Willows Care Home 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The Willows is a care home that provides accommodation and personal care for up to 32 older people who may have dementia. We inspected The Willows on 3 July 2017 as an unannounced inspection.

A requirement of the service's registration is that they have 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 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager working at the service.

At the last inspection the service was rated as 'Good'. At this inspection we found the service remained Good.

Staff understood their responsibilities to protect people from the risk of abuse. The registered manager checked the suitability of staff before they started working at the home. There were enough staff available to meet people's needs.

Risks associated with people's care were identified and confirmed in risk assessments which guided staff on how to manage them to keep people safe.

Medicines were stored safely and there was an electronic medicine system to help ensure people received their medicines as prescribed. However, it was sometimes not clear creams prescribed for people were applied to the frequency required.

Staff completed ongoing training to ensure they had the skills and knowledge to care for people effectively. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People had a choice of meals and drinks, and their nutritional needs were assessed to ensure people were supported to eat and drink if required. People had access to healthcare services when their health needs changed.

People had care plans detailing their needs. It was not always clear that instructions in care plans were followed or that people preferences were met consistently.

Staff knew people well and most of the time involved them in decisions about their care. People were encouraged to maintain relationships with people that were important to them. Some people were supported with their interests and people had access to social activities on a regular basis. Staff understood and maintained people's privacy and dignity.

People and relatives felt that concerns they had raised had been dealt with effectively. They spoke positively of staff and the management of the home. The provider had a range of quality monitoring systems

in place to ensure people experienced the quality of care and services they would expect.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Staff knew about people's needs but records did not show instructions in care plans were always followed and people's preferences considered. Social activities were provided and work was ongoing to ensure these continued to be meaningful and person centred for all people at the home. People knew how to raise concerns.

Is the service well-led?

Good

The service continues to be Good.

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 checked whether the provider 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.

We inspected the service on 3 July 2017 as an unannounced comprehensive inspection. The inspection was undertaken two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit, we asked the provider to send to us a Provider Information Return (PIR). This document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection. We found the information contained in the PIR reflected the service.

We also reviewed the information we held about the service. This included information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract services, and monitor the care and support the service provides when they are paid for by the local authority.

During the inspection, we spoke with seven people who lived at the home, two relatives and two visitors. We spoke with the registered manager and seven care staff. We looked at a range of records relating to people's care including three care files, daily records and supplementary charts such as weight charts. This was to assess whether people received care and support in accordance with their needs. We looked at two staff recruitment files to check safe procedures had been followed. We looked at quality monitoring information such as records of checks the registered manager and the provider carried out to make sure people received a quality service.

Many of the people living at The Willows were not able to tell us, in detail, about how they were cared for because of their complex needs. We therefore spent time observing how people were cared for. We used the

short observational framework tool (SOFI) to help us assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand people's experiences.

Good

Is the service safe?

Our findings

At this inspection, we found the service continued to protect people from abuse and risks associated with their care. Staffing levels continued to support people. The rating continues to be good.

People told us they felt safe because staff were available to support them when they needed assistance. One person told us, "I feel comfortable living here, sometimes I get upset and the staff always come and talk to me. It's nice to know that there is someone here to talk to." A relative told us they felt their family member was safe. They told us, "I definitely feel that my relative is safe here. My relative's hair, fingernails and toenails are done regularly. Their room is spotlessly clean."

Staff received training on safeguarding people from potential abuse. This helped them to understand what signs to look for and to know what to do if they felt concerned a person was at risk. One staff member told us, "You have got to be so careful because someone could turn round and say that it is their dementia, but it might not be because of their illness. It is recognising abuse …. If someone is not smiling you know something is wrong so you sit down and talk to them." Staff knew to report any concerns to the registered manager so they could be addressed appropriately.

People and relatives spoken with felt there were enough staff available to support people's needs. A relative told us, "There are always enough staff around when I visit." Staff also felt there were sufficient numbers of staff available for them to carry out their role effectively. One staff member told us, "I think so (enough staff), although every shift is different."

