

Buckland Care Limited

Willow Bank House Residential Home

Inspection report

Willow Bank House
Tilesford Park, Throckmorton
Persore
Worcestershire
WR10 2LA

Tel: 01386556844

Website: www.bucklandcare.co.uk

Date of inspection visit:
12 May 2017

Date of publication:
07 June 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced comprehensive inspection of this service on 24 May 2016. After this inspection we received concerns in relation to staffing levels and how people's care was managed. These included concerns in relation to people's mealtime experiences and how the development of staff was managed. As a result we undertook a focused inspection to look into those concerns on 12 May 2017. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willow Bank House Residential Home on our website at www.cqc.org.uk

Willow Bank House Residential Home is registered to provide accommodation for up to 63 people who may be older people or living with dementia or physical disability. There were 60 people living at the home at the time of our focused inspection on 12 May 2017.

A registered manager was in post at the time of our inspection. 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.

People were relaxed when supported by staff. People and their relatives were confident if they raised any concerns about people's safety or well-being staff would take action to support them.

Staff understood risks to people's safety and took action to meet people's safety needs. Staff sought and followed the guidance given by external health professionals, so people's safety would be promoted.

There were enough staff to care for people promptly and to chat to people so they did not become isolated. People were supported by staff to have the medicines they needed in ways which reduced risks of errors.

People and their relatives found the registered manager and senior team to be approachable. The culture in the home was open and relatives were kept informed of developments at the home.

Staff knew what was expected of them and were supported to provide good care.

The registered manager regularly checked the care people received and used their findings to drive through improvement in the care provided. The registered manager recognised people's needs were changing and worked with other organisations so people would enjoy the best well-being possible as their needs changed.

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 had been changes in the staff who supported people. Temporary and newly recruited staff had been supported to understand how to care for people. There was enough staff to meet people's care and safety needs. Staff understood how to raise any concerns they had for people's wellbeing and safety. People's individual risks were taken into account by staff in the way they cared for them. People received the assistance they needed to have their medicines safely.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were positive about the way the home was run. The culture was open and checks were in place to assure the registered manager people were receiving the care they needed in ways which promoted their well-being. The registered manager and provider had introduced initiatives to meet people's changing care needs and to develop the care provided further.

Willow Bank House Residential Home

Detailed findings

Background to this inspection

We undertook an unannounced comprehensive inspection of this service on 24 May 2016. We undertook an unannounced focused inspection of Willow Bank House Residential Home on 12 May 2017. This was because we had received concerns about how people's well-being and safety needs were met, including levels and consistency of staffing and how the service was managed, after our comprehensive inspection on 24 May 2016.

The service was inspected against two of the five questions we ask about services: is the service Safe? and is the service Well-Led? The inspection started at 8.30 am. We started our inspection at this time as we wanted to check if people received their care in ways which met their care and safety needs when they were supported across a range of times.

The inspection was undertaken by one Inspector.

Before the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also checked information which had been sent to us by other agencies. We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding some people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During the inspection, we spoke with 5 people who lived at the home and spent time with people in the communal areas of home to see how staff supported them. We also spoke with three relatives. Not everyone was able to talk to us directly, so 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.

We spoke with the registered manager, one senior staff member, three care staff, and an agency staff

member. We looked at a range of documents and written records including two people's care records, records about the administration of medicines, and how staff cared for people so their safety and well-being was promoted. We sampled staff rotas and permanent and agency staff induction records.

We also looked at checks the registered manager and senior staff undertook to assure themselves people were receiving care which helped them to stay as safe as possible. This included records of incidents and accidents, two staff recruitment files, medicine checks and health and safety audits. We looked at records demonstrating how the registered manager knew people were receiving the care they needed and quality assurance systems and plans for developing the care people received further.

Is the service safe?

Our findings

People told us they liked the staff caring for them and said this helped them to feel safe. One person said, "There's never been any nasty staff." One of the relatives told us, "[Person's name] is happy here and feels safe. You need to be able to trust them [staff] and we do." Another relative said because of the actions taken by staff, their family member was less anxious, and more settled. The relative told us, "It's as safe as houses here." All the people and relatives we spoke with were confident if they raised any concerns about safety or care needs staff would take action to promote people's safety.

