

# Follett Care Limited

# The Willows

## Inspection report

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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 ●

# Summary of findings

## Overall summary

The Willows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. They are registered to provide accommodation and personal care to 12 older people some of whom may live with dementia. At the time of the inspection there were 10 people living in the home.

This inspection was carried out on 28 November 2017 and 07 March 2018 and was unannounced. When we previously inspected the service on 07 January 2016 we found that care records were not always regularly updated to provide a comprehensive account of people's changing needs and staff were not provided with sufficient training to develop their skills to meet people's needs effectively. At this inspection we found that these areas had improved.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

People told us they felt safe living at The Willows and their needs were met. Health care professionals were complimentary about staff and the registered manager and they felt that staff provided effective care and support to people. Staff were knowledgeable about how keep people safe and how to manage risks to people's safety and well-being. People told us there were sufficient numbers of staff to meet their needs in a timely manner. Staff were recruited through robust procedures.

People were involved in planning their care and support and their views were listened to by staff. Staff worked in accordance with the principles of the Mental Capacity Act 2005 (MCA) and promoted choice and involvement. Staff knew people well, were caring and respected people's preferences. People were asked for their permission before staff assisted them with care or support.

Staff attended regular training sessions and the registered manager created opportunities for continuous development. Staff received regular support from management which helped them to feel supported and valued and they told us they felt able to seek assistance when they needed to. People were supported to eat and drink and had regular access to health and social care professionals.

People's privacy and dignity was promoted and they told us staff were caring and kind. People received care that met their needs in a way they liked and care plans contained up to date, clear information. People told us they planned their days and the activities they wanted to do on a daily basis. There were no recent complaints and feedback we received from people, their relatives, staff and professionals was positive.

Everyone we spoke to in the home and health professionals were positive about the management of the

home. There were effective quality assurance systems in the home and there was visible leadership for staff. The ethos of the home was person centred and the environment was homely.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and staff were knowledgeable about safeguarding procedures.

Incidents and accidents were reported and investigated by the registered manager and actions were put in place to mitigate risks further.

There were sufficient numbers of staff employed through robust procedures to meet people's needs in a timely way.

People's medicines were managed safely and people were supported to take their medicines as prescribed.

People were protected from the risk of infections.

### Is the service effective?

Good ●

The service was effective.

Staff we spoke with told us they felt supported by the registered manager and had been provided with the necessary training to understand their roles.

Staff sought people's consent before providing care and support to people.

People were supported to eat and drink sufficient amounts.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

### Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect in an inclusive and friendly environment.

Staff had a good understanding of people's needs and wishes and provided them with care that was personal to them.

People's dignity and privacy was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to plan their days as they wanted.

People were given the support they needed, when they needed it, and were involved in planning and reviewing their care plans.

People told us they had no complaints but had confidence in the registered manager and staff to raise any concerns.

### Is the service well-led?

Good ●

The service was well led.

There was a caring culture at the home and the views of people were listened to and acted on.

People, staff and other health care professionals were positive about how the home was run.

Regular audits were carried out to assess and monitor the quality of service.

# The Willows

## 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 provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced. The first day of the inspection on 11 November 2017 was carried out by one inspector and the second day on 08 March 2018 by two inspectors.

During the inspection we spoke with four people who used the service, one relative, four staff members, three health care professionals and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to four people's care and support. We also reviewed records relating to the management of the service.

We did not use the Short Observational Framework for Inspection (SOFI) because people living in The Willows were able to share with us their experience of the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. One person said, "It is very safe here." Another person told us, "Staff here is wonderful. I do feel safe." Health care professionals told us they felt people were safe and well looked after in The Willows. One health care professional told us, "I have no concerns and I would be happy for my mum to be cared for here. It is safe."

People were supported by staff who knew how to recognise and report abuse. Information on safeguarding people from abuse was displayed. We noted that the registered manager had reported any concerns appropriately.

Accidents and incidents were recorded and reviewed. This helped the staff team ensure that all remedial action to mitigate further risk had been completed and to help them identify themes or trends. Individual risks were assessed and the staff team were aware of how to support people safely. For example, a person had several falls due to them wanting to be independent and not asking support from staff. A sensor for the person's chair had been put in place to alert staff when the person attempted to stand up so they could promptly attend and support the person. The incidence of falls for this person had significantly reduced in a period of a month which showed that the actions taken had been effective in promoting their safety and wellbeing.

