

Destiny Nursing & Care Agency Ltd

Willows Residential Care Home

Inspection report

The Broadway
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Sheerness
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Tel: 01795874975

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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

About the service:

Willows Residential Care Home is registered to provide accommodation and personal care for a maximum of ten people. The service specialises in providing care to older people, people who are frail and some people living with dementia. There were eight people living in the service. Willows Residential Care Home is in Minster-on-Sea on the Isle of Sheppey.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

People were treated with kindness, respect and compassion. We saw staff listening to people, answering questions and taking an interest in what people were saying. People were supported to express their views and be actively involved in making decisions about their care and support. People's privacy, dignity and independence were respected and promoted. One relative review commented, "My Mum is there, real caring home, fantastic care."

People were protected from abuse. Staff received regular safeguarding training, knew how to identify potential signs of abuse and knew how to report concerns. Risks to people and the environment were assessed and minimised. Risks associated with people's care had been identified and appropriate risk assessments were in place.

Staff were knowledgeable about the Mental Capacity Act 2005, knew how to seek consent for care and knew the process to help those who lacked capacity to make decisions. People's needs were met by the adaptation, design and decoration of the service.

People told us they felt safe with staff. People when asked if they felt safe said, "I am safe here, this is my home", and "The staff make sure it is safe."

People had good relationships with staff, who were knowledgeable of their physical and emotional needs, as well as likes, dislikes and interests. Staff were responsive to changes in people's health needs. If needed, they sought advice from relevant professionals.

There were sufficient numbers of staff to keep people safe and meet their needs.

The registered manager recruited staff with relevant experience and the right attitude to work with people. New staff were given an induction and all staff received on-going training.

Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs.

People's needs were assessed, and their care was delivered in line with current legislation.

People felt included in planning their care. People were supported to live the lifestyle of their choice. People told us they were listened to by the management of the service. One person said, "I can always ask the staff if I have any concerns. I do not have anything to worry about."

People could involve relatives and others who were important to them when they chose the care they wanted.

People received a person-centred service that met their needs and helped them to achieve their goals and ambitions. People were encouraged to be as independent as possible.

People were fully involved in their care planning and received information in a way that they understood. The care plans used were consistently reviewed and updated.

Care planning informed staff what people could do independently and what staff needed to do to support people.

Staff supported people to maintain a balanced diet and monitor their nutritional health. People had access to GP's and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

Medicines were stored and managed safely. There were policies and procedures in place for the safe administration of medicines. People received their medicines when they needed them from staff who had been trained and competency checked.

People were protected by the prevention and control of infection.

People felt comfortable raising any complaints with staff and the registered manager.

People were asked for feedback about the service they received.

People said the registered manager was approachable and supportive.

Accidents and incidents were reported by staff in line with the provider's policy, and the registered manager took steps to ensure that lessons were learned when things went wrong.

The provider and registered manager made sure they monitored the service in various ways to ensure they continued to provide a good quality service that maintained people's safety.

The provider, registered manager and staff were working with a clear vision for the service.

Rating at last inspection:

This service was rated, 'Good' at the last inspection (published on 22 December 2016).

At this inspection, we found the service continued to meet the characteristics of Good in all domains.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor the service through the information we receive.

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
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-led
Details are in our Well-led findings below.

Willows Residential Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection on the 5 June 2019.

Service and service type:

Willows Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they together with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was a comprehensive inspection and was unannounced.

What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the

last comprehensive inspection, on 3 November 2016. This included details about incidents the provider must notify us about, such as abuse or serious injury.

During the inspection, we spoke with four people who lived in the service, the registered manager, the deputy manager and two members of staff. We reviewed a range of records. This included three people's care records and medicine records. We also looked at three staff recruitment records, assessment, supervision and support records and reviewed records relating to the management of the service, staff training, recreational activity records and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People told us they felt perfectly safe when being supported by staff.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- Staff knew how to identify different types of abuse and were confident that any concerns they had would be managed appropriately by the provider and registered manager. They knew who to contact outside of the service if they had concerns, for example, social services safeguarding team.
- Training was regularly updated so staff could keep up-to-date with changes to legislation and best practice. The registered manager and provider liaised with the local authority safeguarding team when required.
- Staff were supported to understand how they could 'whistle blow' to external organisations such as social services if they had concerns. Staff told us that they had not had any concerns about people's safety.
- People told us they felt safe. One person said, "I have lived here for some time, all the staff are good and I feel safe."

Assessing risk, safety monitoring and management

- The risks involved in delivering people's care had been assessed to keep people safe. Risks to people and the environment were assessed before people moved in. The assessments included assessing and recording actions to reduce risks. Staff assessed people's mobility, nutrition and health needs. For example, if people needed support when using mobility aids. The care records included instructions on what action to take if any changes in mobility was noted.
- Individual moving and handling assessments were carried out for those who required it. These included, how people were supported to walk or get out of bed. For one person, the record showed that one staff member was to assist the person when using the bath or shower.
- The maintenance of the premises was planned to reduce risks. The premises were in good order. Small repair works were attended to promptly.

