Mission Care

Willett House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 06 and 07 June 2017 and was unannounced. Willett House is a home providing residential and nursing care for up to 37 people living with dementia. At the time of our inspection there were 36 residents living at the home. At our last inspection in June 2015 we found the service to be meeting regulatory requirements and was rated 'good'.

There was no registered manager at the service at the time of our inspection. The previous registered manager had deregistered in January 2017 although they maintained a senior clinical role at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider's nominated individual had taken on responsibility of manager of the home on a day to day basis, whilst recruiting for a new registered manager which we confirmed was in progress at the time of our inspection.

At this inspection we found improvement was required relating to the safe management of environmental risks and to ensure people consistently received their medicines as prescribed. The provider took prompt action to address the issues we identified in these areas to ensure people were protected.

People were protected from the risk of abuse because staff had received training in safeguarding adults. They were aware of the different potential types of abuse and the action to take if they suspected abuse had occurred. Risks to people had been assessed and measures put in place to manage identified areas of risk safely. There were sufficient staff deployed within the service to meet people's needs and the provider followed safe recruitment practice when employing new staff.

Staff were supported in their roles through regular training, supervision and an annual appraisal of their performance. They were aware of the importance of seeking consent from people when offering them support and followed the requirements of the Mental Capacity Act 2005 (MCA) where people lacked capacity to make decisions for themselves to ensure decisions were made in their best interests. The provider worked within the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure any restrictions on people's freedoms were minimised and lawful.

People were supported to maintain a balanced diet and told us they enjoyed the meals on offer at the service. Staff supported people to maintain good health and access a range of healthcare services when they needed them. People and relatives told us staff were caring and considerate and treated them with dignity and respect. Staff were aware of the steps to take to ensure people's privacy was maintained.

People were involved in day to day decisions about their care and treatment and they, or their relatives where appropriate, had been involved in the planning and reviewing of their care. The provider offered a range of activities to people in order to promote social stimulation, and visitors were welcome at the service

whenever they wished. The service had a complaints policy and procedure in place which was on display within the service for people to refer to. Records showed that any complaints received had been investigated and addressed.

Whilst people did not comment directly on the management of the service, relatives told us the service was well run, and this view was shared by staff, and health and social care professionals who visited the service. The service maintained a positive working culture and relatives spoke positively about the attitude of the staff. The provider undertook a range of checks and audits to monitor and improve the quality and safety of the service. They also sought feedback from people and relatives to help drive improvements at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people had been assessed and people's care plans included information on how to manage areas of risk safely. However improvement was required to ensure environmental risks were consistently monitored and assessed.

Medicines were safely stored and were administered by trained staff. However improvement was required to ensure medicines were consistently administered to people as prescribed.

There were sufficient numbers of staff deployed within the service to meet people's needs. The provider followed safe recruitment practices.

People were protected from the risk of abuse because staff were aware of the types of abuse that could occur, the signs to look for and the action to take if they suspected abuse.

Is the service effective?

Good

The service was effective.

Staff were supported in their roles through regular training, supervision and an annual appraisal of their performance.

Staff were aware of the importance of seeking consent from the people they supported. The provider complied with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a balanced diet and told us they enjoyed the food on offer at the service.

People were supported to maintain good health and access healthcare services when required.

Is the service caring?

Good

The service was Caring.

People were treated with dignity and their privacy was respected.

People were involved in decisions about their treatment and the care they received.

Staff treated people with kindness and consideration.

Is the service responsive?

Good

The service was responsive.

The provider had a complaint policy and procedure in place which gave guidance to people on how to raise a complaint and the action they could take if they remained unhappy with the outcome.

People and relatives, where appropriate, had been involved in the planning of the care. Care plans reflected people's individual needs and preferences and were reviewed on a regular basis to ensure they remained up to date.

People were able to take part in a range of activities offered by the provider. People were encouraged to maintain their independence wherever possible by staff.

Is the service well-led?

Good

The service was well-led.

The provider undertook a range of checks and audits to monitor and improve the quality and safety of the service.

Relatives and staff spoke positively about the working culture at the home and told us the service was well managed.

The views of people and relatives were sought through meetings and an annual survey. The provider sought to use feedback to drive improvements at the service.

