

My the Orchards Ltd

Willow Tree House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Willow Tree House is a residential care home providing personal care for up to 60 people aged 65 and over. At the time of the inspection there were 24 people using the service some of whom were living with dementia. People are cared for over two floors with various communal areas being provided on the ground floor.

People's experience of using this service and what we found

Risks were managed, and care plans had been updated to detail current risks and individual needs. Medicines were managed safely, and the service had implemented robust infection control measures. Staff were recruited safely and there were enough trained staff to meet people's needs safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and their relatives were involved in the planning and reviewing of their care. Records in place and our observations demonstrated people were supported to maintain a balanced diet.

People and their relatives told us they were involved in planning their care, records we reviewed supported this. Staff demonstrated kind, compassionate and caring attitudes and actively encouraged people to make their own choices.

Care plans we reviewed were person centred and detailed individual needs and preferences. Where concerns had been raised these had been acknowledged and responded to appropriately. People were supported to maintain relationships with their loved ones and a safe visiting process was in place.

The registered manager and senior management team had implemented a number of changes in order to improve the quality of care provided. Quality monitoring processes and actions following incidents had improved significantly. People and staff told us they felt management communicated well, listened and acted up on any issues they raised.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 26 August 2021) and there were multiple breaches of regulation. The provider completed monthly action plans after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 13 July 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate in any of

the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We also received concerns in relation to management of people's continence needs, supporting people to make personal choice and safety of the service at night. As a result, we undertook a comprehensive inspection which we carried out during the night to examine those risks and follow up on previous action we told the provider to take.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from the concerns raised. Please see the safe, responsive, caring and well-led sections of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will sustain the changes they have made and maintain their rating of good. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

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.

Willow Tree House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors 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.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and seven relatives about their experience of the care provided. We spoke with twelve members of staff including the provider, the registered manager, senior manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed, managed and monitored.
- Risk assessments had been updated to guide staff in order to care for people safely. For example, one care plan we reviewed clearly directed staff how best to support a person who may display behaviours that may challenge. Risk reduction measures were in place and our observations supported that the care plan was accurate.
- Risk associated with people's pressure area care had been fully assessed and monitored. Where a person was at risk of skin damage action had been taken to reduce this risk. This included repositioning charts and the implementation and monitoring of specialist pressure relieving equipment.
- Safety monitoring had improved and the management team reviewed incidents daily in order to ensure any issues were highlighted and acted upon in a timely manner.

At our last inspection the provider had failed to ensure safe staffing levels which was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- The registered manager had effectively utilised a dependency tool to calculate the number of staff required to ensure safe staffing levels were in place.
- The registered manager had implemented innovative staffing solutions in order to maintain the safety of people. For example, recognising the increased risk of multiple agency staff on a single shift, the registered manager had introduced rotating day and night staff to ensure there were always trained and experienced staff on duty.
- People and their relatives told us they felt safe and cared for by trained staff. One relative told us, "My [relative] is hoisted and there are always two members of staff, I feel [they] are very safe in their hands."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff undertook safeguarding training and were aware who to report concerns to. One staff told us, "I would report anything no matter how small, I know management take action, we have reflective sessions on safeguarding incidents so we can learn from them and stop things happening again."
- Referrals to professionals were in place to protect people from the risk of harm.

Using medicines safely

- Medicines were managed safely.
- Medicine records documented how people liked to take their medicines and how staff should support them. Medicines were stored safely and administered in line with best practice guidance.
- Medicines taken on an as needed basis (PRN) had detailed protocols in place and directed staff how and when these medicines should be given. This ensured people did not receive medicines unnecessarily.
- Staff were trained in the safe administration of medicines and had their competency assessed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 requires improvement. At this inspection this key question has now improved to 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 physical and mental health and social needs were assessed. People's diverse cultures were fully considered, and care was delivered according to their wishes.
- Relatives told us where their loved ones were unable to make informed decisions about their care, they were fully involved in creating and updating care plans.
- Care plans had been updated to reflect people's current needs. For example, one person displayed behaviours that may challenge, clear direction and de-escalation techniques had been documented after each incident which equipped staff with accurate information in order to provide safe care.

Staff support: induction, training, skills and experience

- A robust induction and training programme were in place. This enabled staff to support people safely.
- Staff told us they felt well supported by the management team. One staff told us, "We have regular supervision sessions but to be honest the office door is always open, COVID hit us but we were in it together, the management team have been here for us all."
- Further training in areas such as nutrition and pressure area care had equipped staff to learn from previous incidents and records we reviewed evidenced this training had been put into practice.

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

- People were supported to eat and drink in order to maintain a balanced diet.
- Weight monitoring, nutrition and hydration logs highlighted people at risk and specialist advice had been sought when needed. Care plans we reviewed reflected professional advice had been implemented.
- There was a wide choice of appealing nutritious food on offer. People told us they enjoyed the food. One person told us, "I like the food, it's nice and tasty."
- People were supported to eat when they wanted to. One relative told us, "My [relative] likes to snack more in the evening than in the day and they always provide them with snacks of their choice such as toast or cheese and biscuits."

