infection control procedures and processes.

During this inspection the home was clean and free from malodours. We spoke with one house keeper who were able to demonstrate the cleaning schedules and how they record when each area has been cleaned. We found the sluices and cleaning cupboards were tidy and had good stock levels of cleaning equipment and products. All sluices and storage areas were locked securely to protect people from unauthorised access to potentially dangerous chemicals. Wheelchairs and mattresses were found to be clean and dust free which would help in the prevention of people acquiring and spreading health care associated infections.

Medicines were stored safely. Temperatures of storage areas and the fridges were seen to be within the required range to keep medicines effective. The medicine administration records were accurate. There was a system in place for the management of medicines and spot checks were undertaken by a member of the management team which showed that the amount in stock was recorded correctly.

Staff told us they had received training in medicines. Records showed that staff had had their competency checked to ensure they were safely able to administer medicines. Two people we spoke with told us they were always asked if they would like any pain relief. One person said “I get all the medicines the doctor prescribes”. Protocols were in place for medicines that were given as required to ensure staff knew when these should be administered and minimise incorrect administration.

Staff told us they had received safeguarding training and were able to describe what constituted harm and what they would do if they were told, saw or suspected that someone was being abused. One member of staff said: “I have never had to report a concern, but I would if I needed to”. This meant that people were supported to be as safe as practicable.

One member of staff told us about their recruitment. They explained the induction process and they had attended a number of training courses before caring for people. Various checks had been carried out prior to them commencing their employment such as a criminal records check and references had been sought. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed.

The atmosphere of the home was welcoming and calm although staff were busy. People were looked after by members of staff in an unhurried way. One person told us that when they called for staff help, “They always come as quick as they can”. A staff member said: “There are enough staff, but we could always do with more”. Another said: “There are enough staff on duty today and the manager will come and support us if needed”. Overall staff felt that there were usually enough staff to cover the work and they had appropriate training and felt supported.

People’s health and safety risk assessments were carried out and measures were taken to minimise these risks. The risks included, for instance, risks of falling out of bed. We found that alternatives measures were used, for example, the use of bed rails. In addition, where people had been assessed to be at risk of harm, due to behaviours that challenge others, measures were put in place to minimise this risk. For example when a person’s behaviour challenges others there were various distraction techniques available for staff to use.

Is the service effective?

Our findings

People told us the staff were able to meet their needs. One person told us, “The girls [staff] are very good.” Another person told us that, “Staff know what my care needs are”. Staff stated that they had the all the training and support they required to do their job.

At the previous inspection in June 2014 there was limited evidence that people or those acting on their behalf had been involved in and provided consent to their plan.

During this inspection we found that people’s rights to make decisions about their support and care were valued and where people had been assessed not to have mental capacity, they had been supported in the decision making process. Staff were trained and were knowledgeable in their roles and responsibilities in relation to consent, as defined in the MCA 2005. They were able to demonstrate how they managed situations when people had been assessed not to have mental capacity. The examples included when people refused support with their personal care and taking their prescribed medication. The registered manager advised us that DoLS applications had been submitted to the authorising agencies.

Staff told us they had received regular supervision, training and support to carry out their roles. Training records showed that staff had received training in a number of topics including fire awareness, infection control and food safety, moving and handling, safeguarding people. A member of staff said “the support and induction were excellent when I started; it included shadowing an experienced member of staff who knew the people well”. This helped them get to know people’s needs and routines.

Before our inspection, health and social care professionals told us that they had no concerns about how people’s health and wellbeing needs were met. Support was provided for people to gain access to a range of services to

maintain their health. This included visits made by a GP and community nurses. In addition, people had health support and advice from opticians, local hospitals and community mental health services. One person told us: “If I need to see a doctor the staff sorts it very quickly”.

Health care professional advice had been sought and had been followed in relation to people’s eating and drinking. This included where people had been supported to access nutritional and swallowing advice from dietician and speech and language therapists, respectively. We saw that people were provided with special diets, in line with the recorded health care professional advice.