We asked staff if they felt people received safe care. One staff member told us, "Yes because we have a good team and they have all got the right paperwork in place to make sure they are safe and we are responsive to changes." Staff knew about risks to people. One staff member told us about a person at risk of falling, they told us, "Night staff handed over that [person] had a fall. We make sure checks are in place for them. We encourage them to come down, but [person] does like to spend a lot of time in their room."

People's care plans contained recognised risk assessment tools that were used to measure the level of risk associated with people's needs and abilities. This included risks related to their mobility, nutrition and their mental health. Risk assessments supported staff in understanding how to manage them, although it was not always clear instructions were followed. For example, we saw one person was at very high risk of skin breakdown and had a specialist mattress and cushion to help relieve the pressure on their skin when sitting or lying in bed. Staff were instructed to ensure the person had two hourly movements during the day. On the day of our inspection, when we looked at the movement records they did not show the person had consistently been moved to this frequency. However, we were assured by the registered manager this would have been done.

Oral medicines prescribed were managed and administered safely. There was a computerised medication system in use where staff recorded on a laptop each medicine administered. The way the system operated meant they could not administer a medicine twice or to the wrong person which meant there was a reduced

risk of any errors. Medicine records checked showed there were protocols in place for those medicines prescribed "as required" such as pain relief. This was to ensure they were used safely and to good effect.

Appropriate action had been taken to record and monitor accident and incidents in the home. Records indicated action taken at the time of the accident or incident, and where appropriate, professional advice sought. Each month accident records were reviewed by management staff to identify any ongoing concerns and appropriate actions. For example, one person had fallen several times and in response, a sensor mat had been put in place to alert staff when the person moved around so they knew to assist the person and minimise the risk of further falls.

There were emergency evacuation procedures for the home but these did not contain information about each individual's support needs should an evacuation of the building be necessary. The operations director told us the provider was in the process of reviewing this information to ensure procedures were sufficiently clear.

The provider's recruitment process ensured risks to people's safety were minimised because checks were made to ensure staff who worked at the service were of suitable character.

Good

Is the service effective?

Our findings

At this inspection, we found staff continued to have the same level of skills and training support to meet people's needs effectively, as we had found at the previous inspection. People continued to have daily choices available to them in regards to their care. The rating continues to be good.

People felt the care and support they received from staff met their needs. One person told us, "The girls are all good, they look after us very well." Another told us, "Most of them are very good, they do their best." A relative told us, "My relative gets brilliant care here. Staff are fabulous, mostly it's been the same staff over the last two years. The staff make sure my relative is hydrated and so give them enough fluids and food."

Staff completed an induction to the home when they started and also completed training so they could carry out their role effectively. The induction training supported staff to receive a recognised 'Care Certificate'. New staff shadowed (worked alongside) other experienced staff so they knew what was expected of them. Staff felt the training they received was sufficient to enable them to meet people's needs effectively. One staff member told us, "Training is really good. When I came here I had already had training, but they still gave me some more." Training records confirmed staff received ongoing training as required.

Some of the training was linked to people's needs such as dementia so staff knew how to support people's individual needs. We asked one staff member how they had put their dementia training into practice. They told us, "It is always the approach. Sometimes to calm a situation down you may have to go along with it." We saw how staff put their training into practice when two people raised their voices to each other and became anxious. Staff calmed the situation by distracting them, they spoke with one person about their family and suggested they might like to sit in a different lounge which they did.

Staff said they received regular supervision meetings with their manager to discuss any concerns or training and development needs. One staff member told us, "It is every six weeks. It makes sure our managers are happy with what we are doing or if we have got any concerns to raise. Every month I know what I need to do to improve."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood the principals of the MCA. Capacity assessments had been carried out and where care plans contained restrictions on people's rights, choices and liberties, applications had been made to the supervisory body for these to be authorised in the person's best interests. We saw staff asked people before providing care to involve them in decisions where this was possible. We noted that some people regularly refused care and asked staff how they managed this. One staff member said, "I would encourage them. I would never force them. If they still refused, I would leave them and go back to them later or ask another member of staff to have a go." This demonstrated staff knew to respect people's decisions and to try a different approach to ensure people's care needs were met.

