HC-One Limited

The Willows Residential Home (Hinckley)

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

Overall summary

We inspected the service on 17 February 2015. The inspection was unannounced.

The Willows provides residential and respite care for up to 40 older people. At the time of our inspection 30 people were using the service. Accommodation is on two floors. Bedrooms are ensuite. Each floor has communal lounges and dining areas. The home has a sensory garden that people can use.

The home had a manager who had applied to be registered manager. 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

Summary of findings

Health and Social Care Act and associated Regulations about how the service is run. At the time of our inspection the manager's application was under consideration by CQC.

People who used the service and relatives told us it was a safe home. Staff we spoke with knew how to keep people safe. Staff knew how to identify signs of abuse and how to report it. They were confident that any concerns they raised with the managers or senior staff would be taken seriously and investigated. Staff also knew how they could raise concerns about people's safety and welfare with the local authority and the Care Quality Commission.

People's plans of care included risk assessments of activities associated with their support routines and risks associated with their limited mobility. The use of mobility equipment had been risk assessed to ensure that staff used the equipment safely. Other risk assessments included guidance about how to support people with personal care.

Staffing levels were based on people's dependency levels. This meant that more staff could be on duty if people's needs increased. The provider had effective recruitment procedures. The recruitment procedures had ensured as far as possible that only people suited to work at the service were recruited.

People received their medicines when they needed them. Only staff trained to manage medicines gave people their medicines. The provider had arrangements for the safe management of medicines.

People's plans of care were individualised and contained information about people's assessed needs and how they wanted their needs to be met. The plans included people's life histories and details of their likes and dislikes. Staff we spoke with had a good knowledge of people's needs. Activities were provided that helped people to maintain their hobbies and interests.

People told us their needs were met and that staff were attentive and quick to respond to calls for assistance. We saw that to be the case because all call bells were answered promptly. People who used the service felt that staff understood their needs. The training staff received helped them provide care and support to the people who used the service. Staff told us they felt well supported through training and that they had opportunities to progress to more senior positions in the provider organisation.

The manager had a working knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support, and protects them from unlawful restrictions of their freedom and liberty. Staff were aware of the legislation.

People's nutritional needs were met. People liked the food the service provided and that they had a good choice of food. Staff ensured that people had enough to drink throughout the day.

People had access to healthcare services when they needed them. They were supported to attend healthcare appointments or the provider arranged for health professionals to visit them.

Staff supported people with kindness and care. People expressed their views about their care and support when they spoke with staff and at `residents meetings'. People's privacy and dignity were respected. People's rooms were personalised with family photographs and belongings.

People told us they knew how to raise concerns and that they were listened to. The provider had acted upon feedback from people, for example by introducing different foods for people to choose from.

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.

Staff were aware of their responsibilities of how to keep people safe and report concerns.

The safety of the environment including equipment was monitored.

There were sufficient staff available and deployed appropriately to meet people's needs.

People received their medicines safely.

Good

Is the service effective?
The service was effective.

Staff had the skills and experience they needed to meet the needs of those in their care. They obtained people's consent before supporting them. People's nutritional and health needs were met.

Good

Is the service caring?
The service was caring.

People told us that the support workers were kind and respectful and we observed them treating people in a gentle and caring manner. People were involved in making decisions about their care on a daily basis and their privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People received care and support that focused on their personal needs.

People had opportunities to share their experience about the service including how to make a complaint.

Good

Is the service well-led?
The service was well led.

People using the service and staff had opportunities to be involved in developing the service

The manager understood the requirements of a registered manager.

The provider had quality assurance systems for promoting continuous improvement.

Good

The Willows Residential Home (Hinckley)

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 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 inspection took place on 17 February 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We also contacted the local authority and health authority, who had funding responsibility for people who were using the service.

We spoke with eleven of the 30 people who used the service at the time of our inspection. We also spoke with a visiting relative of another person using the service. We spoke with those people to gather their views about the service. We spoke with the manager, a senior care worker and two care workers.