Willett House

Detailed findings

Background to this inspection

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

This inspection took place on 06 and 07 June 2017 and was unannounced. The inspection team consisted of one inspector on the first day of the inspection and an inspector and inspection manager of the second day. Prior to our inspection we reviewed the, information we held about the service which included any statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We contacted the local authority responsible for commissioning the service and the GP people living at the service were registered with to obtain their views. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. 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.

During this inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with six people, five relatives, a visiting social care professional and eight staff and the manager. We reviewed records including six peoples care plans and risk assessments, five staff files, and other records relating to the running of the service including audits, policies and procedures, staff training and supervision records and minutes from meetings.

Requires Improvement

Is the service safe?

Our findings

Risks to people had been assessed and staff were aware of the action to take to manage areas or risk safely. However improvement was required to ensure risks relating to the environment were consistently assessed and monitored. People's care records included risk assessments which had been conducted in a range of areas including moving and handling, falls, malnutrition, skin integrity and the use of equipment such as hoists or wheelchairs. Each assessment included information for staff on how to manage the area of risk safely and records showed assessments had been reviewed on a regular basis to ensure they remained up to date.

Staff we spoke with were aware of the details of people's risk assessments and could describe the action they took to manage areas of risk. For example, staff knew which people required fortified diets to reduce the risk of malnutrition, or the correct hoist and sling types people required when supported to mobilise. The provider also conducted health and safety checks and assessments in a range of areas including checks on equipment used in the home and safety assessments on people's bedroom environments. We saw action had been taken where issues had been identified. For example electrical work had been undertaken to address issues identified from a recent assessment of the home.

However, improvement was required because monthly checks on the water system to reduce the risk of legionella had not been carried out during the last quarter. We also found a cleaning product potentially hazardous to the health of people had been stored in a room on one unit which had not been properly secured in line with the requirements of the Control of Substances Hazardous to Health Regulations 2002 (COSHH). We spoke to the management team about this and they told us they would take action to address these issues. They contacted an external contactor to carry out checks on the water system and purchased a new lock so they could arrange for it to be fitted to the room where the cleaning product was stored.

There were procedures in place to deal with emergencies. People had emergency evacuation plans in place which were available for review by staff or the emergency services if required. These provided information of the level of support people required to evacuate the service in an emergency. Staff we spoke with confirmed that there were regular fire drills to ensure they were aware of the correct procedure to follow. They were also aware of the action to take in the event of a medical emergency.

People's medicines were safely stored and medicines were only administered to people by trained staff who had undergone an assessment of their competency to do so. People's medicine administration records (MARs) included a copy of their photograph and details of any allergies they had to reduce the risks associated with medicines administration. Records showed that most people had received their medicines as prescribed. However improvement was required because the remaining stock of one person's medicine suggested they had not received a dose which had been signed for as administered by staff during the previous ten days. We brought this to the attention of staff who took appropriate action in following up with the person's GP during the inspection.

People told us there were sufficient staff to safely meet their needs and that they did not need to wait for

support if they needed help. This was confirmed by most of the relatives we spoke with. One relative said, "I think there are enough staff, and the small units mean they're able to manage people's needs well." Another relative said, "I've not had any concerns with the staffing levels." A third relative said, "There has been the odd occasion when more staff would have been beneficial, but they do a good job supporting the people here."

The manager confirmed staffing levels were determined based on people's level of need. We saw staff were on hand and able to support people promptly when required throughout the time of our inspection. Interactions between staff and people were relaxed and conducted in an unhurried manner. People and relatives also commented positively on the consistent staffing group that supported people and told us staff knew them well and how to meet their needs. The provider had also undertaken appropriate recruitment checks on staff before they started work to ensure they were suitable for the roles they were applying for.

People and their relatives commented positively about safety at the service. One person said, "I'm happy here; there's nothing to be concerned about." A relative told us, "I have peace of mind knowing [their loved one] is being looked after here." The provider had a safeguarding policy and procedure in place and we saw safeguarding guidance on display in public areas of the service for people and staff to refer to should they need to do so.

Staff were aware of the potential types of abuse that could occur and the signs to look for. They told us they would report any safeguarding concerns to the management team and expressed confidence that any such issues would be dealt with appropriately. They were also aware of the provider's whistle blowing policy and told us they were prepared to escalate their concerns to social services or CQC, should they feel the need to do so.

Good

Is the service effective?