People said they were satisfied with the food provided and were given choices of meals. People were supported and encouraged to eat where this was required. One person told us, "The food is okay, not as good as what you get at home, but good variety." Another said, "Food is mostly okay, not bad, sometimes it is reasonably good." Relatives were positive about how staff supported people with meals. One told us, "My relative's food is pureed and I have witnessed staff feeding them and being very patient."

The provider worked in partnership with other health and social care professionals to support people's needs. People said they were able to see a doctor if they were unwell. A relative spoke positively how staff responded to their family member being unwell. They told us, "My relative had … pains the other day and the home got them to A & E (Accident and Emergency) straight away and called me to advise me what was going on. I found that very reassuring".

Good

Is the service caring?

Our findings

At this inspection we found people continued to be positive about their experiences of the home and staff. People had developed relationships with staff and the rating continues to be good.

When we asked people about the staff, they told us, "The girls here are nice" and, "The staff are good and helpful, nothing is too much trouble for them." A relative told us, "Staff are lovely, they are very patient. There seems to be a core of staff that have been here for a while now which is good for the residents." We saw staff spoke with people in a kind and caring manner. They spoke with people about their family members which showed they knew people well.

Staff were respectful towards people, they crouched down or sat beside people when they were talking with them so they were on the same level. When using equipment or supporting people, staff explained what they were doing and provided reassurance and did not rush them. For example, at breakfast time, one person could not decide what they wanted. The staff member did not rush the person to make a decision. The person had limited verbal communication, but staff took time to understand what they were trying to say and appeared to have a good knowledge of how they communicated.

Staff acknowledged people when they walked through rooms or met them in the corridors. There was information in people's care plans about how they liked to be addressed and we heard staff using people's preferred names. Staff were positive in their exchanges with people, for example, "Hello, how are you? I like your top." Staff were mindful of keeping people safe. For example, when giving a person a cup of tea one staff member said, "There you go [person], it is a bit hot so do be careful." We observed a member of staff walking with a person, holding their hand with their other arm around their waist to offer support, guidance and reassurance.

We asked staff what made them caring, one staff member told us, "I think it's hard to explain, it's just how you come across, you need to be happy for them to feel you are kind, and give them a big smile. I find it easy to build a rapport with individuals. They need to know that they are loved and cared for. Having a laugh and a giggle cheers them up." Another staff member told us, "They are not my family but I treat them as if they are. I love being around the residents, making a difference and seeing that they are well looked after… They get to know you and you get to know them."

We saw staff had completed training in equality and diversity and understood the importance of respecting people's rights as individuals. One staff member told us, "Everyone is different and you can't treat everyone the same." The provider recognised the importance of people maintaining meaningful relationships with family and friends. All the people and relatives spoken with said that there were no time restrictions on visiting times. One relative told us how staff had taken time to celebrate their family member's birthday by decorating the tables and providing them with a cake.

Overall people's privacy and dignity needs were met. We were told about one person who had their own key at their request to keep their door locked. We noted when one person was hoisted, they were not

appropriately covered and this was reported to the registered manager.

Requires Improvement

Is the service responsive?

Our findings

At this inspection, there were examples of staff being responsive to people's needs but there were also areas needing improvement changing the rating from good to requires improvement.

Relative's told us staff understood the needs of their family member and knew about their individual preferences, because they had been involved in planning their care. One relative told us, "I have been having regular meetings with the managers and their door is always open if I need to query something or chat about my relative." Another told us, "I have review meetings (about their relative) with the manager on a regular basis."