Staff told us they had been supported to understand the best way to promote people's safety. One member of staff told us as part of their initial training, "Staff showed me how handle different situations, [when people were becoming anxious] and how to use equipment, so I know how to use it safely." We spoke with a staff member who had originally worked at the home as an agency staff member before being appointed permanently. The staff member said they had completed an induction designed for agency staff, initially. The staff member said, "I knew how to raise concerns and any safeguarding or health issues." We spoke with a member of agency staff on their first day at the home. The agency staff member said they had been given information so they would know the safety needs the people they were assisting.

We saw people were relaxed around staff. One person expressed this by hugging staff members on greeting them. People were comfortable to ask for help when they needed it.

Staff knew how to recognise if people may be subject to harm or abuse. One staff member explained it was expected staff would carefully listen to people if they raised any concerns, or if they appeared with unexplained bruises or showed unexpected changes in their behaviour. Staff were confident if they raised any concerns action would be taken. One staff member said, "They [Registered manager and senior staff member's name] would definitely do something about it."

People told us staff understood what care they wanted to remain safe and to experience the best well-being possible. One person said, "It's nice to be able to talk to [staff] if we are upset about anything." One relative told us, "Staff who have been here a long time know [person's name] needs well and the newer ones [staff] are learning, so there's no safety concerns."

Staff told us they found out about risks to people's safety by checking their care plans and through regular opportunities to communicate information about people's changing safety needs. One staff member explained the actions taken for one person so they would remain as physically safe as possible when they had become ill. The staff member said advice from the person's GP had been obtained and followed by staff. As a result of this, risks to the person including dehydration and experiencing pain had been reduced.

Another staff member told us how some people's underlying health conditions resulting in increased risks to people's skin health. The staff member explained how staff helped to promote people's safety needs in this area, so risks were reduced, and people enjoyed the best skin health possible. A further staff member highlighted checks they did on the equipment people needed to use, so they would remain safe. All the staff

we spoke with told us equipment was in place to support people and meet their safety needs. The registered manager told us new equipment had recently been purchased to help to reduce the risk of people experiencing falls.

All the staff we spoke with knew people's individual risks well. We saw people's care plans provided clear guidance for staff to follow so people's safety and well-being needs would be promoted.

People told us they did not have to wait long if they needed help from staff. One person told us, "There have been new staff recently, I get on well with them." Another person said, "There's enough staff." Relatives told us there were sufficient staff to meet their family member's safety and care needs. One relative said, "There's always enough staff to help people." Another relative told us about recent staff changes. The relative told us their family member had remained well and happy through the staff changes.

Staff told us there was staffing levels met people's care and safety needs. One staff member said, "Staffing [levels] are really good. Other staff came quickly when I needed to use the emergency button when someone had a fall." Another staff member told us there were times when staff were busy, but said, "Staffing levels in general are fine. You have time to chat to them [people]. Too many staff can cause confusion for people."

The registered manager had taken steps to ensure there were enough staff to care for people and meet their safety needs when staffing had recently changed. This included ensuring temporary staff had received the information they needed to care for people. The registered manager confirmed recent recruitment had resulted in the use of less agency staff. Records we saw confirmed this. We saw when people wanted reassurance or practical support from staff this was provided promptly. For example, when one person was becoming distressed three staff members came to reassure them. We also saw call bells were answered promptly and there were enough staff to give people the care they needed and to spend time chatting to them, so they did not become isolated.

People and their relatives told us people received their medicines regularly. Staff told us they were not allowed to administer medicines until they had received training and their skills had been checked. Staff told us about the regular checks on medicines made by the registered manager and external pharmacists. By doing this, the manager was assured people received their medicines in a safe way.

We saw staff kept clear records of the medicines administered to people and people's medicines were securely stored.

Is the service well-led?

Our findings

People enjoyed spending time with the senior staff and sought them out to chat about their day. People and their relatives told us they knew the registered manager and senior staff well. One relative told us, "I know the home is run well, because [family member's name] is as happy as a pig in muck. [Registered manager and senior staff member's name] know how to handle things."

