Mr & Mrs J Deary

Three Willows Residential Care Home

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

We inspected Three Willows Residential Care Home on 15 March 2016. This was an unannounced inspection.

Three Willows Residential Care Home provides accommodation for up to 21 older people who have dementia care needs. There were 19 people living at the home when we visited. There was a registered manager at the service however they were on annual leave at the time of our inspection. 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.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans in place to monitor and reduce risks. People had access to relevant health professionals when they needed them. Medicines were stored and administered safely.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. People told us they liked the food provided and we saw people were able to choose what they ate and drank.

There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed.

People's needs were met in a personalised manner. We found that care plans were in place which included information about how to meet a person's individual and assessed needs. The service had a complaints procedure in place.

The service had a registered manager in place and a management structure with clear lines of accountability. Staff told us the service had an open and inclusive atmosphere and senior staff were approachable and accessible. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

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. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced

Medicines were stored and administered safely.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with people who used the service.

Is the service effective?

Good

The service was effective. Staff undertook regular training and had one to one supervision meetings.

The service carried out assessments of people's mental capacity and best interest decisions were taken as required. The service was aware of its responsibility with regard to Deprivation of Liberty Safeguards (DoLS) and was applying for DoLS authorisations for people that were potentially at risk.

People had choice over what they ate and drank and the service sought support from relevant health care professionals.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people to provide individual personal care.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities.

People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

Three Willows Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that had placements at the home, the local Healthwatch and the local borough safeguarding team. 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.

The inspection team consisted of two inspectors, a specialist advisor with a background in nursing and dementia care.

During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with six people who lived in the service and two relatives during the inspection. We spoke with the provider, the principal officer, two senior care workers, one team leader, two care workers and the chef. The registered manager was on annual leave at the time of our inspection. We looked at five care files, staff duty rosters, four staff files, a range of audits, minutes for various meetings, eight medicines records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt the service was safe. One person told us, "I do feel safe. Everybody talks to me and that's why I feel safe." Another person said, "Yes I feel safe." A relative told us, "I knew [relative] was safe from day one."

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults. Staff we spoke with all confirmed they thought people were safe and felt as a team they worked together to ensure people's safety was maintained. Staff we spoke with understood their role in protecting people from potential harm. One staff member told us, "We are educated how to report abuse. We know the direct lines to the local authority and the CQC." Another staff member said, "I'd take it to the manager or the CQC and the local authority." The provider displayed the local authority's safeguarding contact details in the communal area. Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly. Staff understood their responsibilities to report any potential safeguarding concern to the local authority.

The principal officer who was covering for the registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

Care files each contained a set of risk assessments, which were up to date, detailed and reviewed regularly. These assessments identified the risks that people faced and the support they needed to prevent or appropriately manage these risks. Risk assessments included falls, mobility, medicines, personal hygiene, skin care, dressing, diet and eating, cultural and religious needs, dental care, toileting, family involvement, night care, and activities. For example, one person had been assessed at risk of falls when walking long distances. The risk assessment gave staff guidance such as "[person who used the service] can walk for short distances with the aid of one staff to assist and supervise her. [Person who used the service] may require a wheelchair for longer distances." We saw people and their families had consented to and participated in these risk assessments wherever possible.

People's medicines were stored and administered safely. Only staff trained and assessed as competent were allowed to administer medicines. Staff had received medicines training to ensure the right people received the right drug and dosage at the right time. This was confirmed by the staff we spoke with and documented in their training records. Medicines administration record sheets were up to date and had been completed by the member of staff administering the medicines. We looked at a sample of medicine stock and found on all occasions the medicines could be accounted for. One person told us, "I do not have to worry. I get my tablets at the right time."

Storage was appropriate for the amount and type of medicines in use. All medicines and trolleys were kept in a locked room. Drug refrigerator and storage temperatures were checked and recorded daily to ensure medicines were being stored at the required temperatures. The home had a clear policy on the

administration of medicines and this was available to all staff.

The home followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff had worked unsupervised at the home. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records. One staff member told us, "I had an interview, DBS check, training and then I started."

Through our observations and discussions we found there was enough staff with the right skills and experience to keep people safe. During the inspection we observed people did not have to wait for assistance and call bells were answered promptly. Staff had time to sit and chat with people. We reviewed the staff duty rotas and these showed staff levels were consistently maintained. People who used the service, relatives and staff told us there was enough staff. One staff member told us, "Absolutely enough staff. When people are sick the shifts are covered." Another staff member said, "There is always enough staff." A third member of staff told us, "You are not rushed in anyway. There is a lot of support." One person said, "Of course there is enough staff." A relative told us, "I don't think they are ever short staffed."