Our findings

People and relatives spoke positively about the competence of the staff working at the service. One person said, "They [staff] know how to help me." A relative commented, "The staff are very good with [their loved one] and provide good support; we're very happy with the care here." We also spoke with a social care professional who visited the service on a regular basis and they told us, "The home looks after the residents well. The staff are knowledgeable about people's needs and how to support them."

Staff we spoke with confirmed they underwent an induction when starting work at the service which included time spent reviewing the provider's policies and procedures, the completion of training in a range of areas considered mandatory by the provider and a period of shadowing more experienced colleagues to learn the best way to support people in line with their individual needs and preferences.

Records showed staff had completed training in a range of areas considered mandatory by the provider including first aid, dementia care, health and safety, infection control, moving and handling, and safeguarding adults. This training was periodically refreshed to ensure staff remained up to date with current best practice. Staff told us they felt the training they had received gave them the skills required to perform their roles. For example, one staff member told us, "The training has been very informative. I completed some training around managing people's behaviours last week and we got to discuss lots of examples of the action we could take which I felt would be helpful in supporting the people here."

Staff were also supported in their roles through regular supervision and an annual appraisal of their performance. Staff commented positively about the support they received from the management team. One staff member told us, "I find supervision helpful; we talk about areas in which we can improve and are also able to discuss any issues we might have." Another staff member said, "I was able to discuss a personal issue during supervision and I got a lot support with that."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us they always sought consent from people when offering them support and respected their wishes. One staff member said, "I would never force anyone to do anything; I'd talk to them about the support I was offering and if they were happy, I'd proceed. If they were not happy, I'd leave it and try again

later."

Staff also confirmed they had received training relating to the MCA and were aware of how it applied to their roles when supporting people. Records showed that mental capacity assessments had been conducted and best interests decisions made where people lacked capacity to make specific decisions for themselves, for example with regards to the use of equipment such as bed rails or lap belts on wheelchairs which restricted their freedoms. Where appropriate we saw best interests decisions had involved family members and healthcare professionals to ensure the decisions made were appropriate, in line with the requirements of the MCA.

The manager and senior staff were aware of the process for seeking authorisations to deprive people of their liberty under the DoLS. We saw appropriate authorisation requests had been made, and authorisations granted by local authorities who had placed people at the service. The provider had a system in place for monitoring DoLS authorisation expiry dates to ensure further authorisations were requested in a timely manner where they were required. We reviewed a sample of DoLS authorisations and found that any conditions placed on them had been met. For example, regular reviews had been conducted of one person's care planning to ensure their freedom was not unduly restricted, as required by a condition placed on their DoLS authorisation.

People were supported to maintain a balanced diet. People told us they enjoyed the meals on offer at the service and that staff were aware of their dietary needs. One person described the food as being, "Very good." Another person told us, "I'm diabetic and they [staff] remind me to watch how much sugar I have." Staff told us, and people confirmed that they were offered a choice of meals each day and that if people did not like any of the choices on offer, a further option would be arranged for them.

Records showed that where required people had been assessed by a speech and language therapist (SALT) or dietician to ensure their dietary requirements were managed safely and effectively. Staff demonstrated a good understanding of people's nutritional requirements. They knew which people required fortified diets, and were aware of any support guidelines provided for people from the SALT, for example with regards to the consistency of people's diets or whether they required thickener in their drinks.

People were supported to access healthcare services when required in order to maintain good health. One person told us, "We can see a GP whenever we need." Another person said, "I just ask the nurse and she sorts it out." Records showed that people had input from a range of healthcare professionals when required, including a GP, podiatrist, SALT and dentist. Prior to our inspection we also contacted a GP who regularly provided healthcare support to people at the service. They told us that in their view staff did their best to meet people's needs with the best possible care and attention. We also saw written feedback from a department of a local NHS trust which highlighted the staff made onward referrals to healthcare services in a timely manner for people, when needed.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were considerate and caring. One person said, "They [staff] are lovely." A relative told us, "They [staff] are very caring; they're like family. [Their loved one] sees the staff as friends." Another relative commented, "The staff are delightful; they really do care and go the extra mile."

During the time of our inspection we observed staff engaging with people in a manner which was attentive and considerate. Staff spent time with people talking about things that were important to them, for example when they could expect visits from family members or the things they enjoyed doing. One relative commented that, "The staff really take their time to engage with the residents here." People were comfortable in the presence of staff and the atmosphere in the service was friendly and relaxed.

