

Parkcare Homes Limited

# The Willows

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

The Willows is located in Woodthorpe near to the town of Staveley in Derbyshire. The service is registered to provide accommodation for up to 41 older people who require residential and nursing care, including those living with dementia.

### People's experience of using this service:

People were not always supported to follow their interests and take part in activities that were meaningful and socially relevant including accessing the wider community. People and their relatives told us they were bored and there was not enough for them to do. The manager told us they had purchased a wheelchair accessible mini bus that was currently in the process of being adapted. This would increase opportunities for people to go on trips outside the home. The activity coordinator also told us they were going to increase their hours to provide further activities provision.

People continued to receive safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were detailed risk management plans in place to protect and promote people's safety. The provider followed thorough recruitment practices to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further re-occurrence.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. People received enough to eat and drink and were supported to access health care appointments including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People's needs were assessed and planned for with the involvement of the person and/or their relative where required. Care plans were personalised and provided staff with guidance about how to support

people and respect their wishes. Information was made available in accessible formats to help people understand the care and support agreed.

The service continued to be well managed. People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The manager was aware of their responsibility to report events that occurred within the service to the CQC and external agencies.

More information is in the Detailed Findings below

Rating at last inspection: Rating at last inspection: Good (report published 27 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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?

Requires Improvement ●

The service was not always 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.

# The Willows

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is dementia care.

#### Service and service type:

The Willows 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 accommodates up to 41 people in one purpose built building. At the time of our visit there were 39 people using the service.

#### Notice of inspection:

This comprehensive inspection took place on 14 January 2019 and was unannounced.

#### What we did:

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 provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection visit, we spoke with seven people who used the service and seven relatives and we

observed the care for one person who couldn't talk with us.

We also had discussions with eight staff that included the operations manager, the manager, one nurse, a housekeeper, the activities coordinator and three care and support staff. We looked at the care and medication records of three people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People continued to feel safe living at the service. One person said, "Yes I do feel safe here. There is always someone around if I need help." A relative told us, "It's such a relief to get home and know that [relative] is being well cared for and safe even though I'm not there. I've got no worries about their personal safety or about any of their belongings. The carers do a great job."
- Staff told us about the systems in place to raise any concerns they may have. One told us, "I would report any concerns I had to the manager. I wouldn't hesitate. It's our duty to make sure people live here as safe as they can."
- The manager was aware of their responsibility to report any incidents of concern to the relevant authorities as required. The provider had a whistle blowing help line which staff could use if they had concerns about a person's welfare.

### Assessing risk, safety monitoring and management

- People had individual risk assessments in place to enable them to be as independent as possible whilst keeping safe. They covered a variety of subjects including, moving and handling, falls, nutrition and tissue viability. A staff member said, "We have risk assessments in place so we know what to do to keep people as safe as possible."
- We saw that people's risk assessments were specific to their individual needs. For example, one person had been assessed as having swallowing difficulties. A risk management plan had been put in place to reduce the risk of choking to ensure the safety of the person was maintained.
- Each person had a Personal Emergency Evacuation Plans (PEEPS) in place, for use in an emergency. For example, one person had behaviours that could challenge the service. It would put the person and staff at risk if the person was to be evacuated in the event of a fire. Therefore, the PEEPS guidance was to keep the person safe in their room behind the fire door.

### Staffing levels

- We observed enough staff on duty to meet the needs of people using the service. One person told us, "There are enough staff to meet my needs." A relative said, "Staffing appears to be okay. I've not seen a lack of staff."
- Some people told us that staffing at weekends was not as good as it was during the week. One person told us, "I can press my buzzer to ask for help, or a drink, anytime, but at weekends, it does take longer for carers to come." We spoke with the manger and operations manager who told us that the numbers of care staff on duty at the weekend was the same as in the week. However, some other staff were not around at weekends such as the activities coordinator who worked every other weekend.
- We saw that some people living with dementia had one to one care to meet their needs. Staff said they felt

there were enough staff to meet people's needs safely and didn't feel rushed or under pressure.

- We found safe recruitment practices had been followed. Records showed that Disclosure and Barring service (DBS) checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

#### Using medicines safely

- People continued to receive their medicines as prescribed. A relative told us, "[Relatives] medicines are managed correctly."
- Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed.
- Medication administration records (MAR) had been completed accurately and regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

#### Preventing and controlling infection

- People continued to be protected by the prevention and control of infection. We observed that the premises were kept clean by a housekeeping team. We spoke with the senior housekeeper who told us they followed cleaning schedules to ensure all areas of the service were cleaned. Records confirmed this took place.
- Staff wore protective equipment such as aprons and gloves and had access to equipment to maintain good food hygiene practices. Staff told us they had completed training in infection control and food hygiene.
- The service had been awarded the rating of 'Very Good' by the Food Standards Agency, the highest possible score. This meant food was prepared in a hygienic environment.

#### Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses.
- Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt. These were then shared with staff at team meetings and through one to one supervision meetings.