Using medicines safely:

- Processes were in place to make sure people received their medicines safely. People's ability to manage their own medicines was assessed before they were admitted to the service. One person told us, "I always get my medicines, the staff are good and they make sure that I take them."
- Medicines were stored safely. Storage temperatures were recorded within recommended ranges to maintain the effectiveness of medicines. Staff described how they kept people safe when administering medicines. 'As and when' required medicines (PRN) were administered in line with the provider's PRN policies.

- Medicines were in place for people that required 'end of life' care.
- Processes were in place to safeguard people and staff when medicines were being administered. Staff supporting people with medicines had undertaken medication training.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. Accidents and incidents were reported by staff in line with the provider's policy. The registered manager took steps to ensure that lessons were learned when things went wrong. Actions were taken to reduce the risk of recurrence. For example, involving health care professionals to discuss ways of reducing risks. For one person, who had had a number of falls, health care professionals advised on a range of regular exercises to improve muscle strength. This information was seen in the care plan and records showed that staff followed the guidance provided.
- Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective.

Preventing and controlling infection

- There were gloves and aprons available to staff when these were needed. People told us the staff use gloves appropriately when providing personal care.
- Staff told us they had access to as much equipment as they needed.
- Infection control training was provided to staff on their induction into the service and regularly updated.
- People said, "The staff keep it clean." We observed that the service was clean.

Staffing and recruitment

- There continued to be enough staff to keep people safe. Staffing was matched to people's assessed needs. Three staff were deployed on shift in the morning, with three staff working in the afternoon. There was one waking staff at night, with always a member of staff close by 'on call'. The registered manager was able to deploy more staff as and when people's needs changed. People said, "I think there is enough staff. If I ring the bell it is not long before a member of staff arrives to assist me."
- Staff continued to be recruited safely. For example, Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable. We reviewed three staff files and evidenced that a robust recruitment procedure was in place. The provider confirmed that contract of employment were currently being updated. Most staff had worked at the service for several years.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs and choices had been assessed before they received any care, so that care achieved effective outcomes in line with guidance. People told us about the assessment process and about the contact they had with the registered manager. Questions that were asked at the time of the assessment were to make sure that the service could meet the person's needs.
- Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability or religion.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to deliver effective care. We evidenced from the staff training records and staff confirmed that training was regularly updated.
- Staff received a mix of online and face-to-face training, including subjects such as first aid, moving and handling theory and practice and health and safety. When people had specific health conditions, staff were provided with specialist training in order to effectively care for them. Specialist training, such as dementia awareness was available or sought out by the registered manager if it was required. Staff said that training was on-going.
- Staff received supervision and an annual appraisal and told us they felt well supported. Staff continued to have the support they needed to enable them to develop into their role with the skills and confidence required to support people well.
- Staff we spoke with had good knowledge and understanding of their role and how to support people effectively.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Staff continued to support people very well with their health needs.
- People confirmed their health needs were well met. One person told us, "They always call the doctor, when I am unwell."
- Staff had a good understanding of people's health needs. They supported people to attend regular health appointments and check-ups and liaised with the GP for referrals to other health professionals.
- Information about people's health needs and their preferences for support was shared with healthcare staff when people were admitted to hospital to enable people to be supported in accordance with their needs and wishes.

- Staff supported people by arranging assessments for specialist equipment that might enhance their lives, such as specialist beds or mattresses.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink to maintain a balanced diet and good health. People said the food was good and different choices were available.
- Staff understood people's food likes and dislikes. They had gathered information from people, their relatives to inform their understanding of how to meet people's nutritional needs.
- Special diets were catered for. One person required a soft diet, and the told us that staff always made sure that the consistency was smooth.
- We observed that people were encouraged to eat and drink as much as they wanted.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA and found that they were. Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear. We observed people choosing where they wanted to go, what they wanted to eat and what they wanted support with. Staff were respectful of people's choices and decisions.
- Where people did not have the mental capacity to make decisions, meetings were held with relevant people to discuss what would be in people's best interests.
- The registered manager told us, that everyone currently living at the service had the capacity to make their own decisions.