It was clear from the discussions people had with staff that they knew each other well and staff were quick to provide reassurance and care when required. Staff worked in an unhurried manner when providing support and we noted that they communicated well with people to make them feel more comfortable. For example staff needed to hoist one person onto a wheelchair and provided clear information about each step of the process, each time checking to ensure the person was happy with the support they were receiving.

People and relatives, where appropriate, confirmed they were involved in decisions around the support they received. For example when asked about the day to day decisions they made, one person told us, "I choose when to go to bed." Another person commented that they expected staff would let them have a lie in if they wished. A third person said, "They [staff] ask me what I would like" at mealtimes. One relative said, "We regularly talk about [their loved ones] care; the staff have always been receptive to my views and have acted if I've asked for any changes." Staff told us they looked to give people choices when supporting them wherever possible, for example in the clothes they wore each day, the activities they chose to take part in, and where they preferred to spend their time or eat their meals.

People were supported to maintain the relationships that were important to them. The manager and staff told us that people were welcome to have visitors and this was confirmed by relatives we spoke with. One relative told us, "I visit every day and am always welcome." Another relative told us, "I can visit whenever I want. I've even turned up late in the evening and there's never been a problem."

People were treated with dignity and their privacy was respected. People did not comment directly on whether their privacy was respected but relatives confirmed they had no concerns in this area and that they had observed staff treating people in a dignified manner when they visited.

Staff we spoke with told us the steps they took to ensure people's privacy and dignity were respected. One staff member said, "I always knock on people's doors before going into their rooms. If I'm supporting someone with personal care, I'll make sure we have privacy, and will keep them covered up as much as possible." Another staff member said, "We always treat people respectfully and will provide personal care behind closed doors." We observed staff knocking on people's doors before entering their rooms and treating people respectfully throughout the time of our inspection.

The manager and staff told us they considered people's needs with regard to their disability, race, religion, sexual orientation or gender. One staff member told us, "We have pastoral support every weekend, and church services for people to attend should they wish." The manager also confirmed that they would always look to cater to people's diverse needs and promote equality within the service.

People and relatives, where appropriate, had been involved in decisions relating to their end of life support. Records showed people's individual preferences had been discussed with them to ensure their individual needs were met. Discussions included consideration of where they would prefer to be cared for at the end of their lives, as well as consideration for any spiritual or cultural requirements they may have had. The service was accredited by the Gold Standards Framework which is a nationally recognised accreditation for the provision of end of life care.

Good

Is the service responsive?

Our findings

People did not comment directly on whether they had been involved in discussions around their care planning but relatives told us that they had discussed people's needs with staff to help ensure care plans reflected their individual needs and preferences. One relative told us, "We've talked about the care plan. Staff keep me up to date with [their loved one's] situation." Another relative said, "I'm involved in the monthly care plan reviews."

Care plans had been developed for people based on an assessment of their individual needs. They covered areas including mobility, nutrition, skin integrity and communication, as well as guidance for staff on how to safely support people with specific medical conditions, for example diabetes or cellulitis. Records showed care plans had been reviewed on a regular basis to ensure they remained up to date, and had been signed each month by people or their relatives, where appropriate to confirm their agreement to the planned support.

Care plans also contained details regarding people's preferences in their daily routines, as well as information about their life histories and the things that were important to them. Staff we spoke with were aware of the contents of people's care plans. For example they knew the key areas in which people required support as well as people's family backgrounds and the jobs they had undertaken. One staff member explained that this information was helpful for them in building good relationships with the people they supported so they could interact with them in way which made them comfortable and reflected their individual preferences.

People were supported to maintain their independence. Staff told us they encouraged people to do things for themselves where they were able to and recognised that people may have fluctuating ability with some tasks. We saw staff providing support which reflected people's fluctuating level of need. For example, on the first day of our inspection we observed staff providing one to one support to one person whilst eating a meal because they were not engaging with the activity themselves. However on the second day of our inspection we observed the same person responding to staff encouragement and eating with a reduced level of support.

The service offered a range of activities for people to take part in to meet their need for social stimulation. Planned activities included arts and crafts, reminiscence sessions, puzzles, chair based exercises and social gatherings, for example a summer party to be held on the grounds of the service. The service employed two staff whose primary role was to support people to engage in activities. One activities staff member told us they had attended training in cognitive stimulation which they said had helped them to plan more meaningful activities to take part in. For example, they told us they had recently conducted an exercise with people in planning for and budgeting a meal which had been successful.