Staff were positive about the way the home was run and told us they found senior staff approachable. One member of staff said because of this, "I love it here, because the atmosphere is relaxed for residents." Another staff member told us, "You work as a team, and you prioritise, so people get the care they need."

We saw people were relaxed when talking with senior staff and people looked forward to seeing senior staff and the registered manager when they started their shifts. People wanted to talk about their care senior and to chat with senior staff. We saw when this happened the registered manager and senior staff focused on the wishes of the people who spoke with them. By doing this the registered manager and senior staff were assured people were receiving the care they wanted.

Relatives told us communication with the registered manager and senior team was open. One relative said this helped to ensure their family member was cared for in the best way for them. Another relative told us the registered manager had written to them about the recent staff change and said, "[Registered manager's name] was open about this." Another relative highlighted how effectively the recent recruitment at the home had been done by the registered manager. The relative told us, "They [staff] have love in their hearts, even [new staff member's name]." The relative said because of this their family member was less anxious. The registered manager said, "New staff need to be made welcome when starting."

New staff we spoke with told us they had been supported well when they first came to work at the home. One staff member explained they had worked with more experienced staff until they knew people well and were confident to provide the care people required. Another staff member said, "They [Registered manager and senior staff member] want good staff and to know they care for people properly." Another staff member explained when they had commenced employment at the home they had read key policies and been issued with a staff handbook. By doing this, the registered manager was assured new staff knew how to raise any concerns they had for people and what to do if they felt their concerns were not addressed.

Staff described the culture at the home as open and explained this helped them to understand how senior staff wanted care to be given. One staff member said, "It's about the residents, about being person centred. They [people] decide what they need."

We saw the registered manager had undertaken checks so they could be assured the staff they were recruiting were suitable to work with people. The registered manager told us as part of the interview process they checked people's reason for leaving their last employment, and gave us assurances this would be consistently recorded.

Relatives and staff told us they would be comfortable to make suggestions for improving people's care further. One relative said, "You can always ask. [Registered manager's and senior staff member's name] will sort anything out." One staff member explained they had made suggestions to improve one person's care which required advice from the person's GP. The staff member told us senior staff had consulted with the person's GP and plans were agreed, so the person continued to receive the care they needed. Another staff member told us they did not have to wait until staff meetings to make suggestions to improve people's care. The staff member said staff were encouraged to make suggestions at any time. The staff member gave us an example of a suggestion they had made which had been acted upon, so a person living at the home had the equipment they needed to stay as safe as possible when they moved round the home.

One relative said, "They [registered manager and senior staff] go round and check everybody is alright." We found senior staff and the registered manager knew the needs of the people living at the home well. The registered manager explained recent checks they had done had highlighted the needs of people living at the home were changing.

The registered manager said, "We'd seen there had been a jump in the number falls, so started to see what we could do about this." The registered manager told us about the work they had done with other health and social care professionals with a view to reducing people's risks of falls further, based on best practice standards. The registered manager also told us they had been supported by the provider to purchase new equipment to reduce the likelihood of people experiencing falls.

The registered manager explained about actions they were taking to develop the care provided to people further in respect of continence care. This included specialist training from continence advisors and changes to the types of flooring in some areas of the home, so people had a pleasant environment to live in, with the risk of infection reduced.

The provider and registered manager regularly undertook checks on the care people were receiving. These included checks on staffing levels and staff training, complaints made, medicines administered, equipment and accidents and incidents.

We saw action plans had been put in place to drive improvements in the service for the benefit of people living at the home. The registered manager said, "You don't want to miss anything. You ask yourself, have you explored everything?" The registered manager told us they planned to introduce more checks as people coming to live at the home experienced greater needs and frailty. The registered manager told us learning from this would be shared across all the provider's homes.

People and their relatives and other professionals were asked to provide feedback on the care provided to inform further development of the home. We saw the most recent feedback had been positive. The registered manager gave us an example of how feedback from people and their relatives was used. As a result of how much people had enjoyed a "beach day" at the home last year another one was planned this summer.