

Destiny Nursing & Care Agency Ltd

Willows Residential Care Home

Inspection report

The Broadway
Minster On Sea
Sheerness
Kent
ME12 2DE

Tel: 01795874975

Date of inspection visit:
03 November 2016

Date of publication:
22 December 2016

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

We carried out this inspection on the 3 November 2016. It was unannounced.

Willows residential home is a service providing accommodation and support for up to ten older people who are frail and may be living with dementia. The building is set over two floors with stairs access only to the first floor. At the time of the inspection nine people lived at the service.

We last inspected the service on the 25 November 2015, when we made requirements for improvement in relation to administration of medicines, and implementing an effective system to assess, monitor and improve the quality and safety of the service being provided. At this inspection we found that the provider/registered manager had taken action and improvements had been made.

The provider/registered manager of the service had been in post since March 2015. 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 Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications were being completed in relation to DoLS. The providers understood when an application should be made. The service needs to make further applications to meet the requirements of the Deprivation of Liberty Safeguards.

The provider/registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

People said they felt safe. People were protected against the risk of abuse. Staff received training about protecting people and recognised the signs of abuse or neglect and what to look out for. Management and staff understood their role and responsibilities to report any concerns and were confident in doing so. Staff told us they knew what to do if they needed to blow the whistle, and there was a whistleblowing policy available.

There were enough staff with the skills required to meet people's needs. The service had a low turnover of staff and there had been no new staff since the last inspection. Current staff had been recruited safely. Staff were trained to meet people's needs, and training was booked to ensure that staff were kept up to date and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

People told us and demonstrated that they were happy at the service by showing open affection for

example a smile, to the staff who were supporting them. Staff were available throughout the day, and responded quickly to people's requests for care. Staff communicated well with people, and supported them when they needed it.

There were risk assessments in place for the environment, and for each person who received care. Assessments were kept updated and were individual for each person. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

Individual person centred care planning documentation had changed and improved. People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. Staff contacted other health and social care professionals for support and advice, such as doctors, speech and language therapist (SALT) and dieticians.

People were provided with food and drink that met their needs and wishes. Menus offered a choice. People said they liked the home cooked food. Staff made sure that people had plenty of drinks offered through the day. We observed lunch being served and people were happy with their choice. Staff gave appropriate support to people who needed assistance to eat their meal.

People were given individual support to take part in their preferred hobbies and interests. There was an increased range of activities available to people.

Improvements had been made and the medicine system in use ensured that medicines were stored, administered and disposed of safely. There were policies and a procedure in place for the safe administration of medicines. People had access to GPs and other health care professionals. Prompt referrals were made for access to specialist health care professionals.

People were aware of the complaints procedure and they knew who to talk to if they were worried or concerned about anything. The provider/registered manager said there had been no formal complaints made since the last inspection.

There were systems in place to obtain people's views about the service. These included reviews and informal meetings with people and their families.

The provider/registered manager regularly assessed and monitored the quality of care to ensure standards were met and records maintained.

Since the last inspection the provider/registered manager had received planning permission to extend the property, to give more space and include a lift for easy movement around the home.

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.

People said that they felt safe living in the service, and that staff cared for them well.

Staff had been recruited safely. There were enough staff deployed during the day to provide the support people needed.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

The medicine procedures made sure people received their medicines as required and prescribed.

Is the service effective?

Good ●

The service was effective.

We observed that staff understood people's individual needs and staff were trained to meet those needs.

People had access to food, drinks and snacks throughout the day.

People's health needs were met. Referrals were made to health and social care professionals when needed.

Staff were guided by the principles of the Mental Capacity Act 2005 to make sure any decisions were made in the person's best interests.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

People and families were given information on how to make a complaint and the provider took appropriate action to resolve complaints within the agreed timescales.

People were supported to maintain their own interests and hobbies.

Is the service well-led?

Good ●

The service was well-led.

There were systems in place to monitor and improve the quality of the service provided.

