Regal Care (Darlaston) Limited

The Willows Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 9 October 2017 and was unannounced. The Willows Nursing Home is a care home with nursing for up to 48 people. At the time of our inspection 40 people were using the service.

We last inspected this service in November 2016 when we rated the service 'Good' overall. We identified however that staff did not always respond promptly to people's care needs and records did not confirm how much a person was required to drink in order to stay hydrated. This put people at risk of harm. We found the provider had taken action to address these issues.

There was no registered manager in place during our inspection visit. The registered manager had deregistered in September 2016 and a new manager who was intending to apply to become the registered manager left the service in September 2017. We were however accompanied during our inspection visit by the acting manager who was also a registered manager from another of the provider's locations. 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. Failure to ensure a registered manager was in place is a breach of Regulation 5, Care Quality Commission (Registration) Regulations 2009. You can see what action we have asked the provider to take at the back of the report. A breach of regulation limits the highest overall rating the service can be awarded to 'Requires Improvement'.

Staff we spoke with knew how to keep people safe from the risks associated with their specific conditions however people were not always supported in line with their care plans. Appropriate checks had been carried out to ensure people were supported by suitable staff.

People received their medicines as prescribed however further improvement was required to ensure people's thickening powder and creams were managed safely. People told us that they felt safe in the home and staff demonstrated that they were aware of signs which may indicate that someone was being abused and the action to take.

Prior to our inspection visit we received information that people were being supported by a high number of inconsistent agency staff who did not know their care needs. We found however the acting manager had taken action so people were supported by consistent staff who had the skills and knowledge to meet their needs. Staff asked people's opinions and respected their wishes. Assessments were undertaken when people were felt to lack mental capacity to make decisions about their care which were in their best interests. Protocols had been introduced since our last inspection to assess and protect people who were at risk of malnutrition and dehydration. People were supported with accessing other professionals to meet their needs such as a GP or optician.

People told us that the staff were caring. Staff spoke fondly about the people who used the service and how

they enjoyed supporting them to engage in things they liked. People were supported to express their views about the care they received. People were able to develop and maintain social relationships that were important to them. People were supported by staff who respected their privacy.

People were supported to follow their interests and hobbies and had regular reviews with staff about how they wanted to be supported. Care records had recently been reviewed and updated so they reflected how each person wished to receive their care and support. People were encouraged to express their views of the service and assured that the acting manager would respond to concerns raised.

Prior to our inspection we had received concerns that the manager had not been effective in retaining and developing staff or monitoring the quality of the service. We found the manager no longer worked at the service and the acting manager was taking action to address these concerns. People and staff were pleased with the leadership of the home and told us it had improved. The acting manager had taken action to improve the quality monitoring of the service and also reviewed incidences to identify any trends which may affect the quality of the service. The provider did not conduct their own audits or checks of the service to identify if actions taken by the manager and acting manager were effective or if the quality of the service was at risk.

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 consistently safe.

Staff we spoke with knew how to keep people safe from the risks associated with their specific conditions however people were not always supported in line with their care plans.

People received their medicines as prescribed although people's drink thickeners were not always stored securely.

There were enough suitably trained staff to respond promptly to people's needs.

People were protected from harm by staff who knew how to identify and report signs of abuse.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

Staff respected people's wishes and supported people in line with The Mental Capacity Act 2005.

People received the appropriate nutrition to maintain their health.

People were supported to make use of the services of a variety of mental and physical health professionals.

Is the service caring?

Good

The service was caring.

People had built up caring relationships with the staff who supported them.

People were supported to express their views.

Staff respected people's privacy.

Is the service responsive?

Good

The service was responsive.

People were supported to follow their interests and hobbies.

People said the registered acting manager and staff were approachable and would take action to address their concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There had been no registered manager in place for twelve months.

The provider did not conduct regular audits of the service.

People who used the service and staff told us the service was improving and the acting manager was a good leader.

The 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 inspection took place on 9 October 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor 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 service. The specialist advisor had experience of providing nursing care to people who use this type of service.