On the day of our inspection we arrived at the home at around 6.20am. We found there were 13 people up and the majority of those people were sitting in the lounge dressed. Some were sitting with their eyes closed and during periods of the morning, some were sleeping. When we checked the care records for some of these people, we saw they had been supported up in the early hours of the morning which was not necessarily their stated choice. For example, one person's care plan said they liked to get up between 6am and 8am but they had been supported up at 5.10am. At the time they were supported up, their behaviours had escalated and they had been physically and verbally challenging towards staff. We noted during the morning this person was asleep in their chair and a member of staff attempted to wake them to give them a drink by calling their name five times suggesting they remained tired.

When we asked staff about people being up early and if this was their choice, they gave mixed responses. Staff comments included, "It is up to them entirely (when they get up). We go in to do personal care and if they want to get up, they get up" and, "Some will go to bed early and will get up and wander. You have the risk of them getting up and falling so to be safer they are better off downstairs." Another staff member told us, "Some don't get to have a lie in." When we asked if some people wanted to be up so early they told us, "My honest answer is no." We therefore could not be confident people's wishes and preferences were always respected.

Each person had a care plan detailing their needs and how they should be supported. Sometimes it was not clear instructions in care plans were consistently followed. For example, one person had been advised by a health professional to elevate their legs to control symptoms associated with a health condition. We did not see this happen during our visit and records did not confirm this happened. We did not see staff prompting the person to raise their legs and when we spoke with staff they did not acknowledge this was something the person should do. We saw the person's lower legs and feet were swollen.

Supplementary charts linked to care plans were used to record support provided. We saw these had not been consistently completed to show people's needs were met. For example, some charts showed people had not been given sufficient to drink. A 'fluid chart' for one person did not show drinks had been provided after 12.30pm on the day of our visit, however, our observations assured us they had been given drinks. Sometimes it was not clear people had their creams applied to the frequency required. The completion of supplementary charts was discussed with the registered manager so this could be addressed.

During our walk around the home we heard a person calling out. We went to check they were alright and noted their call bell was not within reach because they were sitting in a chair away from their bed area. Their room was not close to the lounge where they could be heard. The person said that they wanted a drink and needed assistance with personal care. We alerted staff to this person so they could be assisted. We were told regular checks were made of people in their rooms to ensure their needs were met.

Staff told us they had time to sit with people and talk about their interests. One staff member told us, "I think it is quite good. You get time to sit with people and talk to them." They told us about people's individual needs and behaviours and how they managed them. They told us, "[Person is lovely but they can become agitated…. If you have eye contact with [person] and approach them at their level, that is definitely the approach to take. I do feel confident because when you get to know the residents more, you learn what tactics to use to calm them down."

Staff told us they knew about changes in people's needs through information recorded in the 'professional visit log' kept in the care plans. They also told us they had a handover meeting at the beginning of their shift where information about people and any concerns was shared.

People had the opportunity to participate in a range of social activities provided at the home and outside visits. One person told us, "We sometimes go out in the minibus." A relative told us, "People have been out recently to the Memorial Gardens and Bablake School." Staff were complimentary of the activities provided for people. One staff member told us, "The activities they do and the time they give to them is wonderful. Going out and going for walks." On the day of our visit, we saw a ball game took place in the main lounge. Some people participated and others watched. We saw one person, who did not want to join in, left to go to another quieter lounge. In the communal areas, we saw photographs of activities people had participated in which demonstrated activities took place regularly.

There were three lounges in the home so people could choose to sit in a quieter lounge if they wished. In lounge two, there were newspapers and books available. There were also objects to engage and stimulate interest and conversations. There was a planned monthly programme of social activities and these were detailed in a leaflet in the entrance hall of the home. Events planned in June included creative music, a cream tea and reminiscence. Outside visits planned included a trip to a museum in Coventry and a butterfly farm. Entertainers also came to the home on a regular basis.

