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# Willows Nursing Home

## 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

Willows Nursing 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 home has been converted from a large three storey house close the centre of Birkdale, near Southport. The home can accommodate up to 28 people with a variety of nursing needs. There were 21 people in residence at the time of the inspection.

This was an unannounced inspection and it took place on 8 and 11 May 2018.

At the last comprehensive inspection in April 2017 we found a breach of regulations with in respect to, induction and training standards for new staff and medicines management. The service was rated as 'Requires improvement'. We followed this up in September 2017 to review the breaches of regulations we found improvements and the breaches had been met. We did not review the overall quality rating at that time and the home remained 'Requires improvement'.

On this inspection we found improvements had been sustained and the home had continued to develop. On this inspection we rated the service as 'Good'.

A manager was in post who was in the process of becoming registered with the Care Quality Commission. 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 manager had previous experience of working at senior level with the registered provider.

Potential risks to people using the service were clearly identified. Effective care plans had been agreed with people so that potential risks could be reduced.

Medicines were safely stored and administered in accordance with best-practice and people's individual preferences. Nursing staff were updated and trained in administration. The records indicated that medicines were administered correctly and were subject to regular audit.

Key documentation included attention to ensuring peoples consent to any care and treatment was recorded and operated in accordance with the principles of the Mental Capacity Act 2005 (MCA).

The Willows had improved much of their key assessment and care planning documentation and it was now clear and detailed regarding peoples care. People's needs were assessed and recorded by suitably qualified and experienced staff. Care and support were delivered in line with current legislation and best-practice.

The service had continued to develop quality monitoring processes and the manager had support from senior managers in the organisation.

Policies and procedures provided guidance to staff regarding expectations and performance. These included policies regarding equality and diversity. Staff were clear about the need to support people's rights and needs and recognised individual needs. Care records contained information about people's sexuality, ethnicity, gender and other protected characteristics. We discussed ways during feedback how this area could be developed further; this included attention to developing the visible cues in the environment to accommodate people living with dementia.

People using the service and staff were involved in discussions about the service and were asked to share their views. This was achieved through daily contact by the managers and staff and regular surveys and meetings. These provided very positive responses regarding people's care.

Overall the service maintained effective systems to safeguard people from abuse and the service had worked effectively with the local safeguarding team when needed.

We saw evidence that the service learned from incidents and issues identified during audits. Records showed evidence of review by senior managers.

The service ensured that staff received induction training. Training was subject to regular review and continued to develop to ensure that staff were equipped to provide safe, effective care and support.

We saw clear evidence of staff working effectively to deliver positive outcomes for people. People reviewed were receiving effective care and gave positive feedback regarding staff support.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. We spoke with professional staff that contracted with the service for rehabilitation of people from hospital. We were told that the service offered effective care which met people's needs.

People told us that staff treated them with kindness and respect. It was clear from care and incident records that staff were vigilant in monitoring people's moods and behaviours and provided care in accordance with people's needs.

We checked the records in relation to concerns and complaints. The complaints' process was understood by the people that we spoke with. We saw evidence that complaints had been responded to in a professional and timely manner by the registered manager or a senior manager.

People spoke positively about the management of the service and the approachability of senior staff. There was clear management structure that supported staff and which people understood.

## 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.

There were systems in place to assess and monitor any risks people may present to their safety. There were protocols in place to protect people from abuse or mistreatment and staff were aware of these.

The environment was monitored to help ensure it was safe and well maintained.

Staffing numbers were satisfactorily maintained to support people. Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Medicines were administered safely.

### Is the service effective?

Good ●

The service was effective.

Staff said they were supported through induction, appraisal and the services training programme.

The service supported people to maintain their health and wellbeing.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed.

People's dietary needs were managed with reference to individual preferences and choice.

### Is the service caring?

Good ●

The service was caring.

When interacting with people staff showed a caring and friendly

nature with appropriate interventions to support people as individuals. Staff told us they had time to spend with people and engage with them.

People told us their privacy was respected and staff were careful to ensure people's dignity was maintained. We discussed the need to review one policy regarding providing personal care to people.

People told us they felt involved in their care and on-going reviews of care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were completed and reviewed when needed so people's care could be monitored and adapted.

There were a range of social activities planned for people and the manager had ideas as to how these could be further improved.

A process for managing complaints was in place and people and relatives knew how to complain. Complaints made had been addressed.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was a manager who was currently being registered with the Commission. There was a clear management structure with lines of accountability and staff responsibility which helped promote good service development.

