Willows Care Centre Limited

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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

The inspection took place on 28 & 29 April 2015 and was unannounced.

Willows Care Centre provides care for up to 128 people. The home provides residential care for older people, people living with dementia and nursing care for the frail older people. On the day of our inspection there were 112 people using the service.

There was 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.

People felt safe living at the service. It was evident from talking with staff that they were aware of what they considered to be abuse and how to report this.

Staff knew how to use risk assessments to keep people safe alongside supporting them to be as independent as possible.

Summary of findings

Pressure care was managed effectively.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Recruitment processes were robust. New staff had undertaken the provider's induction programme and training to allow them to support people confidently.

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People were able to make choices about the food and drink they had, and staff gave support when required. Catering staff knew who required a special diet and this was taken into account.

People had access to a variety of health care professionals if required to make sure they received on-going treatment and care.

People were treated with kindness and compassion by the staff, and spent time with them on activities of their choice.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

Staff treated people with dignity and respect.

There was an effective complaints procedure in place.

People were complimentary about the registered manager and staff. It was obvious from our observations that staff, people who used the service and the registered manager had good relationships.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvements.

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 knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good

Is the service effective?
The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good

Is the service caring?
The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good

Is the service responsive?
The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

A variety of activities were offered and people were able to choose to join in.

Good

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

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good

Willows Care Centre Limited

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 28 & 29 April 2015 and was unannounced.

The inspection was carried out by three inspectors and a specialist advisor. A specialist advisor is a person who has expertise in a particular subject. This person was a specialist tissue viability nurse consultant who looked at the pressure care of people who used the service.

Before the inspection we checked the information we held about the service and the service provider, and spoke with the local authority. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place 19 March 2014.

During this inspection we observed how staff interacted with people and received care and treatment. We looked at how people were supported to join in activity sessions of their choice and to have meals.

We spoke with 36 people and the relatives of three people who used the service. We spoke with the registered manager, the care manager, seven care staff, two nurses, two catering staff, the activities coordinator and two housekeeping staff. We also spoke with three visiting professionals.

We reviewed fourteen care records, ten medication records, six staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe here, the girls are lovely." Another person said, "I feel safe living here." A relative told us, "I am happy that [name] is safe here." They told us that they would speak to staff or the registered manager if they did not feel their relative was safe.

Staff told us they had received safeguarding training and were able to describe what could be classed as abuse, for example, physical, medical and financial and how they would report it. If they felt it was not being acted on they would speak to other management to ensure people were kept safe. They were aware of the company policies and procedures and felt that they would be supported to follow them. There were notices within the home explaining how to report any safeguarding issues. Staff files confirmed that they had completed relevant safeguarding training.

Staff told us that everyone had risk assessments within their care plans. These included moving and handling, falls and pressure care. Staff explained that these were used to enable people to be as independent as they could be in the safest way. We observed staff supporting people to maintain safety whilst managing risks, for example people were able to move around the home freely, into the garden and other units. We saw risk assessment documentation within people's care records which had been developed with input from the staff team and other health care professionals where appropriate.

We saw that people had their own slide sheet and slings stored in their bedroom. This ensured that correct size slings were used for individuals when assisting with moving and handling.

Everyone on the nursing unit was deemed to be at a high or medium risk of developing pressure damage. All had pressure ulcer risk assessments in place. They were all on pressure relieving mattresses. The settings were checked and discussed with the care manager. Anything related to pressure care was documented within the care plans. There were four people with pressure damage which had been acquired either at home or in hospital. All were healing well and had been referred to the Tissue Viability Nurse (TVN).

The registered manager explained the emergency evacuation procedures. We saw documentation for contingency plans in the event of complete evacuation and information was available throughout the building to assist people if this was required.

Staff told us that accidents and incidents were reported and recorded and they were given feedback if necessary. The registered manager reported any accidents or incidents monthly to the provider who developed an action plan if required. We saw documentation of correctly recorded accidents and incidents.

People told us there were enough staff on duty to provide the support they required. One person who used the service said, "There are always enough staff on duty to come and see what I want." We looked at the rota and found that it was planned around the dependency needs of people who used the service and the stated amount of staff with differing skill levels were on duty at any time.

Staff told us they were not allowed to start to work until they had completed recruitment checks. The registered manager was able to explain the recruitment process and told us that they had a recruitment policy which must be followed. This included appropriate checks, for example; two references, proof of identity and a Disclosure and Barring Service (DBS) check. Records we saw confirmed these checks had taken place.

People told us that they got their medication on time. One person said, "If I am in pain I only have to ask and I get my tablets immediately." Staff told us that the qualified nurses administered medication on the nursing unit, but senior staff were responsible on the residential units. We observed medication being administered to some people. This was carried out correctly following the providers' policy and procedure. We saw that in order to encourage people who did not want to take their medication, the staff spent time with them explaining each tablet and why it was necessary. Staff on each unit took us to the medication room which was securely locked. They were able to explain the various systems including ordering, administering and disposal of medicines and we saw records to confirm this. The temperature of the room and fridges were taken daily to ensure medication was kept at the correct temperature. We looked at the records for ten people; these had all been completed correctly. We carried out a stock check of some medication which balanced correctly.