The inspection was prompted in part by information of concern we received about the service. This information included concerns about how people were kept safe, staffing levels, record keeping and leadership. This inspection examined these risks. As part of planning the inspection we reviewed any information we held about the service. We spoke with a person who commissioned packages of care from the service and reviewed their quality audits of the service. We also checked any notifications the provider had sent us. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our visit we spoke with seven people who used the service and four people's relatives. We also spoke with the acting manager, an agency nurse, a senior carer, four care staff, the activities co-ordinator, chef, kitchen assistant and laundress. We also spoke to two physiotherapists and a quality improvement nurse who were visiting the service. We sampled four people's care plans and the daily care / observation records of four other people. We looked at six people's medicine records and other records including staff training, complaints and quality monitoring. 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.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in November 2016 we rated this key question as 'requires improvement' because staff did not always respond promptly to people's needs and people's nutritional needs were not being monitored. At this inspection, we found the provider had taken action to successfully address these issues however concerns regarding protecting people from the specific risks associated with their conditions and medicines management means that the rating for this key question remains 'requires improvement.'

People had risk assessments in a range of areas such as falls, and moving and handling. Although we saw staff generally supported people line with these assessments this was not consistent. Six people had pressure relieving mattresses in place for the prevention of pressure sores. The settings on five of the mattresses were set at an inappropriately low level for the people's weights. We were unable to verify the setting for a sixth person's mattress as the acting manager and nurse could not confirm the correct setting for this type of mattress. This placed these people at increased risk of discomfort and developing pressure sores. The acting manager took action to ensure the mattresses would be set at the correct settings

Some people required the aid of a hoist and sling to help them move. We observed staff were confident when using a hoist and people appeared relaxed during the manoeuvre However we witnessed two people were moved by staff using incorrectly sized slings. Three members of staff told us that not everyone had their own sling and people shared slings when using a hoist. This meant there was a risk staff would use an incorrectly sized sling when assisting other people to move using a hoist. The acting manager told us they would ensure the appropriate slings were in place.

Staff we spoke with knew how to keep people safe from the risks associated with their specific conditions. We observed staff support one person who was known to regularly fall asleep whilst in an armchair. Staff put a table and cushion in front of the person and placed a neck pillow on them so they would not hurt themselves if they fell forward while asleep. People's care records contained details of the checks staff were to undertake in order to monitor people's conditions. We reviewed the checks staff had completed the night before our visit for two people and found these had been completed in accordance with their care plans. This ensured staff would have been able to take appropriate action if a person's conditions had deteriorated. Two members of staff who had recently started working at the service told us checks had been carried out through the Disclosure and Barring Service (DBS) prior to them starting work. They also told us the acting manager had taken up appropriate references on them and they had been interviewed as part of the recruitment and selection process. This ensured people were supported by suitable staff.

Medicines were administered safely. Thickener (used to thicken fluids for people with swallowing difficulties) was not always stored safely as we saw it left unattended in a dining room and a person's bedroom. There was a risk that this powder could be accessed by people who used the service. We made the nurse aware of our concern who took immediate action to ensure the thickener was stored safely. We looked at seven people's topical creams records. Body maps and paperwork to advise care staff where creams should be applied were not fully completed. In one instance staff had only recorded, 'creams applied by carers'. Seven out of eight pots of cream stored in peoples' rooms did not have a date of opening on them. This meant we

could not be assured that people had received their creams appropriately or if the creams being used were still within their shelf-life.

Where people had 'as required' (PRN) medicines in place there were protocols to guide staff on when the medicine should be administered. One person had been prescribed PRN pain relief and had been given it when they told the nurse they were experiencing some pain. The person told us, "They are very good. If I need it, I get it". We checked the balances of four people's medicines. All medicines were correct. Recording of the administration of medicines was clearly documented and administered correctly. This indicated people had received their medication as prescribed.
Medicines were stored appropriately in a locked cupboard in a dedicated medicines room which was kept locked. A pharmacist was assisting the service with obtaining and installing a bigger cupboard for storing controlled drugs. These are drugs which could be very dangerous if not taken as prescribed.