People and their families view were sought to monitor and improve the service being offered.

The staff were fully aware and used in practice the home's ethos for caring for people as individuals, and the vision for on-going improvements.

Willows Residential Care 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 was 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 the 3 November 2016 it was unannounced and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us by the provider/registered manager about incidents and events that had occurred at the service.

We spoke with four people about their experience of the service. We spoke with the provider/registered manager, two deputy managers, one member of staff and one visiting community nurse. We observed staff carrying out their duties, such as giving people support at lunchtime.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, the staff training programme, the staff rota, medicine records and quality audits.

Is the service safe?

Our findings

People told us that they felt safe living in the service. People said, "I definitely do feel safe", "I am happy here and I feel safe", and "It feels safe here and there are people around and you can ask if you need something".

At the last inspection a requirement was made in relation to safe administration of medicines. We found improvements had been made. Staff who administered medicines had received training and their competency had been checked. The medicines were mainly dispensed in a MDS (monitored dosage system). Not all medicines can be dispensed this way as some medicines must stay sealed until just before it is taken. This medicine is dispensed in the original packaging. All medicine dispensed was written on to a MAR (Medication Administration Record) Sheet. We checked medicines and the MAR record. MAR sheets seen had been completed with the correct and required personal information and had been appropriately signed and dated. Staff we spoke with had a good understanding of the medicines systems in place. A policy was in place to guide staff through ordering, administering, storing and disposal of any unwanted medicines. Medicines were booked into the home by staff and this was done consistently with the homes policies. The deputy manager told us that a person from the local pharmacy was booked to come in and carry out an audit of medicines this month. This meant people were receiving their medicines as prescribed.

The provider/registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. We observed that it was not difficult to find staff to assist people and people in the down stairs lounge were not left alone for more than a few minutes. There were suitable numbers of staff to care for people safely and meet their needs during the day. The staff duty rotas showed how staff were allocated to each shift. The rotas demonstrated there were enough staff on shift, when staff were off sick or on annual leave their shifts had been covered at all times. Staff said, "If a member of staff telephones in sick, the person in charge rings around the other carers to find cover all the staff are very committed to the home and cover straight away. The staff only go sick if they are really ill". The rotas confirmed that staff absences had been covered. This showed that arrangements were in place to ensure enough staff were made available at short notice.

Since the last inspection when it was reported that there were no staff to cover domestic duties at the weekends, the provider/registered manager had employed a person to carry out domestic duties at the weekend. There was one waking staff on duty at night. The provider/registered manager explained that she and the senior staff were on call and would be at the home quickly if they needed assistance.

People were protected by safe recruitment practices. The provider/registered manager had a recruitment policy in place and this had been followed for the one new member of staff. The staff had been checked against the Disclosure and Barring Service (DBS) records before they started work at the service and records were kept of these checks. The DBS checks help employers make safer recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. The applicant for the job had completed an application form and been interviewed for a role within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous

training and qualifications. The service has for many years had a very low turnover of staff. There was a policy and procedure in place that if followed would make sure staff were recruited safely. The provider/registered manager had a disciplinary procedure in place to respond to any poor practice.

People could be confident that staff had the knowledge to recognise and report any abuse. Staff had received up to date training giving them the skills and knowledge needed to care for the people in the home safely. For example, staff spoken with were aware of how to protect people from abuse and the action to take if they had any suspicion of a person being abused. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. The provider/registered manager was aware of their role and responsibilities in safeguarding people from abuse and the processes to follow if any abuse was suspected. The provider/registered manager and staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the manager or outside agencies if this was needed.

The risk involved in delivering people's care had been assessed to keep people safe. Risks were minimised and safe working practices were followed by staff. Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained detailed instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, moving and handling, skin integrity risk and falls risk assessments were in place for staff to refer to and act on. Staff used appropriate moving and handling transfers to ensure people were supported safely.

