

Willows Care Centre Limited

The Willows Care Home

Inspection report

Heathercroft
Great Linford
Milton Keynes
Buckinghamshire
MK14 5EG

Tel: 01908679505
Website: www.excelcareholdings.com

Date of inspection visit:
28 May 2019

Date of publication:
18 June 2019

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: The Willows Care Home provides accommodation, personal and nursing care and support for up to 128 people. There were 115 people using the service at the time of the inspection.

People's experience of using this service.

People received safe care. Staff understood safeguarding procedures.

Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Medicines were stored and administered safely.

Staffing support matched the level of assessed needs within the service during our inspection, however, some people felt that staffing levels could be improved upon to enable more person centred care.

Staff were trained to support people effectively.

Staff were supervised well and felt confident in their roles.

People were supported to have a varied diet, and food and fluid intake was monitored as required.

Healthcare needs were met, and people had access to health professionals as required.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them.

People were supported in the least restrictive way possible.

Care plans reflected people likes dislikes and preferences.

A range of activities was on offer. Some people felt that staff did not always have the time to engage them in conversation or with activities.

People and their family were involved in their own care planning as much as was possible.

A complaints system was in place and was used effectively.

The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required

Audits of the service were detailed and any issues found were addressed promptly.

The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection: Good (report published 11/05/2017)

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 intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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.

The Willows Care Home

Detailed findings

Background to this inspection

The inspection.

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

Inspection team: This inspection was carried out by two inspectors, a specialist advisor who was a nurse, 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: The Willows Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: This inspection was unannounced. Inspection site visit activity started on 28th June 2019.

What we did: Before the inspection we reviewed 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.

We spoke with 17 people using the service, and one relative of a person using the service. We also spoke with eight staff members including, two nurses, two student nurses and the chef, a visiting doctor, the deputy manager and the registered manager.

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 to safeguard people from the risk of abuse

- Safe care continued to be delivered at the service. One person said, "I have never felt more safe, my bed is very good, at my home I had so much trouble getting in and out because it was too high. Here it is lovely, I use a control. I also have a bell, it's always next to me and I occasionally ring for help. I don't think I have to wait long."
- Information on how to raise a safeguarding alert was displayed in each person's room and included details of how to refer to the local authority safeguarding team.
- Staff were aware of the company's whistleblowing policy and were confident to use it if necessary.

Assessing risk, safety monitoring and management

- Risk assessments documented in detail any risks that were present in people's lives, and enabled staff to work safely with people. This included any health and medical needs they required, as well as plans to assess the risks of falls, moving and handling, and wellbeing.
- People's rooms were checked daily. This included checks to ensure that pressure mattresses were working and set at the correct level for each person.
- Some people used bed rails for their safety in bed. These were risk assessed and where people had capacity were consented to. Bed rail checks were completed daily for each person to ensure they were safe.

Staffing and recruitment

- There were enough staff on shift to safely support people. People we spoke with said that staffing numbers were consistent, and they usually got the support they required promptly. Some people commented that staffing levels were low at times, and could be improved upon.
- One person said, "When I press my bell they come if needed." Another person said, "They [staff] always answer my call bell."
- During our inspection, we observed how quickly call bell alarms were being responded to. Staff attended to most alarms promptly, although at certain times of the day people had to wait longer as staff were busy. There was no system in place to monitor the precise response times to call bells, however most people were satisfied that staff came to see them in good time.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- People continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes. People we spoke with were happy that they received their medicine on

time, and as they wanted.

- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- The service was clean and tidy. People continued to be protected against the spread of infection. We saw that regular cleaning took place, and the staff understood about how to prevent the spread of infection, by using the appropriate personal protective equipment such as gloves and aprons when required. Staff confirmed they had the equipment they required to manage the spread of infection.
- The kitchen had been rated as '5 star' by the local authority for food hygiene practices.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. For example, when mistakes had been discovered in medicine administration, staff were observed and re-trained as appropriate.

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

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 care needs were assessed by senior staff before moving to the service, to ensure that effective care could be delivered to them. The registered manager told us they would oversee every assessment to make sure the service was right for people.
- People's cultural needs were identified so staff could meet these. Where necessary, assessments gave a brief overview of a person's religion or beliefs so staff understood what it meant to them.

Staff support: induction, training, skills and experience

- Staff received induction training when they first started their jobs, and continued training to ensure their knowledge was up to date. Not all training sessions we looked at had been kept up to date, but the registered manager told us there was an ongoing programme to deliver training to all staff.
- Training was provided for relevant staff to deliver specialist healthcare tasks such as syringe driver training, catheter care and Percutaneous Endoscopic Gastrostomy (PEG) feed training. One staff member told us, "I had hoist training but was still not comfortable, so I was given additional training."
- 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.

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

- People were offered a choice of freshly cooked food daily. Most people we spoke with were happy with the quality and choice of food available. One person said, "The food is very good. There is always a choice and drinks are always available."
- Records were kept to monitor food and fluid intake when required.

