

ADL Plc

The Willows

Inspection report

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Ratings

Overall rating for this service

Requires improvement



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?

Requires improvement



Overall summary

This inspection took place on 19 and 26 August 2015 and was unannounced. The service was last inspected on 17 January 2013 when it was found to be compliant with the regulations inspected.

The Willows care home is situated in a quiet cul-de-sac close to the centre of Barton-upon-Humber. The home is a single storey building divided into five units. It has a number of sitting and dining areas. There is a secure patio enclosure and a lawned garden area. All parts of the

service are accessible to wheelchair users. The service is registered to provide accommodation for up to 39 people who require nursing or personal care, some of whom may be living with dementia.

There was a registered manager in place. 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.

Summary of findings

Staff were familiar with roles and responsibilities for reporting safeguarding or whistleblowing concerns. Staff had received training about the protection of vulnerable adults from harm or abuse.

Appropriate recruitment checks were carried out on new staff before they were allowed to start work to ensure they were safe to work with people who used the service.

A variety of training had been provided to ensure staff were able to safely carry out their roles. Staff had received supervision and appraisals of their skills to ensure their performance was monitored and they were able to develop their careers.

Staff had received training on the Mental Capacity Act and the Deprivation of Liberty Safeguards to ensure people were supported to make informed choices and enable their human rights to be upheld.

Details about known risks to people were recorded and monitored, together with guidance for staff on how these were safely managed.

Staff demonstrated a good understanding of the promotion of people's personal dignity and privacy, whilst involving them in making active choices about their lives.

Systems were in place to ensure people's medication was handled safely.

People were able to make choices from a variety of wholesome and nutritious meals. Assessments about people's nutritional needs and associated risks were monitored with the involved specialist health care professionals when required.

A complaints procedure was available to enable people knew how to raise concerns about the service. People's complaints were followed up and addressed and wherever possible resolved.

There were limited opportunities available, for people to engage in meaningful activities.

Whilst systems and processes were in place to measure the quality of the service, these had sometimes failed to identify and continually evaluate the actions required to improve the service.

You can see what action we told the registered provider to take at the back of the full version of the report.

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 had received training on the protection of vulnerable adults and were aware of their responsibility to safeguard people from potential harm

The registered provider followed safe recruitment procedures which ensured staff who worked with people were checked and did not pose a potential risk to them.

People's care plans contained information and risk assessments about them to help staff to support them safely.

People's medication was handled safely.

Good



Is the service effective?

The service was effective.

Staff had received training to enable them to carry out their role and safely support the people who used the service

People's dietary needs were monitored and they were provided with a diet that was wholesome and nutritious

People were supported to make informed choices and decisions about their lives.

Good



Is the service caring?

The service was caring.

Staff had developed positive relationships with people who used the service and understood their needs.

Staff respected people's right to make choices and demonstrated compassion and consideration.

Staff engaged with people sensitively to ensure their privacy and personal dignity was maintained

Information about people's needs was available to help staff support and promote their health and wellbeing.

Good



Is the service responsive?

The service was not always responsive.

There were limited opportunities available for people to engage in meaningful social activities or follow their interests and hobbies which meant their general wellbeing could be better promoted.

Requires improvement



Summary of findings

People's care plans contained information about their preferences and staff respected these.

Is the service well-led?

Some elements of the service were not always well-led.

Systems and processes to measure the quality of the service had sometimes failed to identify and continually evaluate the actions required to improve the service

We found the registered manager had an open and honest approach.

People were consulted and asked for their views to help the service to improve and develop.

Requires improvement



The Willows

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was 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 19 and 26 August 2015 and was carried out by one adult social care inspector and was unannounced.

Before the inspection, we asked the registered provider to complete a Provider Information Return [PIR]. This asks for key information about the service, what the service does well and improvements they plan to make. The registered provider however failed to return this to us on time, due to a member of staff being off sick and unwell. We looked at the information we hold about the registered provider and spoke with the local authority safeguarding and quality performance teams before the inspection took place, in order to ask their views about the service.