We looked at the care records of four people who used the service and other documentation about how the home was managed. This included policies and procedures, records of staff training and records associated with quality assurance processes.

Good

Is the service safe?

Our findings

People told us they felt safe. A person told us, "The staff come to help if we don't look safe. I can walk but some don't. They're very good at watching like that." People using the service were protected from avoidable harm and abuse because staff understood their responsibilities for keeping people safe. Staff understood how to recognise and respond to signs of abuse. They used the provider's procedures for reporting accidents that resulted in people sustaining injuries, for example from falls. They also reported occasions when they noticed bruising or cuts on people. All reports were investigated by management. When necessary, action was taken to reduce future risk of injury.

People felt secure at The Willows. A person told us, "I like it here because I feel safe." When we asked another person if they felt safe they told us, "'Definitely [it's] because of the building. I wouldn't feel safe living at home on my own." They felt safe walking around the home because of adaptions that had been made. They told us, "All these rails down the corridors…..there's everything at hand like bells for calling."

People's plans of care included assessments of risks associated with their care and support. Some people required two staff to support them with their mobility and personal care routines to reduce the risk of harm or injury. Staff had training to use hoists safely when they moved people. We saw that staff used hoists safely. Risk assessments were reviewed after staff had made reports of accidents or injuries. The reviews identified why accidents had occurred and actions were taken to reduce the risk of similar incidents happening again. For example, staff increased the frequency of observations they made of people who were at risk of falls. People were provided with new different aids for walking. One person told us," I've got my frame. I couldn't walk without it." Another person told us, "I had a walking frame, but this (mobilator) is much better." This showed that management and staff had a good appreciation and understanding of risk management.

The premises were maintained to ensure the safety of people using the service, visitors and staff. Our inspection coincided with an inspection of the premises by an independent fire safety consultant that had been arranged by the provider. The provider had ensured that hoists and other equipment had been serviced and maintained.

We asked three people whether they felt there were enough staff to meet their needs. They all felt there were enough staff. One person said, "I would think so, there seem to be enough on call – don't you think they turn up all of a sudden because you are here!' Another said, "'I should think so, they always come and they check on you during the night." No one expressed concerns about staffing levels. One person said, 'Sometimes I think they could do with some more but generally they seem to cope. I've never had to wait." Another told us, "There's always help [available] here."

Staff we spoke with felt enough staff were on duty. One told us, "There are enough staff, but sometimes we could do with more. But you could say that about everywhere." The manager told us that staffing levels were based on people's assessed needs. At least four care staff and a manager or shift leader were on duty during the day. Non care work was carried out by domestic and housekeeping staff which meant that care staff were not distracted by non-care duties. The manager told us that they were able to discuss staffing levels with the provider and could, if they felt it necessary, secure additional staff.

People used call bells several times during this inspection. Staff responded in under a minute each time. People's medications were given on time and lunch was served at the time people expected. People were not kept waiting for their lunch. We saw staff attend to people's needs promptly. All this indicated that there were enough staff. A person commented, "There's too many [staff] to know their names."

The provider had effective recruitment procedures that ensured as far as possible that only people suited to work at the service were employed. Applicants for positions at the service underwent a rigorous selection process. Successful candidates did not start work until all required pre-employment checks had been successfully carried out.

When we spoke with people about their medicines their comments included , "They [staff] make sure you get your medicine. I take it for various conditions" and "I always get them [medicines] on time." People using the service received their medicines at the right time and when they needed them. Only staff who were trained in medicines management gave people their medicines. Their competencies to give people their medicines were regularly assessed. People told us they knew why they were taking the medicines staff gave them. During medication

Good

Is the service safe?

rounds staff who gave people their medicines explained what their medicines were for. They kept accurate records of medicines that had been administered. The provider's arrangements for ordering medicines and safe storage and disposal of medicines were effective.

Good

Is the service effective?