There were a series of on-going audits and checks to ensure standards were being monitored effectively. These had been developed to better identify the needs of the service on-going.

The Care Quality Commission had been notified of any reportable incidents.

There was a system in place to obtain feedback from people so that the service could be further developed with respect to their needs and wishes.

# Willows Nursing Home

## 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 comprehensive inspection took place on 8 and 11 May 2018. The inspection was unannounced. The inspection team consisted of two adult social care inspectors.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider including any feedback we had from commissioners of the service such as social services. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with seven people who were living at the service, a visiting health care professional, 14 staff including the manager, nursing staff and senior managers.

We spent time looking at records, including four care records, two staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

## Is the service safe?

### Our findings

At the last comprehensive inspection in April 2017 we found the registered provider in breach of regulations with respect to medicines management and needed to take action to improve. We followed this up on a 'focussed' inspection in September 2017 and found things had improved. On this inspection we found improvements had been sustained and medicines were managed safely.

People we spoke with told us their medicines were safely managed. Medicines were safely stored and administered in accordance with best-practice and people's individual preferences. Nursing staff administered medicines although some senior care staff were also trained to provide support when needed. Care staff maintained records of administration such as application of creams. The records viewed indicated that medicines were administered correctly and were subject to regular audit.

Some people had medicines that were to be given when needed [PRN]. The information to support the use of these medicines was included in support plans and included detail as to what they were for and when to use them.

There were people prescribed thickening agents to thicken their drinks. We found good, clear records in regards to this. There was good supporting documentation [care plans] in place and they were easily accessible for care staff to refer to when they were making up drinks. All drinks were recorded on a chart, including the required consistency, and signed by the care staff involved in giving the drink. This was a clear record and it could be seen thickeners were being given consistently and safely.

A medication policy was in place; this was inclusive of guidelines for covert administration of medicines. There were one person whose medication was being administered covertly; i.e. without their knowledge and in their best interest. We found this had been managed well with a robust care plan in place which clearly identified the risks and consideration of the consent issues involved. A capacity assessment, specific to the decision, had been carried out to meet requirements under the Mental Capacity Act 2005.

Some medicines need to be stored under certain conditions, such as in a fridge to ensure their quality is maintained. If not stored at the correct temperature they may not work correctly. We saw the temperature of the drug fridge was recorded. At the time of our inspection the fridge temperature was recording safe storage. The clinic room temperature was also recorded and showing above recommended storage temperature. We discussed this and the provider responded by installing an air conditioning unit during the inspection.

Everyone we spoke with said they felt safe and staff knew how to support them. A relative reported a person had not had any falls since moving from another care home where they fell frequently. One person commented, 'Yes there are no issues here, it's nice and staff make sure we are safe.'

People described the way in which they used walking frames and wheelchairs to get about, often with staff support, and how these enabled them to do so safely. The lounge/dining areas were spacious enough to

allow people to move unhindered, with or without support.

We saw one person being transferred from chair to wheelchair using a hoist. This was done carefully and safely, with carers taking time to check and readjust the person's position as necessary. There was good communication between the carers and the person during this transfer.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. We saw records of the routine environmental checks made in the home. Grab rails were available in bathrooms, and lifting/support equipment was evident in bathrooms. There was fire equipment in all areas and we saw personal emergency evacuation plans [PEEP's] were available for the people resident in the home. This helps to ensure effective evacuation in case of an emergency.

The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about local safeguarding procedures was available to staff. Each of the staff that we spoke with was able to explain their responsibilities in relation to safeguarding and whistleblowing (reporting outside of the organisation).

Staff were deployed in sufficient numbers to provide safe, consistent care and support. Staff spoken with said there was generally enough staff cover. People's level of care [dependency] was regularly assessed by managers to help ensure enough staff were employed.

People we spoke with agreed that they had support when they needed it. Our observations of the day areas showed staff to be present most of the time.

Thorough processes were followed to ensure staff were suitable to work with vulnerable people. We looked at two files of staff employed and found appropriate applications, references and necessary checks that had been carried out to help ensure staff were safe to work in the home.

Procedures reduced the risk of infection. We saw personal protective equipment (PPE) such as gloves and aprons. Staff were clear about the need to use PPE when providing personal care. All areas we saw during our inspection were clean and hygienic. Separate laundry and housekeeping staff were employed. We made some comments during the inspection regarding some minor work need in the laundry to help ensure easier cleaning. This was carried out.