At the time of our inspection visit there were 20 people who were using the service. During our inspection visit we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection [SOFI] in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who used the service, two visiting relatives, three members of care staff, two senior care staff, the registered manager and a district nurse who was visiting.

We looked at three care files belonging to people who used the service, four staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service told us they were comfortable and trusted the staff. One person said, “Nothing is too much trouble, everything is done for us by staff how we like it. Another person told us, “It’s lovely, if there are any troubles you can go straight to them and they sort it. I feel safe, the girls are nice and we get looked after well.”

We found that policies and procedures were available to guide staff when reporting concerns about the protection of vulnerable adults, which were aligned with the local authority’s guidance on this. The local authority performance team told us they had some concerns and uncertainty in relation to the numbers of staff that had received safeguarding training, due to information about this being poorly maintained in the service. We saw evidence the registered provider had delivered a recent training update to ensure staff were sure of their roles and responsibilities to safeguard people and know how to report potential abuse. Staff who we spoke with were able to tell us about the various forms of abuse and confirmed they would report any incidents and possible concerns to ensure people who used the service were protected from harm. Staff also told us they were confident the registered manager would follow any concerns up and take appropriate action in this regard.

We saw evidence in staff files that new employees were checked before being allowed to commence work in the home, to ensure they did not pose a risk to people who used the service. We saw evidence that recruitment checks included obtaining clearance from the Disclosure and Barring Service [DBS] about past criminal convictions and to ensure the applicant was not included on an official list that barred people from working with vulnerable adults. We saw that references were appropriately followed up before offers of employment were made, together with checks of the applicant’s personal identity and past employment experience, to highlight unexplained gaps in their work history.

There were twenty people using the service at the time of our inspection visits, whose needs were met by a senior carer and two members of care staff. We saw people’s care files contained assessments about their individual dependencies that were used to determine there were sufficient numbers of staff available to meet the needs of people living in the home. The registered manager told us

there were seven people currently using the service who were assessed as having a high dependency and who required two staff to move them safely. This meant there may be times when staff may not always be available due to involvement with others elsewhere in the home. We spoke with a regional manager about this who told us they would ensure the registered manager reviewed people’s dependency assessments on a more regular basis to ensure there were always sufficient numbers of staff available and deployed at times of greatest need.

We saw people’s care files contained a range of completed assessments about known risks, together with guidance for staff on how these were managed to enable people to be supported and their wellbeing to be safely promoted. We saw that people’s risk assessments were updated and reviewed on an on-going basis to ensure accidents and incidents were managed and action taken to minimise future occurrences.

We found that staff responsible for administering medicines to people had recently undergone training on the safe handling of medication, together with competency checks to ensure they had the correct level of knowledge and skills and knew how to administer medicines safely to people who used the service. We saw evidence that audits of the medication systems were being carried out to ensure medication errors were minimised and potential problems quickly addressed. We made a random check of the medication systems and saw that accurate records were kept for medicines given to people and that these corresponded with the stocks of medicines that were maintained in the home. We also saw that staff carrying out medication rounds took time to talk to people and sensitively observed them taking their medicines, before moving on to the next person.

There was evidence of recent investment in the building by the registered provider and a plan was in place to ensure it was refurbished and safely maintained. We saw that a range of checks of equipment and facilities were regularly carried out and that a member of maintenance staff had been recently been employed. There was evidence items of equipment were serviced on an on-going basis and that contracts were in place with their suppliers for this. We saw up to date certificates for utilities such as gas and electricity, together with a business continuity plan for use in emergency situations, such as flooding or outbreaks of fire. We were told this plan identified arrangements to

Is the service safe?

access alternative services when required to ensure people who used the service were kept safe from harm. Personal

evacuation plans were available for people in emergency situations and we saw evidence that fire alarm tests and extinguisher checks were regularly completed and that fire drills took place.