Adapting service, design, decoration to meet people's needs

- The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets.
- People's bedrooms were decorated to their own tastes.
- The garden was well maintained. We observed people moving around the service freely. One person told us they liked to spend time in the garden when the weather was good.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and compassion in their day-to-day care. Staff told us they knew people well, it was a small service and staff said people received consistent support.
- Staff sought accessible ways to communicate with the people they supported. For example, using gestures and facial expressions that the person understood. Staff told us that they would communicate with people about what they were going to do before they did it. This was detailed in care plans which explained when people needed reassurance.
- People were asked about how they wanted to be supported to meet their equality and diversity needs such as support relating to their religion or sexuality. No one wanted any support with these needs at the time of the inspection.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- Staff invited people and their relatives to the person's initial assessment and subsequent reviews of their care.
- People were involved in the review of their care plans and risk assessments and able to voice their opinion if things were not working for them. People told us about their review meetings and said they felt able to speak up. They had signed their assessments and care plans to say they agreed with the content.
- If people did not have relatives to support them, the management team would refer to external advocates for support. Advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to be as independent as possible. Care plans considered people's strengths and abilities, such as how they took part in making decisions about their care, or what aspects of the care they could complete themselves.
- People had their dignity and privacy respected. Staff said this might include shutting doors when providing intimate support and covering the person with a towel during personal care. One person said, "The staff treat us all with respect and maintain our dignity."

- The registered manager made arrangements which ensured that private information was kept confidential. Care and staff records containing private information were stored securely at the office when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. Staff told us they would not share information about a person without their consent.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had an activities record in their care plan. This promoted wellbeing and reduced isolation, as it recorded one to one time with people. People confirmed that staff came and chatted with them. The hair dresser was visiting on the day of the inspection and one person told us that they have their hair done every two weeks. Occasions were celebrated, for example Easter. On the day of the inspection one person had gone out for the day to a large shopping centre with their friend. The registered manager told us that they had a day out every week.
- People continued to receive support which was based around their needs, choices and preferences. Each person had their own individualised care plan which detailed the support they needed, and how staff were to provide that support. The plans were written in a personalised way.
- Family and friends who were important to people were recorded in the care plan. For example, different family members such as sons and daughters and grandchildren as well as close friends who played an important role in people's lives. Support networks were clearly set out so that staff knew the relationships and who to contact when.
- Care plans were regularly reviewed and any change in information updated immediately by staff.
- Care plans were drawn up with people, taking into consideration information and advice from health professionals such as district nurses and occupational therapists.
- The provider met the principles of the accessible information standards 2016 (AIS). AIS applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. When people were assessed, their communication needs were taken into account. The care plans enabled people or their relatives to check they were receiving the agreed care.

Improving care quality in response to complaints or concerns

- The complaints procedure was detailed, giving the information needed if people wanted to make a complaint. Guidance was given about where to take their complaint if people were not satisfied with the response, such as the Local Government Ombudsman (LGO).
- People told us they knew how to make a complaint and felt any concerns they had would be treated seriously by the registered manager. Residents' meetings were held regularly and people were asked about choices of food and activities they would like to do.
- The registered manager said there had been one formal complaint made on the last twelve months, and the records showed that all complaints had been investigated and gave details of the outcome and any actions taken.
- Information on how to make a complaint was displayed clearly to inform people of the process to follow.

This information included details on what to do if the person or relative was not happy with how the complaint was responded to, such as contacting external organisations.

End of life care and support

- People were supported as appropriate at the end of their life to have a pain free and dignified death. One person who passed away recently received end of life care and the registered manager liaised with health care professionals to provide support for the person.
- Staff worked closely and sensitively with involved health professionals to make sure people received the right support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post.
- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website and within the service, which were accessible to the public.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had a statement of purpose which set out their vision and values for the service. This was available to people and staff if they wanted a copy. Staff had a good understanding of the values that were expected of them and agreed that a good quality service was what they all strived for.
- The registered manager checked if staff followed the values held by the provider by discussing them in supervisions. Staff told us, "The registered manager is always supportive and listens to us."
- Staff told us they thought the culture at the service was transparent and open, and the registered manager was available if they had queries or concerns. People who lived in the service said the service was well led.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements had been made for the service to learn, innovate and ensure its sustainability.
- The registered manager continued to carry out a number of audits and checks to make sure a safe and effective service was provided. For example, medicine, care plan, and health and safety audits. Additionally, the views of people, their relatives and staff were gathered in order to help improve the service.

Continuous learning and improving care

- Regular staff meetings were held, and staff told us they were able to speak out if they wanted to. A staff member said, "We all work together, we are a small team."
- There was a system in place for undertaking spot checks for medicine administration, moving and handling and competency observations. This included ensuring that any future staff were delivering care as detailed in the care plan and seeking feedback from people on the quality of the care provided.

Working in partnership with others

- The service works in partnership with people, their relatives and health and social care professionals to ensure people have the best outcomes.
- The registered manager and staff helped people to be part of their community, using local resources and keeping close contact with health and social care professionals to make sure people had access to joined up care when necessary. For example, working closely with the community nursing team.