Equipment checks and servicing were regularly carried out to ensure the equipment was safe. These included six monthly inspections and maintenance of the hoist and fire detection and alarm systems. Environmental risk assessments for the building were carried out and for each separate room to check the home was safe. Internal checks of fire safety systems were made regularly and recorded. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. It was found at the last inspection that the hot water in a couple of people rooms was extremely hot. The provider/registered manager had said that there were thermostatic valves on the sink taps. We found at this inspection that staff were checking and recording the temperature of the hot water, in case any of the thermostatic valves needed adjusting. The records showed that people were not at risk of scalding as the water temperature was maintained within the appropriate levels.

The staff knew how to respond in the event of an emergency, who to contact and how to protect people. At the last inspection a recommendation was made that a PEEP (Personal Emergency Evacuation Plan) was completed for each person. At this inspection we found that this documentation was now in place.

Accidents and incidents were clearly recorded and monitored by the provider to see if improvements could be made to try to prevent future incidents. For example, purchase of a pressure mat, to alert staff when a person gets out of bed.

The provider/registered manager had plans to extend the premises and increase the communal space, as well as incorporating a passenger lift to access freely the first floor. On-going maintenance of the premises was being undertaken and the provider/registered manager told us this included redecoration. There was a record of the day to day maintenance and weekly checks such as testing the fire alarm, replacing light bulbs, checking call and fire alarm systems are working correctly. The grounds were also maintained on a regular basis to make the area pleasant and safe for people to use.

Is the service effective?

Our findings

People felt that their health needs were well met at the service. One person said, "If I needed a doctor, the staff would sort it out for me". Other people said, "The food is good and there is always enough of it", and "The staff are kind and talk to me".

At the last inspection it was recommended that the provider/registered manager sought advice from a reputable source regarding the need for regular staff supervision. At this inspection we found that staff were regularly supported through individual one to one supervision meetings and yearly appraisals. The provider/registered manager undertook the supervision of the deputy managers supporting them to access necessary training and courses to further their skills and knowledge. The deputy managers in turn supervised staff. This was to provide opportunities for staff to discuss their performance, development and training needs, which the provider/registered manager was monitoring. Staff told us that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. Staff were aware that the provider was available for staff to speak to at any time, by phone if they were not in the home. Staff were positive about this and felt able to discuss areas of concern and make suggestions. Staff we talked to told us it was important to them to work as a team. This was evident in the way the staff related to each other and to people they were caring for.

Staff told us that they had received induction training, which provided them with the knowledge to provide people's care safely. The provider/registered manager explained that new staff in future would shadow experienced staff, and not work on their own until they have been assessed as competent to do so. The service also supported staff to complete the new care certificate recommended by skills for care. This course once completed satisfactorily would provide evidence toward their next vocational award. Staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as moving and handling and health and safety. Staff were trained to meet people's specialist needs such as stroke care awareness. This training helped staff to know how to empathise with people who had a stroke and know about the associated mood swings.

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 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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. The provider/registered manager understood when an application should be made and how to submit them. This ensured that people were not unlawfully restricted. She told us that currently one application had been made to the local DoLS office and granted.

Before people received any care or treatment they were asked for their consent. People smiled when staff spoke to them and responded, sometimes there was friendly banter going on between the people and staff. Staff asked people before assisting each person for example they asked them if they wanted their legs elevated and before assisting them with any personal care such as helping them to get out of the chair, or taking them to the bathroom.

The provider/registered manager had procedures in place to monitor people's health. Referrals were made for people to access health professionals including doctors and dentists as needed. Where necessary people were referred to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks.

At the last inspection a recommendation was made that the provider/registered manager seeks advice on making sure that people are offered real choices at all meal times. At this inspection we found that choices were offered at all mealtimes. People were supported to have a balanced diet. There was a menu in place that gave people a variety of food they could choose from. People's likes and dislikes were recorded and the staff were aware of what people liked and did not like. There were two choices of main course and pudding each day. People were offered choices of what they wanted to eat and records showed what they had chosen. One relative had written in the compliments book, 'I have visited residents here at the Willows on many occasions and I feel I must comment and compliment the staff on such wonderful food they provide for residents. All freshly home cooked and smells absolutely wonderful'.