Accidents and incidents were recorded and staff told us they would record any incidents, inform the registered manager and advise staff at handover to keep them informed should extra support be needed. We saw records to confirm this.

The home was clean and well maintained. The home had contracts in place for the regular servicing and maintenance of equipment. Records showed that maintenance and regular health and safety checks for the equipment used in the home were up to date. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, emergency lighting, call bells and hoists. We looked at records that showed fire equipment was tested and regular fire drills were practiced.

Good

Is the service effective?

Our findings

People were supported by staff who were well trained and supported and had the skills necessary to meet their needs. One person told us, "I've got confidence in the staff." Another person said, "The staff are very good." A relative said, "Nothing is too much for them [staff]."

New staff were supported with an induction programme. Newly employed staff had embarked upon the Care certificate. The Care Certificate is a training programme for all staff to complete when they commence working in social care to help them develop their competence in this area of work. The induction included meeting all staff and people who used the service, shadowing more experienced staff, reading care plans and risk assessments, and a range of training sessions. Records confirmed this. One staff member told us, "I shadowed someone for about one to two weeks. I was put with some really good staff."

Staff we spoke with told us they were well supported by the registered manager. They said they received training that equipped them to carry out their work effectively. Staff training records showed staff had completed a range of training sessions, both e-learning and practical. Training completed included risk assessments, diabetes, COSHH, medicines, health and safety, death and dying, pressure sores, infection control, moving and handling, safeguarding, report writing, first aid, challenging behaviour, dementia awareness, and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One staff member said about the training, "I think it's brilliant quality. If you felt you were lacking in knowledge you would go to [registered manager] and she would do a training day in the future."

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "Supervision is done by the manager. It's brilliant as you get to talk to the manager about your performance." Another staff member said, "Supervision every couple of months. It's about how I am progressing and any struggles." Annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year were carried out.

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 are called the Deprivation of Liberty Safeguards (DoLS).

The provider had ensured all the staff had received training in MCA and DoLS and understood the legal requirements of the MCA and DoLS. Staff meeting minutes showed that the provider addressed the complexities of MCA and DoLS with the staff to ensure people's rights were protected. All the people who were unable to consent to their care and treatment had been referred for assessment to the local DoLS team. The service informed the Care Quality Commission (CQC) of the outcome of the applications in a timely manner. This meant that the CQC were able to monitor that appropriate action had been taken.

Throughout the inspection we saw evidence of staff supporting people to make decisions and seeking consent. Where appropriate care plans contained mental capacity assessments in relation to decisions about people's ability to consent to care. Where it was deemed the person lacked the ability to consent to their care we saw records of best interest decisions. It was evident the person and their representatives had been involved in the decision making process. This meant the home was meeting the requirements relating to consent, MCA and DoLS.

Record showed people's needs were assessed in order to identify their support needs regarding nutrition. Details of people's dietary needs, food preferences and likes/dislikes were recorded in their care plan. Daily food and fluid intake was monitored for people who were at risk of malnutrition. Records showed people's weight was monitored regularly. If there were significant changes they would advise the GP.

People told us they enjoyed the food. One person said, "The food is lovely." Another person told us, "[Relative] is a very fussy eater. He can have anything he wants."

We observed lunch in the dining room and the lounge area, which was a relaxing and well organised experience for people. The food looked and smelt good. The portion sizes were a good size. People were offered a choice of smoked haddock or chicken with fresh vegetables, and for pudding cheesecake. Staff asked whether people would like a drink before the meal was served. Some people requested a different meal that was not on the menu and we saw this was arranged. We observed one person who changed their mind three times and each time a new food alternative of their choice was given to them. Staff checked people had finished their meal and whether they wanted more drinks. We heard a staff member say to a person, "Is there anything else I can get you?" We also heard another staff member ask a person after lunch, "Did you have a nice lunch? Was it tasty?"

One person received individual support to eat their lunch and we observed this was done in a caring way and without interruption. The person was asked before the meal was served if they wanted help with their lunch and the person consented. The food was described and the member of staff was patient, took their time and didn't rush.