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

- The service was designed in a way which ensured it was accessible to people using it. Each room has en-suite facilities and people were encouraged to personalise their rooms.
- People had the opportunity to choose the flooring within their rooms to suit their needs. Some people had vinyl flooring and others had carpet as per their preference.
- The service, including communal areas and gardens which were accessible for people to use. This included a lift to access the upper floors of the building.

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

- Staff continued to support people in a timely manner with their healthcare needs. A GP visited the service twice a week and by request. The service was also regularly supported by community services such as a

tissue viability nurse, speech and language therapist and a physiotherapist.

- We spoke with a visiting GP who said, "The home is regarded as being a good home and people were well cared for. The relationship between the home and GP practice is good and the 'ward rounds' work well."
- Care plans documented people's ongoing health requirements in detail.

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 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.
- Records were clear when decisions had been made in people's best interests or they had been asked to sign to consent. People we spoke with said they were always offered choice, and staff checked for consent before providing care.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. Records confirmed this.

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

Good: ☐ 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

- People told us staff treated them with kindness and respect. One relative we spoke with told us, "I am very happy [name] is here, we would have lost her long ago if she was not here. She is looked after." One person told us, "It's like big house, I love my room, and all the carers, they smile a lot and it helps to cheer me up. Another person said, "I call them [staff] 'my girls'. They are working their socks off. They should get medals."
- During our inspection we saw that staff interacted with people in a warm and friendly manner, calmly communicating with people who they clearly had good relationships with. For example, one person told a staff member they were feeling cold. The staff member immediately went and found them a blanket and checked if they were warm enough.

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

- People and their families were encouraged to be involved in making decisions about care and support. We saw that care plans were regularly reviewed and changes were made when required. Reviews of care documented people's involvement, and people we spoke with all told us they felt in control of their own care, and that staff respected their choices and preferences in how they received care, or if they wanted any changes to be implemented.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their privacy and dignity at all times. We observed staff interact with people in a respectful and mindful manner.
- We saw that one person preferred to keep their room locked. This was respected by staff who only entered with the person's permission. The staff rang a door bell outside the person's room for entry.
- 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 we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

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

- People told us that whilst they felt staffing levels were in place to provide safe care, there was not always enough staff to provide the personalised service they wanted. One person said, "The care is good and cannot be faulted, but they could be more focused on people and talking to them more often, they are busy doing things all the time". Another person said, "I wish they had more time to stop and chat a bit, some residents are with no visitors so they must be very lonely." Staff we spoke with confirmed that at times they felt that staffing levels could be better to enable more conversation and personalised activity with people. The registered manager told us they would be looking in to their staffing numbers and would be using volunteers to focus on activities and interaction with people.

- Care plans in place were personalised to the individual, and contained information such as life history, likes, dislikes and preferences.

- We saw examples of personalised care within the service, for example, one couple both lived in the service and chose to share a bedroom and have a separate living room to use in the day, which was facilitated by the staff at their request. Another person told us, "There was my birthday celebration, staff organized cake and my family was so impressed."

- A 'resident of the day' system was in place to ensure that all care plans and risk assessments were regularly reviewed and kept up to date with people's needs and wants.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate previous complaints and had resolved any concerns.

End of life care and support

- No end of life care was being delivered at the time of inspection. However, the service did have advance care plans in place and discussed individual end of life choices with people and families. This included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) assessments for those people that wanted them in place.

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

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

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

- People told us the home was well managed and had an open and friendly culture. One person told us, "I know who the manager is, her office is close to my room and I can see her when she is going in. She always says 'Hi'. We have a laugh."
- Staff were clear about their responsibilities and the leadership structure in place. People said they knew who the registered manager was and they were helpful. Staff told us they felt well supported by the registered manager.

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

- The manager and deputy manager were well organised and had a clear line of accountability. The nurses and senior support staff said they had some supervision and were confident in asking for support if needed.
- One staff member said, "I feel supported and like working with the people here, it is a good team." Another staff member said, "We are next door to the regional office, so the support from the provider here is very good."
- The managers notified CQC and other agencies of any incidents which took place at the home and acted to put things right. Feedback we gained from other agencies was positive about the management, and said they were open, honest, and receptive to feedback at all times.

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

- People felt involved in the service and were encouraged to feedback. One person said, "I am consulted about my care, the staff communicate well. They don't do anything different without asking."
- Surveys were also sent out to people, staff and relatives, which asked for feedback on the quality of care being received, and if any changes were required.
- A "You said we did" board with actions about people's comments and requests was on display in the reception area for people to view.

Continuous learning and improving care

- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by management, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- We saw that all aspects of the service were looked at, including health and safety, maintenance, food

quality and medication. We saw that when errors were discovered, improvements were actioned.

- Staff felt that communication within the service was good, and that team meetings were used as a good forum for information to be discussed and improvements made when required.

Working in partnership with others

- The management worked in partnership with outside agencies to improve care within the service. For example, links with local colleges and schools meant that students were able to gain work experience and work placements as carers and nurses in the service. The registered manager told us, "Partnership working is very good with the local authority and the hospital."
- The service was also monitored by the local authority and clinical commissioning group, who funded some people's care. Feedback from these agencies was that staff and management provided safe care in a good environment.