

The Brandon Trust

The Willows Nursing home

Inspection report

West Wick
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Date of inspection visit:
20 May 2017

Date of publication:
30 May 2017

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

The Willows Nursing Home is registered to provide accommodation for a maximum of seven people. The home specialises in providing care to adults who have a learning disability and complex support needs. At the time of our inspection seven people were living at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

The provider ensured that new staff completed an induction training programme which prepared them for their role. Training was completed in essential matters to ensure staff and people at the service were safe. Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager to discuss their work and development.

People were supported to maintain good health and had access to external health care professionals when required.

Staff were caring towards people and there was a good relationship between people and staff. Staff demonstrated an understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the registered manager as supportive. Feedback from people and their representatives confirmed they were happy with the service and the support received.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service has improved its rating from Requires Improvement to Good.

People received good care that was personal to them. Each person and their representative were involved in the assessment of their needs and preferences.

People maintained contact with their family and were therefore not isolated from those people closest to them.

There were systems in place to respond to formal complaints and this was set out in a written policy.

Is the service well-led?

Good ●

The service remains Good.

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 checked 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 20 May 2017. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. This inspection was carried out by one inspector.

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 improvements they plan to make.

On the day of the inspection we spoke with the team leader, three members of staff and the registered manager.

During the inspection we met six people living at the service. One person was on holiday. The majority of people communicated through non-verbal means. One person was able to communicate by using 'yes' or 'no' answers. We observed interactions with people to establish how well they were supported and their relationships with the staff.

We looked at three people's care and support and medicine administration records. We also looked at records relating to the management of the service such as the daily communication records, incident reports, audits, supervision and training records.

Is the service safe?

Our findings

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was manageable. Staffing rotas demonstrated that the staffing levels were maintained in accordance with the dependency needs of the people who lived at the service. We observed that there were sufficient staff to help people when needed, such as providing assistance with meals, taking people out and undertaking personal care. The service is currently undertaking a recruitment drive to employ more staff.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with the team leader or registered manager and that they would be listened to. Staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Risks to people were assessed and where required a risk management plan was in place to manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as manual handling, pressure sores, eating and nutrition, medication and use of bed rails. Assessments were reviewed regularly and updated, when required. One person did not chew their food and was at risk of choking. We observed a member of staff following the person's 'risk assessment and reducing record' by cutting their food into small pieces and providing support whilst eating.

In the event that people were involved in accidents or incidents, these events were reported and recorded by staff, and action was taken to reduce the risk of things happening again. For example, one person had red marking on their skin. New slings were ordered to ease their discomfort.

Medicines were managed safely. Staff had received training in medication and were assessed regularly. PRN protocols were in place for each person. The term PRN is given to a medication which is to be taken 'when required' and is usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly. Robust systems and procedures were in place to ensure people's medicines were ordered, stored, administered and disposed of safely. Stock checks of all medicines were undertaken and these had been clearly documented. When we spot checked some medicines, we found the balances to be accurate. Best interests meetings had been held in relation to the decisions taken to administer some people's medicines covertly.

People were cared for in a safe, clean and hygienic environment. The rooms throughout the service were well-maintained. Staff were allocated cleaning duties and the tasks were recorded on schedules once

completes. Environmental checks had been undertaken regularly to help ensure the premises and equipment were safe. These included, fire safety, gas, water, building and hoist maintenance.

Is the service effective?

Our findings

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and found that it was. The registered manager had made applications and any conditions where an authorisation was in place, were being met.

The provider ensured that people and their representatives had given consent before any care and treatment is provided. We saw evidence of mental capacity assessments and best-interests decision-making in the care files we looked at. These related, for example, to the use of bed rails, use of wheelchair straps, annual flu vaccine and having medical examinations to keep people safe.

People received effective support from staff who had the skills and knowledge to meet their needs. The provider ensured that new staff completed an induction training programme which prepared them for their role. A training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. Staff received on-going training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in key aspects of care to ensure staff and people at the service were safe. Additional training specific to the needs of people who used the service had been provided for staff, such as communication and sensory impairment awareness and dysphagia training.

Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People's nutrition and hydration needs were met. People's dietary and nutritional needs had been assessed and managed, with the specialist input of the local speech and language therapy team and others, where required. People had access to appropriate adapted equipment and individualised support to help them eat and drink. Staff had received Percutaneous Endoscopic Gastrostomy (PEG) Training. PEG feeding is used where people cannot maintain adequate nutrition with oral intake. Clear instructions were held in people's support plans for staff to follow. Documentation demonstrated that the person's specific PEG instructions were followed.

People were supported to maintain good health and had access to external health care professionals when required. We saw people had received input from the GP, community learning disability team, tissue viability nurse and the nursing community team.

Is the service caring?