The home had a four week rotating food menu. The food choices for the day were displayed throughout the home for people. People told us they were asked in the morning what they would like for lunch and supper by the chef. The chef told us, "We always ask them what they want to eat." At resident meetings they discussed the meal options and the provider checked that people were happy with these. We saw this was recorded in the meeting minutes. Food records showed a varied selection of meals was provided and people were offered a choice at each meal time.

The chef told us people's dietary requirements were recorded and this information was passed to kitchen staff before people were admitted for their stay. The chef was able to give us examples of people's special diets they catered for. For example, people with diabetes and people requiring soft food. Whilst we were at the home we noted that people had access to juice and water and that people were offered tea and coffee at regular intervals and we heard staff encouraging people to drink sufficient fluids. One person told us, "You get drinks all day long."

There were systems to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. We saw those people at risk had been assessed using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify if adults were malnourished or at risk of malnutrition. People's weights were monitored in accordance with the frequency determined by the MUST score. This information was used to update risk assessments and make referrals to relevant health

care professionals, such as doctors, dieticians and speech and language therapists, for advice and guidance if appropriate.

People we spoke with told us they could see a GP when they needed to. People's health needs were recorded in detail in their individual care files. People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as doctors, district nurses, opticians, dentists and chiropodists had been recorded in people's care files. One relative told us, "If not well they will call rapid response. [Relative] sees a chiropodist, optician and the dentist is coming in April." A person told us, "They [staff] always get a doctor if I don't feel well." Another person said, "The doctor is coming today at 3.00pm."

Good

Is the service caring?

Our findings

People and their relatives were very complimentary about the care that was provided by staff. One person told us, "They are more like friends then staff." Another person said, "Staff here are always so good to me." A third person told us, "The staff are really nice people." A relative said, "They [staff] treat everyone as an individual. They are so caring."

We spent time in the lounge and dining areas at the home and observed staff approached people in a sensitive way and engaged people in conversation which was meaningful and relevant to them. There was a positive atmosphere throughout our visit and people's requests were responded to promptly. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, respectful, supportive and encouraging. We heard staff call people by their preferred names. For example, we heard a staff member introduce themselves to a person and offered a cup of tea. The staff member asked the person, after giving the tea, if it was a good cup of tea and offered a biscuit. The staff member said to the person, "That's your favourite isn't it? Custard cream."

The staff were polite, caring and person centred rather than task focused. Staff clearly knew each person and their needs very well. We saw one person being assisted with moving and transferring from a chair. The staff ensured the person had very clear and personalised instructions as to what to do whilst being assisted. For example, we heard the staff member say comments such as "push yourself up" and "bend your knees." The person said "thank you" to the staff member after they had stood up. Throughout the move we heard the staff use the person's preferred name. The staff took time to assist the person at their pace and constantly checked their welfare. One staff member told us when asked about people's independence, "I think it is really important. There are so many things they can do." This showed us staff understood the importance of taking time to involve the person and promote their independence rather than rushing or being tasked focused.

Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms. We observed staff knocking on doors and ask if it was okay to come in before entering people's rooms. Staff told us they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could. One staff member told us, "You knock on their door and you ask them if they want to get up." A person told us, "I go to bed when I want. I often go to my room." A relative told us, "If [relative] wets themselves they [staff] will say he split a drink so the other residents don't know." We heard a staff member ask a person, "You have a letter. Would you like me to open it for you?"

People's needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing cultural and religious activities and access to their specific communities. For example, during our inspection a person received a religious service at the home. Also arrangements had been made to provide food that reflected people's culture

A relative told us there were no restrictions on when they could visit their family member. This was confirmed as we saw people's relatives and friends visiting without prior notice or appointment. We saw and heard visitors welcomed into the home. Relatives told us the staff were kind and caring and they always felt welcome to visit. A relative told us, "One of the carers told me this is my second home and it is."

Good

Is the service responsive?

Our findings

People and their relatives told us they received person centred care. One person said, "They [staff] look after me." Another person told us, "They [staff] come and ask you want you want. They give you alternatives." A third person said, "The staff always have time to talk and listen."

People had their needs assessed by the registered manager or a senior member of staff before they moved into the service to establish if their individual needs could be met. Relatives told us they were also asked to contribute information when necessary so that an understanding of the people's needs was developed and recorded.