Feedback recorded on the quality questionnaire January 2018 was that the home could be cleaner. Action from the provider stated that deep cleaning and regular checks on the cleanliness of the home would take place. We observed the home was clean with no pervading odours. A person said, "My room is cleaned every day, including my bathroom. It's always very clean."

We saw evidence that the service learned from incidents and accidents and issues identified during audits. For example incidents of falls and accidents were monitored for any trends and remedial action that might be needed with respect to the environment or the individual.

## Is the service effective?

### Our findings

People spoke positively about the effectiveness of nursing and care staff. One person told us, "There is always staff about and they seem like they know what they are doing."

Staff were trained appropriately. The PIR statement highlighted the importance of staff training and how this would be linked to their work and development: 'Staff training matrix will be reviewed to identify staff who need reviews in mandatory training requirements. Keyworker system to be implemented which will give responsibility to different staff members for reviewing care files to ensure current support needs are identified and documented'.

We saw on the inspection that care worker files which recorded daily care were detailed and up to date and regularly reviewed by senior care staff as well as the nurses and manager.

The training statistics indicated that 62% of care staff had achieved formal qualifications at Level 2 or above at NVQ or Diploma in Health and Social Care. All remaining care staff were undertaking these qualifications. We spoke with the [new] training manager for the registered provider who told us the key work at the moment was to ensure the induction programme covered the standards in the Care Certificate [the governments blue print for staff induction] and all new staff undergo this. We spoke to a care staff member who spoke about the induction process and how well it had equipped them for the role of carer in the home.

Some staff had completed training to support people living with dementia; the training manager advised further training would be planned around other specific medical conditions such as diabetes and supporting people who had other more specialised conditions. The training matrix confirmed staff were up to date with all aspects of statutory training such as fire safety, first aid, moving and handling and safeguarding vulnerable people.

This showed a good base of staff knowledge to help ensure effective care for people.

We looked to see if the service was working within the legal framework of the Mental Capacity Act 2005 (MCA). The 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).

There were four people resident at the time of the inspection under a DoLS authorisation. Copies of these authorisations were kept on file. Six other applications had been made and these were being monitored by the manager. We reviewed one and found the conditions on the authorisation were being met.

It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment. The care records contained signatures of people receiving care or relatives where appropriate. There were records maintained in care plans if people had relatives with Lasting Power of Attorney [LPA]. There were also clear procedure's for people who may have a 'do not resuscitate' agreement in place. People who lacked capacity to make informed decisions about aspects of their care had been carefully assessed with respect to key decisions such as residency in the home or the use of bedrails [for example] and a 'best interest' decision made carry out care.

People living in the home said they saw the GP when they needed to and didn't have to wait long. Relatives agreed. Relatives said they were kept informed of any changes in their family members' health. One said, "Yes there is good attention to people's health care." A visiting health care professional told us the staff supported people well and referred any health issues promptly. They said staff were knowledgeable regarding people's background health care needs. The care files we reviewed had very good records of people's health care needs and records of peoples GP visits, chiropody, diabetic and other reviews. One person had their diet through a feeding tube direct into their stomach; the supporting care plan and records were detailed and clear so it was easy to monitor the care provided.

The design and adaptation of the premises ensured people were generally comfortable. We saw any adaptations and equipment people needed were provided. We discussed the needs of people living with dementia and the importance of developing orientation aids in the home and to provided easily accessible information in a number of formats to assist people. For example there was currently no pictures/ photos of food or reminders of the day /date, apart from a small clock on a shelf in the lounge. There were no names or photos/memory boxes to remind people of their bedrooms and few pictures magazines and books to stimulate conversation.

People were supported to eat and drink in accordance with their needs. All of the people we spoke with were happy with the meal service provided and told us. One person commented, "The food is good. I always get enough to eat and drink. Another said, "The food isn't to my liking but I always get another choice to my liking. I do enjoy fish." A relative said, "The food is excellent. [Name] eats really well, whatever she is given."

Menus showed a range of options for each meal. Breakfast options ranged from fruit juice, cereals and toast to a hot option of bacon and eggs. Main meal was at lunch time, with a lighter meal or sandwiches at dinnertime. Desserts were offered at each meal. Fresh fruit was available throughout the day. Hot drinks and snacks were offered mid-morning and mid-afternoon. People were regularly offered cold drinks, which were readily available in dispensing machines in the lounge.