The registered manager carried out regular checks of fire safety equipment in the home and carried out regular fire drills and tests. Extinguishers, fire alarms and emergency lighting was regularly checked and an external fire risk assessment was scheduled to be carried out in the near future.

People were supported by sufficient numbers of staff. One person told us, "It's enough staff here. We [people living in the home] are quite independent but when we need help they [staff] are here to help." We noted that the home was calm throughout the inspection and people's needs were met in a timely way. Staff told us that they felt there were enough staff available to meet people's needs.

Staff were recruited through a robust recruitment process. We saw that personnel files included appropriate information to help ensure that staff were fit for their role. This included criminal records checks, verified references and proof of identity.

People's medicines were managed safely. We saw that staff followed safe practice when administering medicines and they were stored securely. We found that medicine administration records (MAR) were completed accurately and signed by staff each time after they administered people's medicines. We counted a selection of medicines for people and found that the amount corresponded with the records kept.

We observed staff following infection control procedures. Washing hands regularly and encouraging people to clean their hands before and after meals. The environment was clean and welcoming.

## Is the service effective?

### Our findings

People were supported by staff who were appropriately trained and supervised for their roles. One person said, "They're very good." Health professionals felt staff that staff were competent in their roles. We saw that staff had received training in subjects including moving and handling, fire safety, safeguarding and dementia care. Staff told us about the training they were offered and told us they were given opportunities to achieve nationally recognised adult social care diploma's.

Staff told us that they felt supported and had regular one to one supervision. One staff member told us, "I feel supported and I have one to one supervision." Another staff member said, "I love it here, I feel supported." Staff were encouraged to develop in the roles of champions in their areas of interest. One staff member told us they were in the process to complete their champions training.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked the service was working in accordance with the principles of the MCA. Throughout the inspection we observed staff obtain people's consent prior to providing care to them. Staff took the time to explain what they needed to do and waited for people to agree. We saw that people were asked about how they wished to spend their day, what food they wished to eat, the support they required and other matters relating to their personal care needs. One person had been identified by staff as showing signs of confusion and refusing their medicines at times. The registered manager was planning to assess if the person had capacity to understand the consequences of them not taking their medicines. At the time of the inspection people living in The Willows had no restrictions applied to their freedom and no DoLS applications were required.

People enjoyed a variety of foods. One person told us, "The food is very good here." Another person said, "It is cooked here and it's nice." We noted that people were offered choice and the food looked appetising. The lunchtime choice was offered shortly before lunch. The chef told us, "It is a small home so we discuss with people what they want and we do the menu together."

People were able to see health and social care professionals when needed. We noted that people were visited regularly by the GP, district nurse and they were supported to attend hospital appointments when necessary.



## Is the service caring?

### Our findings

People told us that staff were kind. One person said, "They are all wonderful." Another person told us, "We are like a family here. The staff are very kind." One health care professional told us, "Every staff member here are all for the residents. They are very caring."

We saw that staff were attentive in their approach and knew people well. For example, engaged in conversation with people asked them about their family and they were laughing and joking together. Staff adapted their approach depending on who they were speaking with. We observed staff getting close when talking with some people and talking louder and jokingly with others clearly demonstrating that they were aware of people's individual preference.

Staff were able to tell us about the people they supported. They knew about their choices, lifestyles and important family members. One person told us, "This is a very nice small home and we all know each other well. We get together in the morning and talk to each other and staff and we do what we want." Relatives were welcome in the home any time. One person told us, "My relative comes when they can it's not a problem."

People told us that staff respected their privacy and dignity. One person said, "They are very mindful of my privacy and dignity. They knock on my door." Another person said, "I can have my private time and go to my room if I want." A third person said, "Because staff is so good I always felt comfortable with the care so, yes I feel that my dignity and privacy is protected."

People told us they felt involved in discussing their care needs and that they were active in making important decisions. One person said, "I can decide what I want and when I want it. I really feel involved." Staff we spoke with about people's needs had a good understanding of what was important to people and how to provide personalised care to them. We saw staff interacting and responding to people in a positive manner and spent time with them. There was a happy and relaxed atmosphere in the home where people were seen smiling and socialising together.

## Is the service responsive?

### Our findings

People's care needs were met in a way that they liked. One person said, "I can get up when I want and do what I want." Another person said, "I couldn't be in a better place. Everything here is how I like it."

