

Willows Care Centre Limited

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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 Care Centre is purpose built and provides care for up to 128 people. The home provides residential care for elderly people, people experiencing symptoms of dementia and nursing care for the frail elderly. At the time of our inspection there were 112 people using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to support them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

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

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. Drinks and snacks were available throughout the day.

People were supported to access a variety of health professional when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place which was accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

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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 29 and 30 March 2017 and was unannounced.

The inspection was carried out by two inspectors, 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 adviser was a qualified nurse.

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. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in April 2015.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, medication administration, activities and general observations.

We spoke with 12 people who used the service and six relatives of people who used the service. We also spoke with the registered manager, the deputy manager, two unit managers, two team leaders, a senior health care assistant, four health care assistants, two assistant cooks, the senior cook and a visiting physiotherapist.

We reviewed 14 people's care records, 14 medication records, nine staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe here, I have a walker and I don't have falls anymore." A relative said, "My main concern is that [Name of person] is safe and she is. [Name of person] wasn't safe at home but she is here." Staff told us, and records showed, they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I would report to my unit manager or the manager." Staff also knew names of provider's management team who they could contact should they require additional support with safeguarding.

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. These had been developed with input from the person, staff and other professionals if required. They covered a variety of subjects including, moving and handling and tissue viability. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

The provider had a business continuity plan. This was to ensure people would still receive the care and protection they required in the event of evacuation.

Staff were recruited following a robust procedure. One staff member said, "I left and came back but I still had to get references and checks before I started again." Documentation showed this had been carried out for all staff before they started. Rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people who used the serviced required.

People's medicines were managed safely. We observed medication being administered. This was carried out correctly and records were completed. Medicines were stored correctly in locked trollies in locked rooms.

Is the service effective?

Our findings

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. One staff member said, "We have a lot of training, some e-learning some face to face." The registered manager told us they had recently employed an on-site trainer. This enabled some training, for example moving and positioning, to be carried out when required. Documentation we saw confirmed all staff had completed training appropriate to their role. On the day of the inspection some staff were being enrolled on nationally recognised qualifications.

Staff told us they were well supported by the registered manager. One said, "We can go to her if we have a problem, we can also go to managers above her but we usually go to our unit managers." We saw records which showed staff received regular supervisions and competency observations.

We observed staff gaining consent throughout the inspection. For example people were asked if they wanted assistance, were ready for their medication or wanted their meal.

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 we spoke with showed a good understanding of MCA and DoLS and were able to tell us who was subject to DoLS and why.

People told us they enjoyed the food. One person said, "The food is very good here and there's always bits and pieces to pick at." Snack baskets were placed around the units with both fruit and biscuits and crisps available to all. Menus were displayed in each unit along with the four weeks menu. When required, staff assisted people with their eating and drinking in a relaxed manner.

The senior cook told us there were always two main course choices at lunch time but they would do anything else if someone fancied it. On the day of our inspection we observed lunch. The cooks knew who required a specialist diet and who needed their meals fortifying. They also had a file of individual's food likes and dislikes to ensure they catered for individual's specific preferences.

People were able to access additional healthcare when required. One person said, "I can see the doctor if I'm not well but there are nurses here." A relative told us, "They look after her health wise, she's anaemic and so the District Nurse comes in to give her injections, they sort all that out."

On the day of the inspection we observed a physiotherapist visiting. Documentation showed people had attended hospital appointments as well as being seen by a chiroprapist, optician and nurses.

Is the service caring?

Our findings

It was evident from our observations that people were treated with kindness and compassion. One person said, "The carers are really good." One relative said, "They've really done well at getting her time clock back in order, they've worked hard so that she doesn't go to bed straight after lunch and is then up all night. They've been excellent." Staff were able to tell us about each individual, for example their likes and dislikes, background and family. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks.

Care records we viewed showed the person or relative if appropriate had been involved. A relative told us, "They do review her needs and that plan and our family is involved in that too."

The provider told us that there was an advocacy service available for anyone who needed it. Posters were seen on notice boards on each unit.

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Every member of staff had their own individual log in for the computer system.

We saw people's privacy and dignity was kept at all times, for example being spoken to appropriately, using the name of their choice and when being assisted with meals or care. One person said, "They are very good, they always ask me before they do anything, it's my choice. They are very respectful of my wishes." Staff had an understanding of privacy and dignity. One staff member said, "We make sure doors and curtains are closed when providing care. Also cover up the bits you are not washing."

We saw people visiting throughout the day. Visitors were made to feel welcome. All of the people we spoke with reported that their relatives could come and visit them at any time.

Is the service responsive?

Our findings

Care plans we viewed showed a full assessment had been completed prior to admission. These had been followed by a complete care plan which showed people's strengths as well as the support required, life history completed with the person and family where appropriate and likes/dislikes. Care plans had been written in a personalised way for each individual and were reviewed regularly.

We observed one staff member who spent a long time trying to sort out a persons hearing aids as they were having problems with them. The person said. "She is really helpful, I can always ask her to help me, I'm so glad she is here."

Each room had a call bell for people to call for assistance. We observed them being responded to in a timely manner.

The registered manager told us they had one full time activity staff and were awaiting recruitment checks for another. Activities planned were displayed on a notice board. We observed a music reminiscence session on one unit and a visiting musician on another unit. The registered manager had organised for an incubator with hatching eggs to be in the service. On the day of the inspection some chickens had hatched and were being taken around for people to see.

There was a complaints procedure in place. Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. We saw past complaints had been responded to following the correct procedure.

The provider used six monthly questionnaires to gather people's views. We saw the results for the latest one. Where comments had been made the provider had responded. Responses were displayed in the entrance.

Is the service well-led?

Our findings

Staff told us they were supported by the registered manager and the provider and could speak with them openly. They also said they were supported by their unit managers. One person who used the service said, "The manager is excellent, she will do anything for you."

Staff meetings had been held on a regular basis. One staff member said, "We have regular meetings on each unit. We are listened to." They also said they had very good handovers between shifts and worked in a supportive team environment.

There was a registered manager in post who met their CQC registration requirements. 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 registered manager was aware of the day to day culture of the service. Staff told us they worked alongside them if they were needed and they knew all of the people who used the service. They also told us the regional manager visited on a regular basis and was very involved in the running of the service.

A number of quality audits had been carried out. These included care records, medication and maintenance records. The provider had carried out regular inspections of the service and reports for these were seen. Where issues had been found action plans were in place.