Is the service effective?

Our findings

People who used the service and their visiting relatives told us that overall they were satisfied with the service they received. One person told us they had lived in the home for six years and commented, “The staff are very good and have lots of patience” whilst another stated, “We get looked after very well.”

The local authority performance team told us they had previously raised some concerns in relation to people’s care planning and how consent was obtained from people to ensure they were in agreement and involved in decisions about their care and support. We found that since these issues had been raised, the registered provider had developed an action plan to develop people’s care plans and worked with the local authority to ensure these issues were appropriately addressed. We saw evidence in people’s care files that documentation was in place to ensure people had been consulted about their support and that signed agreements about the provision of support were obtained from them or their representatives. We saw evidence of assessments about people’s capacity to make informed decisions about their care and treatment and found training on the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty safeguards [DoLS] had been recently delivered to ensure people’s human rights were protected and their best interests upheld. Staff demonstrated an understanding of the principles of how the MCA was used in practice and we observed them providing people with sensitive explanations of interventions that were required. This ensured people were involved and in agreement with how these were delivered.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people lack capacity to make informed decisions about the care and support they require to keep them safe amounts to continuous supervision and control. DoLS ensure where someone is deprived of their liberty, it is done in the least restrictive way and is in their best interests. The registered manager told us they had submitted four applications to the local authority supervisory body to be authorised and was awaiting decisions about these to be made.

There was evidence in people’s personal care files about support with making anticipatory decisions about the end of their lives when appropriate. We saw some people had

consented to Do Not Attempt Cardio Pulmonary Resuscitation [DNACPR] and information about this was clearly documented. We saw a GP had signed a DNACPR for a person following consultation with relatives because the individual was unable to make an informed a decision in these regards. We spoke with the registered manager about this as we saw this person had been assessed by staff as having capacity to making decisions. The registered manager told us this person had fluctuating capacity and they were in the process of amending the care planning information to ensure it was updated and accurately maintained.

Care staff were positive about the training they received. We saw this involved staff undertaking a range of courses considered essential by the registered provider. This training was linked to Skills for Care, which is a nationally recognised training organisation in adult social care. We saw recent training delivered included updates and refresher courses on safeguarding vulnerable adults, health and safety issues, person centred care and care planning. We were told about other training courses on nutrition and end of life care that were due to take place. A newly recruited member of staff told us they had been provided with an induction to the home, which included shadowing experienced staff to enable them to become familiar with their role and what was expected of them. They told us they felt welcomed into the staff team and were due to enrol for the Care Certificate, which is a newly developed nationally recognised qualification. We found other staff were encouraged to undertake nationally recognised accredited qualifications, such as the Qualifications and Credit Framework [QCF] to enable them to develop their skills. There was evidence in staff files of recent meetings with senior staff or management to enable their skills to be appraised and performance to be monitored to ensure they could carry out their jobs and enable them to develop their careers. The registered manager acknowledged staff supervisions had not taken place as regularly as they had envisaged, but had a plan to address this.

Care files belonging to people who used the service contained information about their individual health and welfare needs, together with evidence of ongoing monitoring and involvement with a range of health professionals, such as GP’s and district nurses. A district nurse who we spoke with during our inspection told us they had regular contact with the service and that staff had managed the pressure care of a person who was nursed in

Is the service effective?

bed. They commented positively of the staff and said, “Staff are always round with drinks to ensure people’s hydration needs are met, they have taken on board every bit of advice and it [a pressure area] has now healed.”

We saw evidence that a range of nutritional home cooked meals were provided. People who used the service were overall positive about the quality of the food that was served. Two people did comment they sometimes wished a better quality of meat and fish was available, such as fresh salmon. People confirmed they were able to have alternative choices if they did not want the meal that was provided. One person said, “They are very good, if I want something different, staff always do it.” We saw information in peoples care files of completed assessments about risks associated with their nutritional status, together with actions staff should take to ensure their hydration and

dietary needs were safely managed. We observed staff talking sensitively with people, providing encouragement and gentle support to those requiring assistance with eating their meals to enable their dignity to be promoted.