People told us they enjoyed the activities on offer at the service. One person said, "There's lots to do; it's a very nice place for people. There's a list of activities on the wall." Another person said, "I like joining in there is plenty to do," although they were unable to provide us with examples of the activities they had enjoyed.

The provider had a complaint policy and procedure in place and we saw information on display within the service on how people could raise concerns. This included information regarding the timescales in which they could expect a response as well as information on how they could escalate their concerns should they remain unhappy with the outcome of any investigation. People told us they had not needed to make a complaint and relatives we spoke with expressed confidence that any issues they raised would be dealt with appropriately.

The manager maintained a log of complaints received which included details of how any issues had been investigated. We noted that complaints had not always been responded to in writing, in line with the provider's policy. However, records showed that the outcomes of investigations had been discussed with the person making the complaint who had subsequently signed to confirm their satisfaction. The manager confirmed that they would respond to any future formal complaints received in writing, in line with the provider's policy.

Good

Is the service well-led?

Our findings

Whilst people we spoke with were not aware of the current management arrangements at the service, relatives spoke highly of the management team and the way in which the service was run. One relative told us, "I couldn't speak highly enough of the support people receive." Another relative said, "[Their loved one] was in other homes prior to this one and they couldn't provide sufficient support. It's been much better here; [their loved one] settled immediately and all of the staff from the top down have been excellent. At busy times they all get involved."

The service did not have a registered manager in post as the previous registered manager had stepped down from the role in January 2017 although they maintained a senior clinical position at the service. The provider's nominated individual had taken on day to day responsibility as the manager for the service whilst recruiting for the role of registered manager. Significant effort had been made to fill the vacancy and the manager confirmed they had recently recruited a new manager who would be applying to become the registered manager once they were in post.

The manager demonstrated a good understanding of the responsibilities of the role with regards to the Health and Social Care Act 2008 and other legislation relevant to the management of the service. They knew the circumstances under which notifications needed to be submitted the Commission as required by current regulations and had acted accordingly whilst managing the service.

Staff spoke positively about the working culture at the service and the management team. One staff member said, "I love working here; I've worked here for eight years and we have a great multi-cultural staff group who work well together as a team and are focused on providing the residents with the best support we can." Another staff member said, "The management team are very good. The manager is easy to talk to and if we need anything, they'll arrange it. I can talk to them at any time and feel that I'm listened to." Feedback from relatives in this area was also positive. For example, one relative told us, "The staff here want to get it right. The culture of the service is positive." We also saw written feedback from a local NHS trust which noted that staff were open to challenge, motivated and passionate in their work.

Records showed that regular staff meetings were conducted to discuss the running of the service and to reinforce areas of good practice with staff. Areas for discussion at the most recent meeting had included reminders on completing documentation within the service in full, infection control practice and a discussion about requirements relating to the Deprivation of Liberty Safeguards (DoLS) where people at the service had been deprived of the liberty in their best interests.

The provider sought the views of people through regular residents and relatives meetings and an annual survey. We reviewed the minutes from a recent meeting which showed areas for discussion had included the décor, quality of the care people received and any issues people had. One relative told us they felt issues discussed at meetings were acted upon by the provider. For example, they told us they had raised an issue regarding potholes in the drive leading up to the service which they said had subsequently been addressed.

The manager confirmed that they had recently received the results from the annual survey, although these were yet to be published and had not been fully analysed. Whilst there appeared to be a slight decline in the level of satisfaction from respondents to the survey, we noted that there were no negative comments in the feedback received which showed positive outcomes for people living at the service. The manager told us they would be analysing the feedback and looking to identify areas for improvement as a result, although we were unable to check on this at the time of our inspection.

The provider had systems in place to monitor the quality and safety of the service. Staff told us and records confirmed that checks and audits were conducted in a range of areas including people's medicines, accidents and incidents, care planning, and health and safety. We saw action had been taken in response to audit findings. For example clarification had be sought around the administration of a medicine prescribed to one person as a result of audit findings, and another person's care plan had been updated following a recent audit recommendation. These actions helped ensure the service people received was safe and of good quality.