Our findings

Staff understood people's needs because they had received relevant and appropriate training and support from the provider to be able to do so. Staff we spoke to told us about the training they'd had and training records we looked at confirmed what they told us. They had training about how to provide care that was based on people's individual needs and preferences. People told us staff understood their needs. A person told us, "I'm absolutely content with the care and support I've had." Other people told us they were well looked after. A relative of a person using the service told us, "I cannot fault the staff. They've done everything we have asked."

The provider supported staff through effective training and supervision. The provider had a training plan that ensured staff underwent relevant training. Staff were supported to identify and agree their training needs through discussions with their line manager. A care worker told us, "The manager and seniors are really good at supporting us. I look forward to coming to work here." A senior care worker told us, "I have a great team that support me." We saw staff working well together and supporting each other. Staff had opportunities to develop their careers and progress to more senior positions.

Staff exchanged relevant and appropriate information about people they supported. Staff exchanged information verbally at `handover' meetings that occurred in between shifts. They also used a handover book in which information about people's care and welfare was recorded for staff to refer to. Staff communication about people's needs meant that people experienced a continuity of care irrespective of which care worker supported them. A person using the service told us, 'Yes they're [staff] very good. They help one another too."

Staff had training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. These safeguards are there to make sure that people in care services are looked after in a way that does not inappropriately restrict their freedom. A person should only be deprived of their liberty when it is in their best interests and there is no other way to look after them, and it should be done in a safe and correct way. Staff we spoke with had awareness of MCA and DoLS. They knew that no form of restraint could be used without authorisation. The manager understood and implemented their responsibilities under MCA and DoLS. At the time of our inspection one person using the service was under a DoLS authorisation and an application for DoLS had been made for another person.

Assessments of people's capacity to make a variety of decisions were made. Staff provided people with information that helped them make informed decisions about their care. We saw that staff explained to people about the care and support they proposed to provide and only proceeded if people gave their consent, either verbally or by gesture. Staff understood that people's decisions had to be respected and we saw staff demonstrate that, for example when a person was supported to take a medicine to relieve a headache.

People using the service spoke in complimentary terms about the food the service provided. Their plans of care included information about their nutritional needs and preferences and staff acted on that information. A person told us, "I enjoy my food. You do get two or three things and they ask you what you want. They are very good at sorting out what you do and don't like." People had choices about what they had at main meal times. Choices were offered in ways that people understood, either verbally or using pictures of meals. Menus were on display in a communal areas to remind people what meals were available. A person told us, "The food is extremely good. There's always a choice of main course, you can have what you like. Everything is very good I find." Another person confirmed there were choices of meals available. They told us, "'I tell everybody this. You can never condemn the food here. There are about 3 choices every time you sit down. I enjoy it; I'll eat all that's there." Yet another person said, "[The food is] wonderful, it's always good." People chose where they had their meals. Most people ate in the dining areas, but some had their meals in their rooms. A person told us, "I had my breakfast in bed. I enjoyed my breakfast."

People who had special dietary needs or who required assistance with eating their meals received appropriate support from staff. For example, some people had food served in pureed form. Snacks, hot drinks and refreshments were available throughout the day. We saw staff offer and provide refreshments.

Staff helped make peoples meal time experience a pleasant and enjoyable one. They helped people remain

Good

Is the service effective?

comfortably seated during their meals. A person who required assistance to eat was supported sensitively at a pace that suited them. Staff asked people if they wanted more to drink or eat and responded appropriately to requests. Visitors were allowed to eat with their relatives. Two visitors told us they enjoyed their meal; one said, "I always enjoy my lunch."

People's dietary and nutritional needs were up to date and had been regularly reviewed. When necessary, NHS dieticians had been consulted and their advice had been acted upon. For example, dieticians had recommended soft food diets of food supplements for some people.

Staff maintained food and fluid charts for people whose nutrition had to be monitored. These were completed daily. Some staff made completed records more thoroughly than others, which we brought to the manager's attention.

Staff supported people to maintain their health. They were attentive to changes in people's health and arranged for nurses or doctors to visit people when required. A person told us, "They [staff[] really look after us. They ask us if we are alright." Staff kept records called `daily statements of wellbeing' in which they recorded information about people's welfare. Those records provided us with an assurance that staff monitored people's health. We saw evidence that people had been supported to attend appointments with a variety of health services.