People had enough to eat and drink and told us that the food was good. The chef had a good knowledge of people’s likes, dislikes and preferences of where they would like to eat each meal. There was a choice of hot meals and a selection of vegetables. This included menus displayed in the dining area. One person who we spoke with confirmed that they had enough to eat and drink and liked the range and choice of menu options and said “They [staff] get whatever food you want and I get lots of variety”.

During the lunch time we saw that people were supported to eat in the dining area, in their room or a place of their choice. One person said, “The food is good. There is always plenty of it and we get snacks during the day.” Another person said to us: “I love the food. It’s very good and you get plenty of it”. Another said, “I have my favourite foods and get these regularly”. People were supported with their dietary needs including soft and pureed food diets. We saw that staff reminded people what they had chosen for their meal and confirmed whether they still wanted that meal choice. The staff checked with people throughout the meal if everything was alright. One person said, “The food is very nice.” There were snacks and fresh fruit available if people wanted this. People were supported to be involved with their meal choices and were offered sufficient quantities of healthy food and drinks throughout the day.

Is the service caring?

Our findings

We observed interaction between staff and people and saw that people were relaxed. Staff showed kindness and respect. People said that they liked the staff and that they were kind and caring. One person said: "I had a bath this morning and I really enjoyed it. Me and [staff] had a good laugh". Another person said: "I like living here. I enjoy it. They (the staff) are very friendly people".

People said that they were offered a choice of when to go to bed, when to get up and where they would like to sit. One person said: "I like to go to bed early so I can listen to the radio". Another person said: "I love being able to move to various rooms when I want to be on my own". We heard a person ask a member of staff, "Can I go and sit up in my room?" and we saw that they were supported to go to their bedroom. One person told us: "I can do what I want and go where I want and the staff will help me when I need to move". We saw good examples of how staff involved and included people in their conversations. This included talking about the weather, news and changing the music. We saw staff continually ask people what support they would like.

During the lunchtime we heard staff ask people if they required any assistance or whether they wanted to try on their own first. When a person became tearful, a member of staff comforted them by putting their hand on their shoulder and talking to them in a gentle manner. We saw the person responded to this and became settled and started smiling and joking with the member of staff.

A relative told us: "I always get a warm welcome and am offered a drink; we are able to visit anytime". Some people could not easily express their wishes and did not have

family or friends to support them to make decisions about their care. However, the registered manager was aware of local advocacy services which were available to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Information about advocacy was available in the main reception area.

We noted that staff respected people's privacy and dignity. We saw that staff knocked on people's doors and waited for a response before entering and saying who they were. A relative told us that the staff talked and communicated well with their relative. They said: "Yes they do treat [family member] with dignity and respect. Another relative said: "They [staff] are wonderful and always ensure [family member] is ok and encourage them to do as much as they can for themselves".

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how people liked to dress and we saw that people had their wishes respected. One staff member said: "I like working here and we get to know people well and know what they like and don't like. We encourage them to be as independent as possible".

There was a 'Resident of the Day' programme in place during which people and their relatives were invited to review the person's care plan based on their choices and needs. In addition, people's needs, their likes, dislikes and choices were assessed before they moved into the home. One person told us that they were included in the decision-making process before and after their admission to the home which told us that the person's rights were valued.

Is the service responsive?

Our findings

At our inspection in June 2014 we found that improvements were required to the care records as they did not provide sufficient information to inform care staff of people's individual needs.

We looked at six care plans, and saw that they provided detailed information about how people's needs were to be met. They had been regularly reviewed to make sure that the appropriate care was provided and updated where necessary. These included changes in people's mobility. One relative told us how they were involved in care plan reviews. Both relatives confirmed that they had been invited to take part in care plan meetings and reviews. One relative said: "They [the staff] always ring me up and let me know when [my relative] health changes or has fallen. I am happy for them to contact me at any time". However we found that food and fluid charts did not contain specific detail to the amounts and quantities of food and fluid which made it difficult to monitor people's intake especially as these people had been identified as at high risk of malnutrition.

Assessments were undertaken to identify people's support needs and care plans were developed stating how these needs were to be met. The registered manager told us how people and their families would be encouraged to visit the service before they moved in. This would give them an idea of what it would be like to live in the service and see if their needs could be met. This included the assessment of what level of support people required with their personal care, mobilising and eating and drinking.