Prior to our inspection visit we received information that people were being supported by a high number of inconsistent agency staff who did not know their care needs. We found however the acting manager had taken action to ensure people were supported by consistent staff by recruiting permanent staff and reducing the need for agency staff. One person's relative told us, "I know all the staff". Another relative told us, "There is plenty of one to one contact and the girls stop for a chat although they are very busy". Several people said they felt the staff were busy and occasionally had to wait for support, however no one said this was a problem. One person told us, "Sometimes when I need help I do have to wait a while, they always apologise for making me wait". Staff told us they often worked alongside regular agency staff. One member of staff told us, "We have regular agency staff we get on with. They are part of the team". There were enough staff to regularly check that people who were unable to use a call bell were well and to see if they needed anything. Room visit check sheets showed staff checked on these people within the specified timescale.

People told us they felt safe in the home. One person said, "I feel safe, I have my handbag and there is money in it and it stays there". A person's relative told us, "I am confident of [person's name] safety". We saw that people looked relaxed in the company of staff and confident to approach them for support.

Staff demonstrated that they were aware of signs which may indicate that someone was being abused and the action to take. One member of staff told us, "I would go to the senior carer and inform the acting manager. There is a whistleblowing policy but I'd be happy to speak with [acting manager's name]". An agency nurse working at the service told us, "I'd report to the manager. If I needed to I would report above the manager and also to the local authority, CQC and police". This meant that people would receive support to protect them from the risk of abuse.

Good

Is the service effective?

Our findings

At our last inspection in November 2016 we rated this key question as 'Good' and we found the provider had maintained this standard. People told us they were pleased with the support they received. One person told us, "They are nice to me. I am alright and they look after me. They do their job well".

Prior to our inspection visit we had received information that a turnover of staff had resulted in people being supported by staff who did not know their care needs. Our inspection findings did not support this. We found that people were supported by consistent staff who had the skills and knowledge to meet their needs. One person told us," They do show us they have experience and are knowledgeable". Staff told us they received regular training which had equipped them with the abilities to meet the care needs of the people they supported. One member of staff told us, "I have leg ulcer management training tomorrow". The nurse at the service was from an agency and told us they had received basic training from the agency as well as training at the service to ensure they had the skills to meet people's health needs. They said, "Before [name of person with a PEG] came home from hospital all of the staff had PEG training," and "Nurses from the agency don't work here if they haven't had PEG training".

Staff knew how to meet peoples' specific needs. A member of staff described how they supported a person with complex needs and we saw this description was in line with the guidance in the person's care plan. Two new members of staff told us they had received induction training when they first started to work in the home and the acting manager had observed their practices to check they had the skills to support people appropriately. Staff received regular updates in relation to basic skills and received additional training when necessary and as people's care needs changed. We spoke with a visiting quality improvement nurse who was working with the staff to reduce the incidences of specific infections at the service. They told us, "Staff have engaged really well with the project. Staff have made suggestions and come up with ideas about how things can be done. There have been definite improvements in the monitoring of people's fluids".

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 told us staff asked their opinions and respected their wishes. One person told us, "I can do what I want to do; I can spend all day in my room if I want to. I can go into the garden from my room if I want to". A nurse demonstrated an understanding of the MCA and what this meant for the people they were looking after. They told us, "You have to assume everyone has capacity unless assessed otherwise. Some people might not have capacity or have a little bit of capacity but they can still make choices like what to drink or eat". Assessments were undertaken when people were felt to lack the mental capacity to make decisions about their care. For those people, meetings were held between people who knew them well in order to help make decisions in the person's best interests when necessary.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were aware of authorisations to restrict people's freedom. There were processes in place to ensure the correct authorisations would be obtained and reviewed when necessary. People's rights were respected in line with the MCA.

People told us they had a choice of meals they enjoyed. One person told us, "The food's very good. I haven't gone hungry yet". A person's relative said, "The food is perfect, she likes it and there is plenty of choice." A kitchen assistant said, "People can get what they want [to eat]", and the chef explained how people were offered a choice between two main meals but they always made more of each option in case people changed their minds. We saw that during lunch a person who didn't want either choice of meals was offered an alternative meal which staff knew they liked. The person was very happy with this meal. Staff offered people a choice of drinks and condiments with their lunch but placing these on the table so people could help themselves would have further promoted their independence and choice.