Good

Is the service caring?

Our findings

People using the service told us that staff were caring. A person told us, 'I've never seen them [staff] be anything other than kind and patient."

We saw understood people's needs and provided support in a caring way. For example, a number of people had religious needs which were supported through regular bible classes for those people who wanted to attend. Other people had friendships or relationships with other people and staff helped those people spend time together. A person told us, "We [they and their spouse] are happy to be together."

Staff were alert and attentive to people's needs. They supported people discretely with personal care and regularly checked that people were comfortable. They asked people if they wanted to sit in armchairs rather than wheelchairs. A person told us, "If they [staff] see you're struggling they come". When staff assisted people with their mobility or transfers they offered encouragement and praise. People told us, "They [staff] are kind" and "They are very thoughtful. They're a nice group of people." Staff respected people's dignity when they supported them. For example, they carefully adjusted people's clothing when using hoists to transfer them to protect their modesty. We saw staff reassure a person who showed a little anxiety about using a lift before stepping confidently into it.

Staff showed attention to detail which helped people to feel they mattered. For example, a person told us, "They [staff] are very caring. They do little things that mean a lot to us. They check we are warm and bring is cardigans."

People were supported to use a visiting hairdressing service which they clearly enjoyed. Staff told people they looked nice after having their hair done and people responded by saying how much they enjoyed the experience.

Staff respected people's privacy. We saw signs on bedroom doors that people did not want to be disturbed. Other bedroom door signs informed staff and visitors that people were receiving personal care and should not be disturbed. People were able to receive visitors without undue restrictions and could talk with them in the privacy of their rooms. Visitors could speak within the privacy of an office. We saw that staff knocked on people's bedroom doors and waited to be invited in before entering people's rooms. They only entered uninvited if there had been no response, or when a person had summoned help by using a call bell.

The service had a `dignity champion' who had received training to understand and promote dignity, equality and diversity. Induction training included training about dignity in care. The service had information on display that showed how dignity in care was promoted. This informed people of what they could expect from staff. It was also a visual reminder to all staff of what dignity in practice meant. We saw throughout the day of our inspection that staff had put their training into practice.

Information about independent advocacy support was available on notice boards and in leaflets that were displayed in corridors. This meant should people have required additional support or advice the service made this information available to them.

Good

Is the service responsive?

Our findings

People using the service or those acting on their behalf were involved in discussions about their care and support. This operated at two levels. People discussed their care and support at residents meetings. A person told us, "We have a residents meeting, anyone can go. When I first came here they only had white bread, so I said I like brown, and now we have both. You've only got to say something and if they can they will put it right." Records of residents meetings showed that the meetings had been well attended. At a residents meeting before Christmas 2014, people had made suggestions about the forthcoming festive celebrations and been involved in discussions about the refurbishment of parts of the home.

We saw from plans of care we looked at that people were involved in regular reviews of their plans of care when they had discussed what they had enjoyed or not liked. Two people told us that staff listened to them and had acted on what they had said. In addition, the provider operated a `resident of the day' under which a person's care and support was assessed and reviewed with their involvement over the course of a whole day. This showed that the service provided people with a variety of opportunities to share their views about the service.

Plans of care we looked at included information about how people wanted to be supported and cared for. Staff we spoke with were familiar with people's needs because they referred to people's plans of care and communicated and shared information about people. This meant that people were supported by staff that were able to provide care and support that met their individual needs.

Information in plans of care included information about people's life history, personal preferences,hobbies and interests. Staff put that information to good use. We saw people spending time doing things that were of interest to them. For example, people had newspapers or magazines of their choice to read. A person told us they enjoyed reading their newspaper. Staff played music that people had requested. A person told us they sometimes danced with staff when music was played. They told us, "Sometimes in the big hall we have a little dance or something like that. We do go out when the weather's ok."