People who used the service told us they were happy with the accommodation and facilities that were available. There was evidence the registered provider had considered the specialist needs of people who used the service when making improvements to the building. We saw use of signage in place to help people living with dementia feel in control of their lives. We found that a programme was in place to upgrade the environment with use of different pastel colours to help people orientate themselves around the home. We spoke to the registered manager about replacing some carpeting when this was due, as we observed a person living with dementia exhibiting behavioural confusion about the patterning on this.

Is the service caring?

Our findings

People who used the service told us staff listened to them and treated them well. One person said “We have the best carers in the world looking after us.” Whilst a relative told us staff kept them informed about changes in their member of family’s condition and provided support and advice when required.

We observed staff had positive relationships with people who used the service and their relatives and there was evidence they knew them well. We found staff demonstrated a positive regard for what mattered and what was important to people who used the service. We heard staff talking with people in a friendly way and involving them in decisions about their lives.

People’s case files contained evidence of their participation and involvement in making decisions and found that staff had key worker responsibilities to individual people to ensure their wellbeing was promoted. Staff told us how they supported people to be actively involved in making choices about personal decisions, such as times for getting up or going to bed or which clothes they wanted to wear. Care staff told us they encouraged people to be involved in undertaking their own personal care tasks, such as washing and bathing wherever this was possible. One person told us how grateful they were that care staff had encouraged them with obtaining a mobility aid to enable their independence to be promoted.

We found staff had a good working understanding and knowledge of people’s personal likes and preferences and observed care staff displayed kindness and compassion when interacting with them to ensure their individual wishes and feelings were respected. We saw people’s case files included information about their past histories, however we found these details had not always been completed. We spoke to the registered manager about this who told us the care plans had been recently introduced and that they were aware some information in these needed updating and that plans were in place for this.

We observed people were able to spend time in their own rooms and they told us their wishes for this were respected by staff. We saw people’s bedrooms were equipped with items of personal possessions they had brought with them, to enable them to feel comfortable and at home. Staff we spoke with demonstrated a good awareness of the importance of maintaining people’s confidentiality and we saw that information about their needs was securely held. A member of care staff told us they ensured people’s personal dignity and confidentiality was promoted and talked with them to ensure their wishes and feeling were respected.

We saw evidence in people’s care files of the use of advocates and best interests meetings for people who did not have capacity to make informed decisions. We saw that information was on display about this to enable people to have access to independent advice and support.

Is the service responsive?

Our findings

People who used the service told us staff were quick to respond when required. One person said, “I use the call bell regularly and staff always answer it quickly” whilst another person told us, “I have been very happy here, I have no complaints about staff whatsoever.”

We found a variety of care plans were available for people that had been developed from their assessments to enable staff to safely support their individual strengths and needs. We saw information in people’s care records was monitored and updated on a regular basis to ensure details about them was kept up to date and accurately maintained. People who used the service told us that staff listened and consulted them about decisions concerning their support to ensure they were actively involved and in agreement about this. We observed staff demonstrated sensitivity when supporting people and gave them time to respond to what was asked and was understood by them. Staff told us about training they had received to enable them to effectively carry out their roles and minimise risks to people who used the service.

One person told us they were concerned about a person living with dementia who sometimes entered their room at night in a confused mental state. They told us they were unable to lock their bedroom door as the staff key for this did not work, but rang their call bell on such occasions and staff always responded and took appropriate action to manage these incidents. We were unable to test the person’s bedroom door lock as the key for this could not be found and we spoke with the registered manager and a regional manager about this. They told us they would ensure this issue was actioned and followed up and would consider using assistive alarms to identify when people living with dementia were mobilising unobserved.