Our findings

One person answered "yes" when asked if they liked the staff and thought they were caring. Enabling relationships had been established between staff and the people they supported. Support plans to enhance people's independence were promoted by the service and staff members, as far as possible. Each person's 'plan for life' held essential living plan needs which specified the support required by the individual.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. One member of staff provided examples of how people preferred to be supported and told us they encouraged people to be independent, as far as possible. To assist one person making a decision this included providing no more than two choices at time and using pictorial indicators, where appropriate. Each person had a keyworker. The key worker dealt the person's daily living requirements, helped organise their chosen activities and acted as the first port of call for family members.

People were supported with their personal care needs with dignity and respect. One person is wary of the hoist. Staff are aware of their need to provide eye contact, smile and provide reassurance. One member of staff told us; "You have to take it slowly and be steady and talk through what you're doing." The objective is to make the experience as pleasurable and stress free as possible. The person's personal care support plan was detailed and provided exacting details of how the person should be washed to maintain their dignity. Staff emphasised the need to protect the person's dignity whilst providing personal care.

Our observations showed that good relationships had been established between staff and the people they provided care for. We observed numerous positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking an active interest in what people were doing and asking how people were feeling. Staff continually offered support to people with their plans. One person liked being read to in their room. We observed staff spending time with them reading and listening to hymns. One person was taken out for a walk. Other people spent time together in the communal lounge watching TV and engaging in interactive activities with staff. People were having a takeaway together in the evening. The service ensured that people's spiritual needs were met. Some people attended church and one person was visited by a church member.

Staff respected people's privacy. People were able to have time alone whenever they wanted and if they wished to stay in their rooms they could. One person liked spending time on their own and particularly liked listening to music. Staff knocked on their door and checked on them periodically to ensure they were safe. People decisions were also respected regarding their choice of décor in their rooms.

There was a relaxed environment throughout the service and a homely feel with people's photos and personal belongings throughout. There was lots of laughter and positive interactions between staff and people.

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared happy living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed regularly and a formal review was held once a year and if people's care needs changed. Reviews included comments on the support plan, daily living skills, dealing with finances, hobbies and interests, emotional health and well-being, eating and drinking and intimate personal care. Staff responded to any issues identified by the person by amending plans of care and changing activity programmes and reviewing routines. For one person this included the need to try different temperatures for food and drink due to dental sensitivity and trying more indoor activities for their stimulation.

People held their own communication passports which identified how they communicated and how staff should communicate with them. One person had a good understanding of verbal communication. Staff were aware of the need to ask the person short questions that were not too complex. The person liked to be able to answer questions and make their own decisions. This was enabled by staff. We observed staff offering them a choice of music and gave them options of how they would like to spend one-to-one time with them.

People's individual needs were recorded and specific personalised information was documented. Each person's care plan included profiles agreed regarding what was important to the person and how best to support them. People undertook activities personal to them. One person with the support of their family and keyworker was planning a cruise for a notable birthday. People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. A number of family members visited the service and their relatives visited them at their home. The documentation demonstrated that they formed part of the decision making process about their relative's care.

The provider had systems in place to receive and monitor any complaints that were made. During 2017 the service had not received a formal complaint. We did note that the service had received a number of compliments. A health professional recently commented; "Every time I have visited The Willows the staff have been exceptionally friendly, competent and flexible to all the needs of the patients." Another health professional stated; "[Staff member's name] was able to provide all relevant information for a service user's epilepsy review. She clearly knows the service user well and demonstrates a caring attitude towards them. An enjoyable assessment. Thank you."

Is the service well-led?

Our findings

There was a registered manager in post. 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.'

Staff described the registered manager as supportive. The registered manager encouraged an open line of communication with their team and held regular team meetings. Staff members confirmed that they would approach the registered manager if they had any concerns. Staff we spoke with felt supported with their training and supervision programme. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support, such as trying new activities. Staff comments included; "The level of care is good. It's a good place to work and we take pride in our work. People's needs are met on the whole. It would be good to get out more. Not having a mini-bus is a slight issue"; "It's not just a job. The staff are invested in the people. We make sure people have nice things and activities. It would be nice to have more activities with an additional member of staff"; "I would feel confident to approach the manager. The [registered manager's name] is approachable and she visits regularly. My line manager is supportive. I'm happy here."

People and their representatives were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals. Comments from a recent family survey included; "[Person's name] had lovely bubble baths which he enjoys. I'm involved appropriately in planning my relative's support"; "The Willows is a lovely place. [Person's name] is well-looked after. There is nothing I would want to change"; and "On the whole we are really happy with [person's name] being at The Willows as she is happy. We really miss the bus to take [person's name] out when we would like to."

To ensure continuous improvement the registered manager conducted regular compliance reports reviewing the five domains inspected by the Commission. A recent safe audit reviewed areas such as safeguarding, people's safety, risk management and emergency plans. The observations identified compliant practice and areas where improvements were required. One of the recently achieved objectives was the decrease in use of agency staff and continuing with their recruitment drive. Good news stories were also identified which highlighted staff input into enriching people's lives, keeping them safe and how this was achieved by effectively managing their risks.