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including their likes and dislikes, communication, mental health, mobility, medicines, personal hygiene and skin care, dressing, diet and eating, cultural and religious needs, health needs, toileting, night care, moving and handling, leisure and social care, activities, end of life, and mental capacity. The care plans were written in a person centred way that reflected people's individual preferences. For example, one support plan stated "I am able to give myself personal care but need some support with bathing." Care files also included a section called "my life so far" which had the life history of the person. One staff member told us, "I like getting involved with the history of residents. It helps me with looking after them and gives me a chance to talk to them about their past."

People were encouraged by staff to be involved in the planning of their care and support as much as possible. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. We were told that plans were written and reviewed with the input of the person, their relatives, their keyworker and records confirmed this. Care plans were reviewed regularly. One relative told us, "I can always ask to see the care plan. I've been invited to a review meeting." Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People had access to planned activities and local community outings. There was a weekly pictorial calendar of activities on display which included games, quizzes, hand massage, armchair aerobics, coffee morning, music therapy and arts and crafts. On the day of our inspection people had a fruit tasting session in the morning and in the afternoon an exercise session was held. The home employed an activities co-ordinator. One person told us, "We go to the cinema, and the pub. We have a film now and then." Another person said, "We have lots of entertainment. We do go to a tea dance and a farm last summer." One relative said, "[My family member] gets a lot more stimulation here than at home. They have exercises, singers and they take him to the pub." The home also had a regular men and women's group that did various activities. The home had pictures on display of activities organised over the last year. The pictures on display included visiting a local farm, pub lunches, cheese and biscuits afternoons, and a BBQ in the summer.

Residents meetings were held on a regular basis to provide and seek feedback on the service. We saw from

minutes of meetings topics had included the food menu, staffing, health and safety, hygiene and activities. People were asked if they had any complaints about the service. Feedback from the minutes were positive about the service. One person told us, "We have a meeting once a month if we have any problems." A relative said, "They had a resident meeting just after Christmas. I was actually here when they did it. They discussed what meals and entertainment they like."

People and their relatives knew who to speak with if they had any concerns or were unhappy about the care being provided. One person said, "I would complain to the manager. She is very forthright." Another person told us, "I would probably speak to the manager. She tries her best to help." A relative said, "I would complain to the manager."

The complaints process was available in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised. We saw the service had one complaint since the last inspection. We found the complaint was investigated appropriately and the service provided resolution in a timely manner.

Good

Is the service well-led?

Our findings

People who used the service and their family members told us they thought the service was well managed and they spoke positively about the registered manager. One person said, "[Registered manager] is beautiful. Only have to ask her to get something and she would." Another person said, "She's ok. Nothing to complain about." A relative told us, "She's lovely. You can always approach her. If a problem she will say come in and have a sit down."

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with her and found her to be responsive in dealing with any concerns raised. One staff member told us, "[Registered manager] is a brilliant manager. Genuine and down to earth and extremely professional. She's approachable. You just have to knock on her door and she will make the time." Another staff member said, "I think she is wonderful. She seeks to help and encourage."

Staff told us the service had regular staff meetings. Staff said that team meetings were helpful and that all staff had input into discussions about the service. Records confirmed that staff meetings took place every three months. Agenda items at staff meetings included the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), accidents and incidents, supervision, medicines, communication, team work, managing challenging behaviour, report writing, pressure sores, safeguarding, fire safety and health and safety. One staff member told us, "Any concerns are discussed. It is a place to ask questions about people's needs and answers are given." Another staff member said, "It's a chance to discuss anything you are worried about. We talk about training and residents."

The provider had effective systems in place to monitor the quality of the service delivery. The provider told us senior management meetings were held every three months with the providers, the registered manager and the manager of another service. The provider told us this was part of the quality monitoring of their service. Records showed the meetings were held and topics included recruitment, home decorations, training, CQC inspection, and the local authority monitoring. The provider also told us they met with the registered manager at least weekly to discuss any concerns, quality checks and get updates on the service. Records showed the provider had checked people were getting access to health appointments, referrals to health professionals were being completed, checking the premises, training and updates on people who used the service.

Satisfaction surveys were undertaken annually for people who used the service, relatives and staff. The last survey for people using the service covered care and treatment, care planning, activities, medicines, meals, staff and complaints. Overall the results were positive. The last survey for relatives was also positive. One comment included "I have never been unhappy with any aspect of the care provided. The survey for staff included questions on being valued, listened too, if the manager is approachable and how the service can be improved. Overall the results were positive. One person told us, "There is a questionnaire I still have to answer. I will do this weekend." A relative said, "I've had two questionnaires since [relative] has been here."