Good

Is the service safe?

The registered manager told us they were in the process of putting individual medication boxes in each person's room. This would enable people to receive their medication when they got up in the morning, rather than waiting for the medication round.

Good

Is the service effective?

Our findings

People told us that they felt the care they received was good and from well trained staff. One person said. “They know how to help me.” A relative said, “Dad is very happy, they spoil him.”

Staff told us they received training from the provider on a variety of subjects including health and safety, infection control and safeguarding, and also more specific training for the people they provided support for, for example; dementia training. They said the training helped them to carry out their roles with better knowledge. On the second day of our inspection, three senior staff were attending the start of a dementia diploma training course. The registered manager told us that they also used the local authority training to keep up to date with best practice. We saw the training matrix which listed all of the staff and training delivered, it included dates of last training received and dates when next needed.

Staff told us they received support from the manager and senior staff including regular supervision and an annual appraisal, which they said they found useful. One person said, “We get at least six sessions a year and as a team leader I supervise four of the care staff.” The registered manager told us that supervisions were used to review work performance, provide training where required and to support staff development. We saw documentation within staff files of planned dates for supervisions for the year, and completed supervision notes. This meant that staff were given an opportunity to have one to one time with the senior staff on a regular basis throughout the year.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to MCA and DoLS to ensure people who could make decisions for themselves were protected. Staff we spoke with had knowledge of the MCA and DoLS and were aware that some DoLS had been applied for. They told us that at all times they assumed people had capacity until proven otherwise. We were given the code for the door from a unit by a person who had capacity which confirmed that restrictions were only on people without capacity. The registered manager informed us that she had applied for DoLS for some of the people who used the service. These were in the process of being assessed. This demonstrated that people were protected from being deprived of their liberty unlawfully.

During our observations we saw some people showing signs of behaviour which challenged. Staff dealt with this in a calm manner and diffused the situations immediately by following the persons care plan and ensuring everyone was safe and happy.

People consented to their care being provided. One person told us, “Staff always ask for consent.” We observed staff gain consent before any activity, for example; entering people’s rooms, providing care and support and speaking with an inspector. Within care records we saw that people had signed for consent to care and support and for staff to read their care plans.

People told us the food was good. One person said, “We have something different each day.” Another said, “Food is always good.” Staff told us they tell people the menu choices the day before to enable the catering staff to cook the correct amount of each choice, but there was always plenty in case people changed their minds. We spoke to the catering staff who informed us that all of the food was freshly prepared each day. They knew who needed a specialist diet, e.g. diabetic or soft and were able to tell us how they catered for these. We observed the breakfast and lunchtime meals. People were given a choice of foods and where they ate, and were given support when required. We observed staff say, “Can I cut that up for you?” and “Would you like my help?” The atmosphere was relaxed and enjoyable, and people were given plenty of time to eat and chat with others at the table. Snacks including cake, fruit, biscuits and crisps were available in all areas of the home. We saw jugs of drinks in people’s rooms and in communal areas. Each unit had a small kitchen where staff or visitors were able to make drinks and snacks throughout the day when required. Some people had been seen by the Speech And Language Team (SALT) team and required their food and fluid to be thickened. For people who spent time in their bedrooms, they had clear instructions above their bed and their prescribed tin of thickener in their room. We checked the consistency of some fluids and they matched the guidance.

People told us they saw the doctor and had access to additional professional health care services when needed. The doctors visited twice a week, but would be called if

Good

Is the service effective?

needed at any other time. The nurse on duty told us that they had access to a HIT (High Impact Team). The HIT are a team of nurses that are able to visit out of hours to assess people and prescribe medication if necessary to try to keep people in their own surroundings rather than a hospital admission.

The registered manager told us that this was a very useful service. We observed various health professionals visiting and were able to speak with some of them. They told us that staff responded to any instructions left for them. They also said that staff sought their advice in a timely manner. Documentation in people's care plans showed that health care professionals including district nurses, opticians and dieticians had been involved in people's care. This demonstrated that staff ensured people had access to appropriate health support when required.

Good

Is the service caring?

Our findings

People told us that staff were very kind. Many people and relatives made comments regarding the kind and caring approach of the staff. One person said, “The staff are all so caring.”

We observed positive interactions between staff and people who used the service, for example, when they were helping people to mobilise and give general support, staff were chatty and there was a good atmosphere.

Staff demonstrated that they knew people’s needs and preferences very well. We observed staff chatting with people about their family. One person was becoming unsettled and staff knew how to respond to help the person settle. They spoke to them for a while about a subject of interest. This settled the person and showed the staff member knew them well. Staff were able to tell us about individuals and the contents of their care plan, and we observed this in practice.