Since our last inspection, we had found improvements had been made to ensure people received sufficient food and drinks. Where people were at risk of malnutrition or had lost weight, they were commenced on a food and fluid intake chart. People's food and fluid charts were fully completed with detailed records of what the person had eaten and drunk. One person who had lost weight was being weighed weekly and had their food intake monitored. A dietician and GP had been requested to review the person. Handover records showed people's dietary intake was checked by the nurse and discussed with care staff.

People were supported with accessing other professionals to meet their needs such as a GP or optician. This enabled people to receive expert advice and treatment in addition to ongoing support provided by staff at the home. Two physiotherapists who were visiting to support another person said they were confident staff would follow any advice and guidance given. This supported our judgement that people promptly received appropriate support when their conditions and needs changed.

Good

Is the service caring?

Our findings

At our last inspection in November 2016 we rated this key question as 'Good' and we found the provider had maintained this standard.

People told us that the staff were caring. One person said, "I like it here, they make me a lovely cup of tea. I have some good friends here and they look after me really well". One person's relative said, "The carers always stop and give a resident a kiss and a cuddle if they want one, they are very caring". Another person's relative told us, "Staff are very caring".

Staff spoke fondly about the people who used the service and how they enjoyed supporting them to engage in things they liked. One member of staff told us, "I love the residents." Another member of staff said, "Residents are fantastic. There are some good carers, they are caring." People were confident to approach staff and on one occasion we observed visitors and carers having a friendly chat and discussing the weather and how pleasant it had been over the weekend. Staff took an interest in people's views.

People were supported to express their views about the care they received. One person's relative told us, "I have regular meetings with the manager; she is very good and very nice". Staff could explain the specific communication needs of the people they supported and we saw staff engage in meaningful conversations with people.

The acting manager told us they were taking action to resource some aids to help ensure people's communication needs were met when their conditions changed. We saw that people were able to develop and maintain social relationships that were important to them. There were frequent visitors to the home and relatives told us they were made to feel welcome. Records showed that there were regular resident and relative's meetings. Staff had regular reviews with people about how they wanted to be supported. One person's relative told us, "They have salmon sandwiches as she and some other residents said how much they like salmon".

People were supported to be independent. We saw people were provided with equipment so they could move around the home and eat without the need for support. People's care plans contained details for staff and how to promote people's independence when supporting with personal care. This helped promote peoples dignity and sense of self-reliance.

People were supported by staff who respected their privacy. A person's relative told us, "From what I have seen they are completely respectful of dignity and privacy when it comes to personal care or anything". We observed staff talked to and about people in a respectful way and knew the preferences and needs of the people they supported. People were treated with dignity and respect and staff supported people discreetly when providing personal care. Staff knocked on doors before entering and spoke with people using their preferred names. On one occasion we observed staff responded promptly to preserve a person's dignity when the covers fell off their bed.

Good

Is the service responsive?

Our findings

At our last inspection in November 2016 we rated this key question as 'Good' and we found the provider had maintained this standard.

People were supported to follow their interests and hobbies. One person told us, "I like to knit and play bingo. I have a drop of whiskey in my drink sometimes. I have what I like for lunch and for breakfast. They come round every day with a list of things to choose from". Another person told us, "I like it here. I like playing bingo and play your cards right. There is always something going on". We observed two carers playing bingo with the residents. The residents were enjoying it and one person was being helped by a carer to mark their bingo card. The carers were engaging with people and they were all enjoying the game, they were laughing and staff were helping people when needed.

Before people came to live at the home their needs had been assessed by senior care staff. Care records had recently been reviewed and updated so they contained personalised information for staff about people's health, social care and spiritual needs. They reflected how each person wished to receive their care and support. For example, one person had been involved in discussions about their wishes and the support they wanted towards the end of their life. Their care record held a note of the discussion and documented that the person 'does not wish to be resuscitated'. Another person's care record stated their faith but said they were not practicing and did not wish to attend church services. However we saw that those people who wanted to were supported to practice their chosen faith.

People were supported to meet and socialise with others. There had been various social events held at the service such as fetes which people could invite their families and friends to. There were group outings and during our visit people were supported to engage in interests they shared such as bingo. This enabled people to meet with friends and the opportunity to form meaningful relationships.