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

- People's health needs were managed safely and effectively.
- Staff referred people to healthcare professionals when extra advice or support was required. For example, one care plan we reviewed detailed specialist advice from the falls team in order to keep the person safe.

- Staff were when to refer to healthcare professionals and did so in a timely manner. One relative told us, "Staff assess my [relative] and when something specialised is needed they have quickly referred them to the district nursing team."
- Care plans detailed people's oral health needs and staff supported people to access dentistry services.

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

- The premises and environment had been adapted to meet people's needs. Risks associated with the environment had been assessed and action had been taken to reduce these risks. For example, windows had all been fitted with restrictors and action had been taken to ensure these were maintained.
- People had been supported to personalise their bedrooms with personal items, these reflected people's tastes and preferences. One person showed us around their bedroom and told us how proud they were of their room.

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. 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.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff undertook training in both the MCA and DoLS and demonstrated they were aware of their responsibilities in regards to this.
- Where people lacked the capacity to make decisions, we found detailed assessments were in place which documented why decisions were being made in people's best interests.
- Where restrictions were identified a DoLS application had been made to ensure these restrictions were lawful.

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. 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; respecting equality and diversity

- Staff delivered care in a kind and compassionate manner to all people.
- People told us they felt well cared for by caring staff. One person told us, "I get on really well with all the staff, they are just lovely, I couldn't manage without them."
- Staff were patient and treated people with kindness. For example, during lunchtime a member of staff displayed exceptional personal skills in encouraging a person to have some lunch. This approach ensured the person understood why it was important they ate something.

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

- People were supported to express their views about their care and how the home was run.
- Resident meetings were held monthly by a member of staff in a non-care role. This empowered people to voice any issues they had.
- Care plans clearly demonstrated people had been involved in making decisions about their care. For example, one care plan we reviewed detailed a person liked to stay up late in the evening and wake later in the morning due to their past occupation. Our observations supported this preference had been implemented.

Respecting and promoting people's privacy, dignity and independence

- People were always treated with dignity and respect.
- People's privacy was maintained. For example, during our inspection one person was found to be walking out of a bathroom not fully dressed. Staff were quick to support the person in order to maintain their dignity.
- Relative's told us they were confident their loved one's dignity was maintained. One relative said, "The staff go above and beyond to look after my [relative]. They always treat them with the upmost dignity. They love having a bath and they let them have a nice long soak which they love."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support tailored to their needs and preferences.
- Care plans were detailed and directed staff in how to support people safely according to their needs. For example, one care plan we reviewed detailed specific continence needs and why this was important to the person.
- All relatives we spoke with all discussed their loved ones were all asked their likes and dislikes prior to moving into the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were fully assessed and documented within care plans.
- A variety of communication formats were available when needed. For example, one person used picture cards. We observed staff using them to allow the person to express their wishes.
- Information such as safeguarding information had been made available for people in an easy read style. This ensured this information was accessible to all people who lived at the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to choose and engage in a range of activities.
- People fed back what kind of activities they wanted to undertake during residents' meetings, and these were implemented by a dedicated activities team. We observed people to be happily playing games, enjoying one-to-one social interactions and dancing during our inspections.
- People told us they were never forced to take part in any of the activities. For example, one person told us, "You can just please yourself and do what you like. You don't have to go to the activities if you don't want to."

Improving care quality in response to complaints or concerns

- Complaints were documented and investigated appropriately.

- People and their relatives told us they would not hesitate to raise concerns if they needed too. They felt confident the registered manager would take action.
- Following concerns found at the service during our last inspection, meetings were held with people and letters sent to their relatives and representatives in order to address the issues found. People told us they felt the registered manager and provider had taken action to address the issues and the quality of care had improved.

End of life care and support

- End of life wishes had been documented and detailed care plans in place.
- Staff had received training in and had a good understanding of needs surrounding end of life care. One staff told us, "It's part of our role, it's not easy but we have the support from each other to provide the best possible care."

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found that management failed to have oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities).

At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and supporting senior manager had implemented and embedded a robust system in order to monitor and improve the quality of care.
- Management oversight had improved and weekly monitoring of documentation relating to the safety of people had been reviewed consistently and action taken appropriately when issues were found.
- Themes and trends of incidents were documented and analysed to prevent reoccurrence of incidents.
- Staff were confident in the management of the service and they were passionate about improving the quality of care provided. For example, one staff told us, "Families have put the person they the love most in the world into our hands, we have the responsibility to get it right for them and their families."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibility to be open and honest with people and acted appropriately when things went wrong.
- Records we reviewed evidenced incidents were communicated to people and their relatives.

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

- People were involved in the running of the service. Meetings were held monthly, and feedback acted upon.
- People had been involved in recruiting new staff. One person told us they relished in this role and felt the management valued their opinion during this process.
- Relatives told us they had been invited to meetings to discuss the service. One relative told us, "We had a meeting in the summer in order to share our opinions, some frustrations were shared and things have improved greatly."

- The updated equality and diversity policy which detailed all protected characteristics had been embedded into the service.

Working in partnership with others

- Staff referred to health and social care professionals and implemented their advice into care plans in order to improve outcomes for people.
- The service continued to work alongside the local authority in order to improve the quality of care provided, assurances and actions were given when issues were raised.