The kitchen staff had a good knowledge of people's individual preferences and dietary needs although there did not appear to be a written record of these or anything recorded on admission. One person told us they still get gravy on meals and large portions despite informing staff of their preference for no gravy and a smaller portion. A four week rolling menu was in operation with a varied selection of food offered, two choices each meal - a meat and a vegetarian/fish option. People were given an alternative if they did not wish for to have either meal on the menu. One person said, "I choose to have a small sandwich each night for dinner as another meal is too much for me." The chef said they visited people each day to ask what they want for their meals.

## Is the service caring?

### Our findings

We observed staff to be caring in their support of people at the Willows. Staff were observed to be pleasant and to speak kindly and courteously to people when offering or giving support, or when serving food and drinks. Relationships were evidently good between everyone living and working at the home.

We observed and overheard lots of positive banter throughout the day. Staff took time to speak to people, asking how they were. We noted other ancillary staff such as the laundry staff taking time to sit with people and interact and who was also knowledgeable about people. One person had 'My Story' written on the inside of their diary as a reminder of dates and events. Staff knew about this and referred to it when conversing as it helped the person orientate themselves and join in conversation.

People spoke very highly of the staff. Comments included, "They're very good", "They are good and kind", "Staff are very good and so kind. I am well looked after" and "Nothing is too much trouble, they do what you ask them to do."

A relative said their family member enjoyed good banter with staff. Another relative told me, "Two years ago there were a lot of different staff, not too good. It's better now. The male staff are especially good with my husband. There is a lot of male staff."

We discussed how the amount of male staff could impinge on a person's dignity should they not want a male carrying out personal care. We had a positive discussion with the managers around aspects of privacy and dignity if male staff attended to female's personal care, in particular having a shower. One person we spoke with said, "Its ok, it's too late to be worrying about dignity. They cover me up to and from the bathroom." We observed a male carer taking a female to the bathroom after lunch [when other female staff were available]. The manager advised that currently individuals are asked during assessment and on-going about preferences around support with personal care. However this feedback would be considered and arrangements could be made with the duty rota to ensure a good balance of staff on duty as well as ensuring in house policies around the provision of personal care were reinforced.

We observed people's personal appearance was positive. People appeared clean and well dressed and wore clean clothes, appropriate for the weather, indicating staff had taken time to support this aspect of care.

When we looked at care records there were notes around peoples preferred method of communicating. We also saw that people were given information about the home in the service user guides available in people's bedrooms.

The local advocacy service was advertised in the home in case people wanted to access this information. Information was not available to people in different formats and did not therefore take account of any disability. For example there was no 'easy read' information available or information using pictures or different coloured text to assist some people with cognitive impairment or poor sight to read. We were told about a past resident of the home who was Chinese and information had been made available in the

persons own language. This was an isolated example however and the manager agreed the area of 'accessible information' could be further developed.

The service had policies around equality and diversity. We were shown a good practice document around identifying and meeting people's needs regarding gender and sexuality; in this instance around ensuring the service welcomed and worked with older lesbian, gay, bisexual people.

When we spoke with staff they came across as caring and interested in their work. Staff were knowledgeable regarding the people they supported and knew their individual preferences and routines. Staff told us the supporting care notes on each person assisted greatly in referencing aspects of care they were not sure about.

## Is the service responsive?

### Our findings

People told us they were able to make choices. They said they could choose how and where they wished to spend their day, what meals they would like served and what time to get up and retire at night. A number of people chose to spend time in the lounge whilst others preferred to spend time in their own room.

The assessment process helped ensure people's needs were known before admission so appropriate support could be planned. The PIR stated, "Pre admission assessments are carried out on clients before admission therefore allowing preparation for care plans and individual preferences to be prepared for in advance and to ensure we can meet the needs of the particular client". A relative said they had been involved in completing forms about the persons background and care needs when their family member was admitted to the home.

We saw the resultant care planning following admission was specific to the individual and there was reference to people's life history to get to know people's social care needs in more detail. These records, along with staff's daily written evaluation/notes meant care files contained important information about the person as an individual and their particular health and care needs.

Care staff showed us their support plans and care notes and charts which were kept in peoples bedrooms and completed on-going. These contained people's food and fluid intake and positional change when being nursed in bed. Key care plan were included for each individual to provide direction on the type of care an individual may need following their needs assessment. The care plans recorded information which included areas such as, personal care and physical wellbeing, medication usage, communication, sight, hearing, mental health needs, skin integrity, nutrition, mobility, sleeping and social care Records were kept up to date by the care staff.