The registered manager and staff updated people's care plans recently. On our first day of inspection we found that care plans were not detailed about people's likes and dislikes and preferences. On the second day of the inspection we found that people's care plans had been further developed and were person centred and clear to enable staff to meet their needs. We noted that each care plan had the person's profile completed including life history, important events and people's likes, dislikes and preferences. People signed a care plan agreement where they detailed their personal preferences regarding the care and support they received like their preference for the gender of staff offering them personal care.

People told us they were not bored and they could plan their days as they liked. One person said, "We can go out shopping and do what we want." Another person said, "I like reading and chatting to everyone. I am never bored." People told us they did not want daily activities, however they enjoyed card making before Christmas and other activities they chose when they felt like it. People told us they felt lucky being close to the shops and amenities and they could go out when they wished.

People we spoke with told us they felt comfortable to approach the registered manager and staff to raise a concern. One person said, "If I want to discuss anything I will just talk to staff or [name of the registered manager]. I never have to ask twice for something. I ask and it's done. I have no complaints." There were no complaints received by the service, however there was a complaints policy and procedure in place.

People who lived in The Willows required minimal support from staff in their day to day life. The majority of people were independently mobile with the help of their mobility aids. Due to the constrictions of the environment there was no possibility to use a hoist in the event that people's needs changed. The registered manager told us that when people's needs changed and they were no longer able to meet their needs in The Willows people moved to other services where their needs could be met.

## Is the service well-led?

### Our findings

People, staff and health professionals told us the registered manager was visible, approachable and supportive. One person said, "[Name of registered manager] sets the standard and staff follows. It is extremely well run." A staff member told us, "[Registered manager] is always around we can talk to her and she is very supportive but firm." One health professional told us, "This is an excellent care home. Knowledgeable staff, that are sensible and contact us appropriately. I recommend that our patients go there. The staff know their patients and we have an excellent relationship with the [registered] manager."

The provider also ensured they visited regularly and staff told us they also were approachable and responsive. Both the registered manager and provider had developed an ethos in the home that was centred around friendliness, compassion and openness, delivered by a staff team that was passionate and had a 'can do' attitude. We saw throughout the inspection that this approach to care had developed a strong team ethos in the home which helped staff provide good quality care to people.

At our previous inspection on 07 January 2016 we found that care records did not accurately reflect the changing needs of people and the registered manager and provider had not ensured a robust governance system reviewed the quality of care people received. At this inspection we found the registered manager had made the required improvements. People's care records we looked at had been completely reviewed and rewritten and now accurately recorded people's needs and were updated as these changed. The registered manager completed a weekly audit of people's care records and ensured if discrepancies were found these were rectified immediately. In addition to care record audits, the registered manager completed a range of audits in areas such as training, cleanliness, health and safety, falls, and medicines. They recorded any actions that arose from these and ensured these actions were implemented.

We found that the provider visited regularly and undertook their own review of key areas of the management of the home. The provider initially spoke with staff, relatives and people and sought their views about the quality of care. They then carried out their own assessment of the service by looking at care records, medicines, health and safety, the environment, and staffing levels among a range of other checks.

We saw that this approach had led to the recruitment of a maintenance person, and the registered manager joining a local training and support company. This had enabled them to access a range of training not available to them previously, and also additional support for them as a registered manager. This also led to two staff being supported to undertake leadership training, and advanced social care training. The registered manager also demonstrated that the training plan for 2018 and 2019 included bespoke training in areas such as dementia, mental health and dignity.

The registered manager at the time of our inspection was in the process of combining all the findings from their audits and resulting actions into an overarching service improvement plan that they planned to share with people, relatives and staff. This would ensure information about improvements identified in the home were shared in an open and transparent manner and hold the registered manager and provider to account by ensuring that actions were completed in a timely manner.

Staff were able to meet regularly with the registered manager to discuss matters relating to the care provided in the home, and be kept informed of developments. Staff told us they felt supported and they could raise any issues or concerns with the registered manager and the provider if necessary.

We saw that the registered manager also sought the opinions of people who used the service, along with people's relatives and health professionals. The results from this survey was overwhelmingly positive, with all those who gave feedback indicating they thought the care provided was very good. Where there were comments for improvement these had been acted upon. For example, one person's relative was not happy with the choice of food. The registered manager responded by ensuring this person had a choice available that they preferred, and also wrote to the person's relative advising them of the outcome.