People told us they were involved in their care and had choice in terms of their day to day routines. One person said, “I can do what I want.” One relative told us they were happy that their relative had been able to have their budgie with them as it was felt it enhanced their well-being.

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate.

People who used the service and relatives spoke positively about privacy and dignity. One person said, “They always knock if my door is closed.” We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed. Staff spoke about offering choices when dressing, at meal times and when people got up or went to bed as well as keeping doors closed.

There were small areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

People told us they could have visitors when they wanted. A relative said, “I visit any time.” During our inspection we observed visitors visiting throughout the day. They were encouraged to make drinks for themselves. We observed staff saying to one visitor, “While [name of relative] is here treat this as you would their home. Feel free to make her and yourself a coffee.” There were notices reminding visitors that the home had ‘protected mealtimes’ and asked not to visit at that time if possible. The registered manager explained that they had put in place ‘protected mealtimes’ to enable staff to give people the support they required without being distracted by visitors, although they would not stop people being visited at meal times.

Good

Is the service responsive?

Our findings

People told us they were involved in their care plan if they wanted to be. There was evidence in the care plans we saw that people and their families or representatives had been involved in writing their care plans. In one person's care plan there was documentation of a recent discussion between a family member and care manager.

Staff told us they knew the people in their care but used the written care plan to confirm there had been no changes.

Staff told us that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, where people wanted to eat, where they wanted to sit and what they wanted to do. A relative told us that their relative was able to make choices about their everyday life. This demonstrated that people were able to make decisions about their day to day life.

There was an activity schedule on notice boards. The activity coordinator told us that activities on the nursing and dementia floors were very much tailor made for individuals taking into account their abilities. Some group activities were also carried out. There was a full year of planned events including; pantomime, sing a longs, film afternoons and musicals, along with a weekly bingo session. The home had its own cinema room with authentic cinema seating and a popcorn machine. Those who needed it were supported to participate. There were photographs displayed of people enjoying a variety of activities including, tea parties and entertainers in the service. This showed that activities were offered and people were able to decide if they wanted to participate or not.

On the dementia units we saw that staff had decorated the walls with a variety of subjects including; a musical theme and animal themes. Around the unit were a variety of things for people to use including, a piano, typewriter's and lots of drawers full of materials and objects for people to rummage in. These encouraged stimulation and discussion for people. One room on the dementia unit had been transformed into a garden with artificial turf on the floor, a water feature and birdsong In the background.

Throughout our inspection, we observed that staff were not rushed and spent time with people. For example, chatting about what the day's news was, the contents of the newspaper and spending time in the lounge interacting with everyone. Care offered was person centred and individual to each person.

People we spoke with knew how to make a complaint. One person said, "I would go to a member of staff if I needed to make a complaint, but I have not needed to." A staff member said, "If someone is unhappy about anything I will help them to make a complaint." There was a complaints policy and procedure in place. There was a poster advertising a free phone number that people could use to make a complaint, and in people's bedrooms we saw posters reminding people they could complain. The registered manager told us that as she had an open door policy and was available for people to speak with, she hoped people felt able to speak with her about any concerns. We looked at the complaints log. All had been dealt with appropriately following the providers' procedure.

The registered manager told us that an annual survey is sent out to people and their relative's. The results were available for the 2014 survey. An action plan had been developed from some negative comments. This was seen and actions had been carried out to address them. The survey results and action plans were available in the entrance for everyone to access.

Good

Is the service well-led?

Our findings

Staff said that there was an open culture, they could speak with the registered manager or care manager about anything and they would be listened to.

Staff told us that they received support from the registered manager and senior staff. One staff member told us, “The manager and care manager are approachable.” Another said, “We are involved in what is happening in the home.” They also told us that the regional office is on the same site and the regional manager often popped in, and they could speak to her if they felt the need.

The registered manager told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post. People we spoke with knew who she was and told us that they saw her on a daily basis. There was also a care manager and each unit had their own manager. During our inspection we observed the registered manager chatting with staff, visitors and people who used the service. It was obvious from our observations that the relationship between the registered manager and the staff was open and respectful.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The manager told us there were processes in place to monitor the quality of the service. This included fire equipment testing, water temperatures, medication audits and care plans. These audits were evaluated and, if required, action plans would be put in place to drive improvements. The provider had carried out quality assurance visits. Records viewed showed that these had been carried out regularly. An external quality assurance visit by the local authority had awarded the service five stars in their food hygiene rating scheme. This showed that a variety of audits had been carried out to ensure a quality service had been delivered.

The registered manager told us that all accidents and incidents were reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening.

The registered manager told us a variety of meetings had been held on a regular basis, including; residents, relatives, staff and managers meetings. Staff told us they attended staff meetings as they were useful to keep up to date with things. We saw minutes of all of these meetings. Each unit arranged their own staff meetings. There were notices with dates for all meetings on unit notice boards. The registered manager told us that from one meeting she had set up meetings between the cooks and people who used the service to enable them to discuss the meals. The catering staff confirmed this and feedback from the meetings had been used to assist with a change of menu.