The home employed an 'activities coordinator' [AC] who organised activities for people. There didn't appear to be a programme of events displayed. We saw a scrap book with photos of events from the last eight months and supporting activities records for each person; if they joined in an activity or if the AC spends time one to one with them. The main regular activity appears to be a film each week. A person confirmed they took place and they were asked but didn't particularly enjoy the type of film they showed. Another person preferred to watch sport on TV. Another person said they enjoyed reading; books were available in the dining room and on the first floor. Some other activities such as baking and craft appeared to take place randomly. People's birthdays were celebrated with a small party and cake. A clothing party had been arranged as a forthcoming event. A list of clothes available and prices were displayed on the notice board.

The provider used an external organisation for their trips out. Staff told us people take in turns to go; however a relative we spoke with said their relative had never been on a trip. It was reported that staff were not always available to support these trips and often people could not get out of the bus due to this. The AC was spoken with and was happy in the role. They said they had not had any extra training and would benefit from such support.

In discussion with managers, the provision of activities for people was always an issue for further development. They told us about a recent initiative involving a person in the home who had become involved in the 'Sefton Lost Voices' project via the local library. The project gives people in the early stages of memory loss the chance to record their oral histories.

A system was in place to record and monitor complaints and those we viewed had been responded to appropriately in line with the provider's policy. People had access to a complaints procedure and this was contained within the service user information guide. The complaints procedure was not displayed in home or in different formats [although there was a complaints procedure in the foyer entrance]. Nobody spoken with had any complaints. They knew to speak to the manager if they did. A person living in the home said, "I don't see (manager) very often but she's always around."

## Is the service well-led?

### Our findings

A manager was in post who was in the final stages of becoming registered. They had worked previously with the registered provider over a number of years at various levels of management. The feedback we received from staff members and people using the service was very positive about the managers overall approach and leadership. Staff members commented they felt supported in their role and the encouragement and communication they received from the management team helped them in their role. They felt the home was better organised and had been given better direction since the manager had been appointed.

Staff also felt the manager was very approachable and some staff reported examples of where the manager had provided extra support over personal issues they had. The manager was supported by a deputy manager and assisted in providing the clinical lead in the Home.

Staff and management spoke with clarity and enthusiasm about their roles and demonstrated a transparent and responsive approach when questions were raised during the inspection. It was clear that senior staff and managers understood their responsibilities in relation to registration. For example, notifications had been submitted in a timely manner to the Commission [CQC] and the ratings from the last inspection were displayed as required, including the provider website.

We looked at one example of an incident that had not been reported appropriately to CQC although an investigation had taken place. On investigation this had not been picked up as the previous manager had left at short notice and had not sent the required notification. This was followed up post our inspection and information was submitted. The Commission reviews all notifiable events to make sure that appropriate action has been taken to mitigate any further risks to people and to decide if any further action is required.

The Willows Nursing Home is one of a number of services own by the same provider group. As such the registered provider had a well-developed performance framework which assessed safety and quality in a number of key areas. This quality assurance process has continued to modify and become more established over recent years in line with the development of a more settled senior management structure. Policies and procedures provided guidance to staff regarding expectations and performance. The various audits reviewed were well detailed and had highlighted areas for improvement with resultant action plans. However, not all audits were signed and dated so it was difficult to establish who had carried them out and when. The manager and administrator advised this would be addressed.

Organisational developments at senior management level to increase communication and sharing of good practice were explained in the PIR, "A new computerised 'platform' has been developed and now implemented across all Dovehaven homes including the Willows. This now helps us monitor all audits and actions that have been completed and those that are required'. A senior manager explained these developments have assisted in the provider service being more consistent in their approach and learning.

People using the service and staff were involved in discussions about the service and were asked to share their views. This was achieved through various ways including the completion of survey questionnaires. A

summary of people's feedback, received in January 2018, regarding the service between demonstrated that people were generally satisfied with the nursing home. Any of the areas requiring improvement had been actioned and the results had been feedback to people by displaying in the home as, 'What you said' and 'What we did' feedback.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The professional that we spoke with on the inspection did not express any concerns about the quality and effectiveness of these relationships. The local Core Commissioning Group [CCG] and local Hospital Trust had commissioned some beds with the Willows to support people being discharged and needing support prior to going home.