# Is the service effective?

## Our findings

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

Good: 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 were assessed before they went to live at the service. The assessment tool covered areas such as people's physical care and dietary needs, religious and cultural needs, family involvement, social contacts and a personality profile.
- Each person had a dependency assessment that was completed monthly so any changes in people's need could be identified swiftly. In addition, various other assessments were completed that included an individual lifestyle assessment, a nutritional assessment and a pressure area assessment. This meant that a full assessment of people's needs would be obtained to build a complete picture of the person before they went to live at the service.

Staff skills, knowledge and experience

- People continued to be supported by staff that had the skills and knowledge to meet their needs. One person told us, "One thing that impresses me is how the carers deal with people with dementia. They just seem to know how to deal with every situation and every individual. That makes it good for everyone."
- A staff member told us they had received induction training when they first started. This was followed by shadowing experienced staff within the service. They told us, "I had an induction when I first started. It was really helpful." Records confirmed that staff had completed an induction.
- Staff told us and records confirmed that staff completed a wide range of training courses including specialist training that was applicable to their roles. Nurses completed training in clinical subjects to ensure they could keep up to date with best practice.
- Staff had their competencies assessed in various different subjects, for example we saw records that nurses had their competencies assessed in pressure ulcer management and medication administration. Care staff had their competencies checked in oral care and assisted meal times and administration of thickeners in foods.
- Staff told us they were well supported and received regular one to one supervision so they could discuss any issues of concern or share good practice. This meant that staff had opportunity to discuss their learning and development needs and their performance.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they were happy with the food provided. One person said, "You never go hungry or thirsty here. There's always plenty of food and it's all home cooked. It's lovely stuff."
- People's nutritional needs were assessed using a variety of tools such as weight charts and daily records. We saw this information in people's care plans and noted it was reviewed and updated monthly or when people's needs changed.
- The manager said they worked closely with the dietician and speech and language therapists to ensure

that people had the right support with their dietary needs. For example, we saw that one person had experienced difficulties with swallowing. They had been referred to the Speech and Language team for an assessment and a risk assessment in relation to swallowing and choking had been put in place.

#### Staff providing consistent, effective, timely care

- There were clear systems in place to ensure people received consistent and timely care when they were referred to or moved between, different services. For example, there was a transfer/discharge record. If a person was moving between services this was completed to provide a picture of the person's needs and how they should be met.
- Staff supported people in a timely manner with their healthcare needs. A relative said, "I don't drive, so I can't take [relative] to hospital appointments. But the home always send [relative] with a carer and I meet them there. That's a godsend for me." Care plans contained information about people's health care needs and described the support people needed.
- Records were kept of all healthcare professional visits and we saw that their advice had been incorporated into people's care plans.

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

- People's diverse needs were met by the adaption of the premises. For example, there were assisted baths and the service was wheel chair accessible.
- The provider had recently assessed the environment to see if it was dementia friendly. They found improvements were needed and the manager sent us their action plan. This included putting appropriate signage in place to orientate people to their surroundings.

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

- 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. Consent was sought before care and support was provided.
- When people 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff.
- People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The MCA and associated Deprivation of Liberty Safeguards were in place for people who were being deprived of their liberty.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported

- People told us that staff had a kind and caring approach to supporting them. One person said, "All the carers are very kind, they'll do anything for you. The girls and the boys here are all lovely. We've got good banter and they feel like friends." A relative told us, "[Relative] gets first class care here. The carers are all lovely people and they really do care."
- Staff knew people well and the things that were important to them. For example, several people preferred to stay in their room rather than go into the communal areas. Staff made sure they visited people in their rooms regularly to provide company and reassurance.
- We saw that relationships between staff and people were caring and positive. For example, we observed the lunch time meal and saw that staff knew people well and were able to meet their needs and intervene if people needed extra support.
- Each person had their life history recorded and staff used this information to get to know people and build positive relationships with them.

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

- People could make choices and decisions about their care and support, however most people told us they did not want to be involved in decisions about their care and trusted the staff, and/or their relatives to make those decisions. All the family members we spoke with told us they had been involved appropriately in decisions about their relative's care.
- Regular reviews and meetings had taken place and these provided people with an opportunity to be able to discuss their wishes if they wished to.
- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication. For example, large print.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support if required. An advocate is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and told us their privacy was respected by staff. One said, "The carers are very respectful towards me and my family. They couldn't be nicer."
- Staff told us they respected the privacy and dignity of each person and they could give us examples of how they did this. One member of staff said, "I always cover up people when I am providing them with care. I try to make sure they never feel embarrassed."
- Each person had a detailed care plan that documented all aspects of their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they

remained safe.

- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

#### Personalised care

- People were not always supported to follow their interests and take part in activities that were meaningful and socially relevant, including accessing the wider community. The manager told us they had purchased a wheelchair accessible mini bus that was currently in the process of being adapted. This would increase opportunities for people to go on trips outside the home.
- People who received care in their bedrooms told us they did not have anything to do apart from watch television or listen to the radio. One person commented, "I stay in my bedroom and listen to the radio all day. I used to like painting and sketching, but I haven't got any materials here." Another commented, "I'm bored all day, except when I've got visitors. I'd like to play some board games. You'd be bored if you lived here."
- People told us they were bored during the day and some said they had never been out of the service, but would like to do so. A relative expressed their concerns, "We are a bit concerned that [family member] does nothing all day and they just stay in bed. We brought some colouring books and pencils for Christmas, but someone would have to help them and encourage [relative] to use them." Another relative said, "I've brought some photos in today because there's nothing here to keep [relative] interested."
- We saw activities were taking place on the morning of our visit which were arts and crafts and knitting. The activity coordinator focused on a small group of three people which meant the other people in the lounge had little or no engagement. However, in response to feedback from people they changed the afternoon activity to a film, *The Sound of Music*, but the volume was too low for people to hear or join in the singing. There was no sense of occasion with the film screening and most people on the ground floor lounge facing the TV screen were asleep.
- The activities coordinator told us they asked people every month what they would like to do as part of the programme. They then incorporated the ideas into the activities programme. The activity coordinator told us they were increasing their hours to improve the provision of activities.
- A detailed assessment of needs had been completed with people prior to them moving into the service. The assessment was used to form people's individual care plans.
- People told us they received person centred care based on their individual needs. Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way people wanted. For example; details around how a person preferred to spend their time.
- Each care plan described the support people needed to maintain their independence. For example, how much people could do for themselves and the areas staff needed to provide them with extra support.
- Relatives told us that staff kept them informed about their family members' condition or any incidents. One said, "The staff will always phone me if they think there's a problem. Last week they told me [relative] had a tummy bug, so it was probably best not to visit. That was really helpful because I live a long way away and would have made a wasted journey. They then let me know how they were and when they were better."

#### Improving care quality in response to complaints or concerns

- Most of the people we spoke with had never raised a concern or made a complaint because they felt they had no concerns. They told us that if they did have a concern, they knew how to make a complaint and they felt it would be listened to, taken seriously and action would be taken.
- One person told us, "I made a complaint before and it was dealt with." Staff said they would feel confident about reporting concerns or poor practice to the manager.
- There were procedures in place for making compliments and complaints about the service. This included details of the Local Government Ombudsman (LGO) so complainants could escalate their concerns if they were dissatisfied with the outcome of any investigation by the provider. We looked at how a recent complaint had been managed. We saw it had been thoroughly investigated and a written response was provided to the complainant.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

#### End of life care and support

- At the time of the inspection, one person was receiving end of life care. People had an End of Life care plan in place that recorded people's basic wishes in relation to their end of life care.

# Is the service well-led?

## Our findings

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

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

Leadership and management:

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- There was a manager in post who had been there for five weeks. They had submitted their application to register with the Care Quality Commission.
- Staff told us there had been numerous managers at the service and they had been through a lot of change. However, they were positive about the new manager. A member of staff commented, "The new manager has only been here a short time but it's like she has been here for ages. She has slotted right in."
- People using the service knew who the manager was. One told us, "I do speak to the manager quite often. She's always available if I ask to see her." Relatives we spoke with told us the atmosphere in the service was always open and friendly, and the staff worked well as a team.
- The provider positively encouraged feedback and acted on it to continuously improve the service, for example by asking people about which activities they preferred and their views about the menus.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- We saw the latest CQC inspection report rating was available for people to read at the home and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken.
- Staff felt they were well trained and were committed to the care and development of the people they supported. They felt that when they had issues they could raise them and felt they would be listened to.
- All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Engaging and involving people using the service, the public and staff

- The service involved people in decisions about their care. Satisfaction surveys were carried out with people and their relatives. Feedback was analysed and used to implement improvements or suggestions.

For example; changes to the menu had been implemented following feedback from people.

- There were resident and relative meetings held on a regular basis. We saw that people had been able to raise ideas and we saw that actions had been put into place following feedback at these meetings. For example, changes to the provision of activities.
- Staff told us they had several forums where they could raise concerns and new ideas. Team meetings were held and the minutes showed staff discussed people's needs along with policies and procedures and feedback from audits and quality checks. Staff received one to one meetings with a line manager where they could raise anything they felt was important.

#### Continuous learning and improving care

- Quality checks had been used effectively and were used to improve the quality of the service. They identified areas that required improvement and actions were taken to address the shortfalls. For example, checks were made regularly of the environment and improvements actioned as required.
- The manager monitored staff regularly through competency checks to identify where staff skills and knowledge needed to be improved. Records we saw confirmed this took place.
- Accidents and incidents were recorded and monitored. This included types of accident/incident, who it involved and where it happened. These had then been analysed to check if there had been any trends. If anything was preventable, actions to lower the risk of future occurrences were put into place. We saw records of these which had been completed correctly, in line with the provider's policies.

#### Working in partnership with others

- The service worked in partnership with other agencies and records detailed how medical and health professionals had been involved in people's care. For example, records showed that people had been referred to the falls team to gain support for people in reducing their falls.
- Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.