People said that staff knew the support they needed and provided this for them. They said that staff responded to their individual needs for assistance. One person said: "Staff know me well and know how I like things done". People said that they would be happy to tell staff how they would like their care. One person said: "I sometimes need to remind staff how I want them to help but they always ask me first".

Staff were knowledgeable about the people they supported. They were aware of people's preferences and

interests, as well as their health and support needs, and provided care in a way that people liked. One member of staff explained to us how they always encouraged people to choose their own clothes in the morning.

We observed people having their lunch and noted that the meal time was relaxed and a social event in the day as people who lived in the service were encouraged to come together to eat. However, people could dine in the privacy of their own bedroom if they wished to do.

People were supported to pursue their own hobbies and interests. One person said: "You get enough to do if you want to. I love bingo, board games and reading my paper". Another person said: "There's always something to do and we can choose what we want to do". We saw a person singing along to music being played. Another person was playing a board game while other people were reading a newspaper. People were actively engaged in conversations with staff members and each other. We saw that a variety of activities were offered including manicures, outside entertainers and a church service is held to meet people's spiritual needs. Overall, people were happy with lots of smiles and laughter whilst taking part in what they had chosen to do.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had bought in their own furniture, which included a favourite chair and that rooms were personalised with pictures, photos and paintings.

Everyone we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I would speak to the manager if I was not happy but I have nothing to complain about". Another person said, "Oh yes I would talk to anyone of the carers." A relative said, "I am very happy with the care and if anything was worrying me I would speak to the manager".

The home had a complaints procedure which was available in the main reception. There had been eight formal complaints received in the last 12 months. We saw that these had been investigated and responded to in line with the provider's policy. One complaint had gone on to stage 2 of their complaints procedure and was being dealt with via head office.

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. People said that they knew who the registered manager was and that they found them extremely helpful. One relative said: “the improvements made to the service have been great, [the manager] is so helpful and is very approachable and very visible whenever I visit”. Another relative said “they look after [family member] very well and their needs are met very well”.

At our inspection in June 2014 we identified concerns in relation the quality monitoring of the service and the falsification of some monitoring records.

There were clear management arrangements in the service so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. The registered manager had put together a comprehensive improvement plan and key aspects were on display in the office. This allowed them to continually reflect on what they had achieved and what further action was needed to make further improvements to the service.

The registered manager was very knowledgeable about what is happening in the home, which staff were on duty and if there were any appointments taking place on the day, any person whose health had worsened and if a GP visit was required. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Staff told us that they felt supported by the registered manager. One staff member said: “[The manager] has been very supportive and flexible and I am happy with the changes that have occurred and staff morale has improved”. Another said, “I love working here and feel like the home is on the up and there are so many improvements that have been made”.

One member of staff said: “I have never had to raise anything, but I would have no hesitation in raising a concern if I thought something wasn’t right.” We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff were able to tell us which external bodies they would escalate their concerns to.

Staff felt they were provided with the leadership they needed to develop good team working practices. One of them said: “We are a good team. We support each other and are not afraid to ask for help”. Another staff member told us: “We all work together, carers and nurses, we work as a team. There is no division, we work well together”.

One person said: “The staff are very friendly and help each other out, the atmosphere is good and there is lots of laughter and smiles”.

The staff hold a meeting each day, “a take 10” where each person’s care is discussed and any changes which has occurred. In addition, there were regular staff meetings for all staff at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

People were given the opportunity to influence the service they received through residents’ meetings and an annual survey to gather people’s views and concerns. People told us they felt they were kept informed of important information about the home and had a chance to express their views.

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as infection control and cleaning, and health and safety. Where action had been identified these were followed up and recorded when completed to ensure peoples safety. The registered manager submitted quality indicator reports on a monthly basis to senior managers that monitored the service’s performance and which highlighted any issues

Records showed that the registered provider referred to these reports when they visited the service to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. We were told by staff that

Is the service well-led?

the senior nurse regularly 'worked the floor' (this meant they worked alongside the staff in providing care) to ensure staff were implementing their training and to ensure they were delivering good quality care to people.