Staff told us they worked flexibly in order to promptly meet people's needs and wishes. One member of staff who was sitting and talking with two people told us, "We try and fit in with people". Another member of staff told us, "We go out to buy clothes. We have trips to the pantomime". During our inspection visit we saw staff were generally responsive to people's needs however we did observe some task orientated practices which were not focussed around the needs of the people who used the service. These included staff sitting people at dining tables for up to 15 minutes with no interaction or stimulation before their meals were ready and storing large quantities of medical supplies in people's wardrobes. One person's relative told us, "I would like to buy her more dresses but I can't fit them in the wardrobe (because of the medical supplies)".

People told us they were happy living at the home and had not needed to raise any complaints. We saw there was a range of ways for people to feed back their experiences which had resulted in changes to the environment and the range of meals available. Details of the provider's formal complaints policy were available in the reception. We saw the acting manager maintained a record of comments and feedback and had taken action to prevent similar concerns from reoccurring such as ensuring people being supported by regular staff. People were encouraged to express their views of the service and that the acting manager

would respond to concerns raised.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in November 2016 we rated this key question as 'Good'. However at the time of our inspection visit, a registered manager had not been in place at the service for 12 months. Failure to ensure a registered manager was in place limits the maximum rating we can award for this key question to 'requires improvement'. The registered manager had left the service in September 2016 and a new manager had not applied for registration before they also left the service in September 2017. The provider had not ensured a robust contingency plan was in place to ensure a registered manager was in place at the service. The acting manager told us that a clinical lead who was due to start work at the service would apply to become the registered manager. Failure to ensure a registered manager was in place is a breach of Regulation 5, Care Quality Commission (Registration) Regulations 2009.

Prior to our inspection we had received concerns about poor leadership at the service and failure to take effective action to address concerns. We found that the acting manager had identified several issues and was taking action to improve the service. They had taken action to ensure care records were regularly reviewed and updated. Errors in medication records had been identified and actions taken to prevent them from happening again. We saw that recent equipment checks had resulted in action being taken to ensure a piece of equipment remained effective and available should someone at the service suffer a cardiac arrest. The acting manager had referred to reports from other services to improve the quality of care people received. They had responded to concerns raised by a local continuing healthcare organisation (CHC) by improving their record keeping, specific clinical practices and infection prevention and control systems. The acting manager reviewed incidences to identify any trends which may affect the quality of the service.

We found the provider did not conduct their own audits or checks of the service. People told us the quality of the service had been deteriorating until the acting manager took over the leadership of the home. However, the acting manager was unable to show us any evidence that regular checks had been completed by the provider. Robust checks may have enabled the provider to take prompt and effective action to address people's concerns about inconstant staffing and the lack of a registered manager.

Several people told us the home was improving since the acting manager took over the leadership of the service. One person told us, "I like it here. The carers look after me. I am very happy". Another person said. "I like it here very much, they look after me very well. A person's relative told us, "The home has a more comfortable feel about it since the other manager left. It's much calmer now". Several staff told us the acting manager had taken action to improve and clarify their roles and responsibilities. A member of staff said, "I feel things are getting back to normal [since staff left]". Another member of staff told us, "Now [the acting manager] has come we have got tasks and are being guided. She observes us and checks we are ok if she's not here". We observed the nurse and senior care worker leading the shift and providing advice and guidance to the care staff. A new member of staff said, "I'm really enjoying it [working at the service]".

The acting manager understood their responsibilities to the commission. They had notified us of events they were legally required to do so. The service's latest ratings were on display in reception and the acting manager could explain the principles of promoting an open and transparent culture in line with their

required duty of candour. Although the manger only visited the service two days a week, staff said they were easily contactable for advice and guidance. One member of staff told us, "[They are] very good. Any problems you can go straight to her". Another member of staff confirmed that when necessary they had always been able to contact the acting manager at nights and weekends.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 5 Registration Regulations 2009 (Schedule 1) Registered manager condition The registered provider had not ensure that the regulated activities were managed by an individual who was registered as a manager in respect of those activities.

The enforcement action we took:

Following standard process.