Although there was a range of activities provided, we could not be sure that everyone in the home was engaged in activities of interest to them personally. A staff member told us, "Activity wise I think we could do with some more thought out activities." We noted work was ongoing to further develop activities in accordance with people's personal preferences and needs. This work included discussing people's preferred social activities during 'resident' meetings.

Since our last inspection, improvements had been made to the environment to support people to find their way around and enjoy their surroundings more. There was signage around the home which included words and pictures to enable people to easily identify rooms such as the shower and toilet. There were tactile boards with bolts, chains and switches to provide stimulation to those who would benefit from them. Some of the bedroom doors had been painted in bright colours to help people identify their rooms and others were in progress.

People told us when they had raised a complaint, it had been dealt with to their satisfaction. Complaints records we checked showed that meetings had taken place to discuss concerns and actions taken to resolve them. There was a complaints procedure displayed in the entrance hall with details of who people could

contact if they were not satisfied with how the provider had managed their complaint. The complaints procedure was also displayed on the back of every bedroom door.

Good

Is the service well-led?

Our findings

At this inspection we found the same registered manager was in post as at the previous inspection. There was a continued commitment by the management team to provide good quality care to people. The rating continues to be good.

People who were able to speak with us told us they liked living at The Willows. One person told us, "I love it here. I am very happy here. We have a lovely garden and I am able to walk around a lot." A relative told us, "I would most definitely recommend this home. This is the ideal place for someone who needs care…. I chose it even though it was not the closest one for me. This home really looks after people."

Staff were motivated in their roles and aimed to deliver a personalised service to people so they felt valued as individuals. They spoke positively about working at the home. One staff member told us, "I love it. It is rewarding. I try and make a difference when I come in. I think we are a good team and everyone pulls together. It is amazing to work here and it is nice to come to work." Another staff member told us, "I am very happy here. I do love it here. It's a good home." We asked them what made it a good home. They told us, "The little touches and the staff and the residents. If you can make that one person happy, it makes you feel good in your job."

The service had a clear management structure with several systems and processes to monitor the quality of services and care people received. These included 'resident and relative' meetings and staff meetings where issues related to the service could be discussed. During these meetings, people had been asked what social activities and outside trips they would like. We saw records that showed action had been taken in response to comments made. One person told us about a newsletter made available to them by the service which they liked. They told us," I think producing the 'Weekly Sparkle' is a good idea as I read it and find out about things that have happened."

People were encouraged to share their views in regular quality surveys. Recently, 26 visitors and relatives had been asked to participate in a quality survey. Sixteen had completed the survey and all their responses were very positive. Comments on surveys from visitors and relatives included, "When we go to visit we are always made to feel welcome and involved" and, "All the staff are so friendly and always happy to talk. They treat all residents as individuals in their home."

People who had participated in surveys had also provided positive responses to questions asked. Where they had made requests, these had been actioned. For example, people had asked for more flowers in the garden and we saw this had been addressed. Some people were not aware of the complaints procedure and we saw this had been made available to them in their bedrooms.

The provider ensured regular health and safety checks of the environment were carried out to ensure the safety of people living at the home was maintained. Since the last inspection, changes had been made to the environment. This was to make it more homely and person centred. The registered manager told us, "At resident meetings they wanted to get rid of wall paper and make it lighter so we have done that. Lounges

are more dementia friendly, we worked with the transport museum to provide us with pictures that would mean something to people. Pictures in lounges one, two and three are from archives of the transport museum and all from Coventry."

The registered manager promoted an open culture by encouraging staff to raise issues and share ideas either through their 'open door policy' or through regular team meetings. Staff meeting notes showed the skill mix of staff on shifts had been discussed as well as issues around the completion of care records. All staff were provided with a copy of the notes of the meeting so they knew what had been discussed and agreed. We saw actions identified were 'signed off' when completed demonstrating the provider carried out the agreed actions.

Staff felt supported by the management team and spoke positively about the management of the service. They said they felt listened to when they raised issues. One staff member told us, "[Registered manager] is amazing. She is really nice. She checks up on you and calls you (at night to check all was well)."