Whilst we saw that staff engaged positively with people and endeavoured to follow a person centred approach to ensure their general wellbeing was actively promoted, we observed there were sometimes limited opportunities at the time of our inspection visits for people to engage in meaningful activities or follow their interests and hobbies. We were told an activity co-ordinator was employed on a part time basis, however we saw that much of the time people were left on their own reading or asleep with little social interaction. One person told us it was sometimes, “Very quiet here” whilst another commented, “There’s not a lot you can do, people sometimes get bored and are asleep all day.” **We recommend the service seeks advice from a reputable source about the provision of activities for people who are living with dementia.**

We found the registered provider had a complaints policy and procedure that was displayed in the service. People and their relatives told us they knew how to raise a complaint, but were overall satisfied with the service they received and confident any concerns would be listened to and addressed when required. We found that complaints were followed up and responded to and were told the registered provider had organised for an independent person to investigate people’s complaints when this was needed. We found however the complaints records were somewhat disorganised and hard to check, as the information for these had not always been properly filed. The registered manager told us they had not always included information about complaints that were received in a report to the registered provider to enable them to take appropriate action and formally respond to people’s concerns.

Is the service well-led?

Our findings

People who used the service and their visiting relatives told us they were happy overall with the service provided. People commented, “Staff and management are always approachable and helpful.”

There was a registered manager in post who was aware of their responsibilities to report significant events to enable the quality of the care provided to be monitored. We found the registered manager was supported by a general administrative and senior staff, to ensure the service was appropriately managed.

There were systems and processes in place to enable the quality and safety of the service to be audited and monitored, however we saw these systems had sometimes failed to identify shortfalls and recognise issues that placed people who used the service at risk of potential harm. We saw information was poorly organised or misfiled, which meant a timely and accurate response may not always be possible. We found that an action plan had not been returned to the local authority when requested. We saw that incidents and accidents were recorded to enable the registered provider to ensure action was taken to minimise future events. However, we found staff had failed to report incidents relating to a person living with dementia entering other people’s rooms when confused. This meant there was a potential risk to the health, safety and welfare of people who used the service. Whilst there was evidence that complaints were followed up, the registered manager told us they had failed to include details of these in reports to the registered provider to enable people’s concerns to be accurately monitored and actioned when required. We observed some garden furniture which was damaged and

placed people who used the service at risk of potential harm. Whilst we saw this was removed quickly following our intervention, a regional manager told us they had previously requested the registered manager to replace this but they had failed to act on this when required. The above shortfalls represent a breach of Regulation 17 [1] [2] [a] [b] [c] [f] Good Governance of the Health and Social Care Act 2008, [Regulated Activities] Regulations 2014.

We found the registered manager had an open door policy and worked on the floor alongside care staff to ensure they were able to meet people’s needs. People who used the service, visiting relatives and staff told us the registered manager was approachable and would take any concerns they had seriously.

We found evidence of meetings with staff to enable clear leadership, communication and direction to be provided. Staff files contained evidence of recent supervision meetings to discuss performance related issues and ensure staff were clear about their professional roles, responsibilities and expected behaviours.

Information about the service was available in a statement of purpose and service users’ guide which provided people with details about what to expect from the home, and how it was run. We saw evidence of surveys and meetings with people to enable them to share their views and make suggestions to help the service develop and improve.

The registered manager was open and honest during the inspection and co-operated with us and welcomed advice or guidance that was given. They told us they worked closely with the local authority and health care professionals and asked for their views about the service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Whilst there was a quality assurance system in place to enable the service to be monitored. The operation the governance systems and auditing processes were not always operated effectively and these had failed to identify and continually evaluate the actions required to improve the service.</p> <p>Accurate and detailed records were not always available in relation to the management of the service.</p> <p>Regulation 17 [1] [2] [a] [b] [c] [f]</p>