Staff involved people in organising and running activities. We saw a bible class that was led by a person using the service. That was something they wanted to do because it meant they could use their skills, knowledge and experience.

Staff supported people to interact with other people. We saw people holding conversations with others. People who wanted to spend time with others were supported to do so. A person told us, "There is always something going on. We have concerts we go to." We saw that activities that were displayed on a notice board took place. These included group activities, such as the bible class, and activities that people enjoyed by themselves with the support of staff. For example, people had their nails painted and enjoyed conversation with staff during that activity. We heard lots of laughter and conversation. People used a visiting hairdresser service which they told us they enjoyed and looked forward to. People told us they played table games such as dominoes with other people. All of these activities helped people to maintain friendships and avoid social isolation. Staff respected people's choices about how they spent their time. A person told us, "It's our choice about being independent." Another person told us, "They [staff] always ask us what we'd like to do." People told us that they were aware of the activities that were available and that they chose whether to participate.

The provider encouraged people to raise concerns if they had any. Information about the provider's complaint's procedure was included in information packs people had. We saw notices about the complaints procedure in corridors. Those notices were in an easy to read format which made the information accessible to people. No complaints had been made since our last inspection. Two people told us they had no reason to complain about anything, one person added "They [staff] treat us so well." A relative told us they no complaints. They also told us that their views had been sought through a survey the provider had carried out.

Although no concerns or complaints had been made since our last inspection, the provider's complaints and concerns procedures were set up to thoroughly investigate concerns. A key part of the procedure was to identify any improvements that could be made.

Good

Is the service well-led?

Our findings

The provider promoted people's involvement in developing the service in a variety of ways. These included residents meetings, regular reviews of people's plans of care and more focused and detailed reviews. Surveys were also used to encourage people to provide feedback about the service. People told us they had been asked for their views. They told us they had been involved in decisions about the décor of the home and their bedrooms and the types of activities that were provided. A relative told us they had completed the survey. Staff told us that they felt involved in developing the service. They told us they could express their views at staff meetings and in one-to-one meetings with the manager. A senor care worker described staff meetings as being helpful and a good forum for staff to give their views. They told us a suggestion they had made about the design of forms for recording people's food and fluid intake had been adopted.

Staff were able to raise concerns about the service through internal reporting procedures that included a whistle blowing policy. The provider's whistle blowing and safeguarding procedures included information for staff about how they could contact external agencies, including the Care Quality Commission (CQC) with any concerns. This showed that the provider promoted a culture where staff could raise concerns.

We saw the manager and senior staff taking an active part in the delivery of care. A care worker told us, "The manager and seniors are really good." Most people we spoke with knew who the manager was and all relatives we spoke with knew them. The manager and senior staff were visible and available to anyone who wanted to speak with them. Staff we spoke with knew what was expected of them. They had job descriptions and had received training about the aims and objectives of the provider organisation and The Willows.

The manager was not a registered manager but they had submitted an application to CQC to be the registered manager. They understood their responsibilities for keeping CQC informed of events at the service such as incidents where people suffered or were exposed to the risk of injury. The manager was supported by more senior staff in the provider's organisation.

The provider had systems in place to assess and monitor the effectiveness and quality of the service. This included an annual survey of people using the service that was carried out by an independent organisation. Results of the most recent survey were being compiled at the time of our inspection. The results of the previous survey rated the service highly in key areas such as safety, involvement of people, quality of care and the home environment.

Other quality assurance measures included scheduled checks or varying degrees of frequency. Some checks, for example the quality of cleanliness of the home, were carried out daily. Other checks, for example reviews of plans of care and medication checks took place every month. All monitoring activity was documented and reported to the provider who also carried out random checks to verify the monitoring activity carried out at The Willows.

The provider had procedures for staff to report accidents and injuries experienced by people using the service. All reports were investigated and appropriate action was taken to prevent similar events recurring. Results of monitoring activity were shared with staff, people using the service and relatives. This showed that the provider ran a service that was open, fair and transparent. All monitoring activity had the aim of promoting continuous improvement.