Some people needed to have their food fortified to increase their calorie intake if they had low weights. Staff weighed people monthly and recorded the weights in their care plans. They informed management of any significant weight gains or losses, so that the person was referred to the doctor for any treatment required. Staff recorded what and the amount of food that people ate; in this way they monitored people to make sure they were eating a sufficient and well balanced diet. One person will only eat one meal so the staff make sure they get that every day as is their preference. The staff have tried other meals but the person will not touch them, other health professional are aware of this.

Is the service caring?

Our findings

People told us they felt well cared for. People said, "Nothing is too much trouble, you're never made to feel a nuisance", "All staff helpful, lovely atmosphere", "They are very helpful staff, all of them", and "They are very good staff. If you need something, they will get it for you".

The community nurse commented, 'I am a community nurse who visits the home on a regular basis, staff are always helpful and aware of patient's needs and well-being'. A general practitioner had written in the compliments book, 'I came to see my patient. I am very pleased to say that she is receiving very good care, thanks to staff here. They are lovely, very pleasant. All I have to say is keep up your good work as you are'. One relative had commented in the compliments book, 'I can truthfully say that she has been happier and healthier than she has been for many years. This is entirely due to the care given by all members of staff. We as a family are always welcomed and maintain an excellent rapport with all staff and residents alike'. Another health and social care professional had written, 'I visit continually to see the residents. The staff are always cheerful and helpful to all residents'.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted with about their family member's likes and dislikes, and personal routines. Staff encouraged people to make choices throughout the day. Such as, what they wanted to eat, what time they got up, whether they wanted to stay in their rooms. People had personalised their bedrooms according to their individual choice. For example family photos and pictures on the wall.

All staff spoken with had a good understanding of each person's preferences and their care needs. They explained how they managed certain people and encouraged people to maintain their independence. One member of staff said, "It's important to give people time to do as much as they can for themselves; they feel better if they have been able to do that". Another said, "It is wrong to do everything for them, in the end they would not be able to do it for themselves".

Changes in care and treatment were discussed with people or their family or representative before they were put in place. People and/or families were included in the regular assessments and reviews of their individual needs. People felt they could ask any staff for help if they needed it. People were supported as required but encouraged to be as independent as possible. In this way people were receiving the care that met their needs and preferences.

Staff supported people in a patient manner and treated people with respect. People said they were always treated with respect and their dignity was protected. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. Dignity was maintained when quietly asking a person if they need assistance to go to the toilet. Staff chatted to the people they were helping and checked that they were okay, until they had completed a given task. If staff were helping people mobilise for example and took them back to their chair then staff checked that they had everything they wanted nearby. One comment received by the service stated, 'Lovely service and approach to people. Dignity and respect maintained and promoted'.

Is the service responsive?

Our findings

People told us that staff were good at anticipating their needs. One person said, "They get to know you and we get to know them! They always know when I want to get ready for bed, and then I can get in at any time. They know I like my room hot! It is lovely". Another person said, "The staff are pretty good here".

The provider/registered manager carried out pre-admission assessments to make sure that they could meet the person's needs before they moved in. People and their relatives or representatives had been involved in discussions about the care and support they are likely to need. This information had been documented. It gave staff an understanding of what support the person needed and staff said this was an important part of encouraging people to maintain their independence.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The improved individual person centred care plans contained specific information about meeting the person's needs. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs.

People and families were asked about the hobbies and interests that people liked on admission to the home. The information was used to make sure that where possible people were still able to follow interests and hobbies. People were supported to take part in activities they enjoyed. There was an activity programme in place that included, ball games, word search, playing cards, bird watching and feeding, foot spa massage, films and bingo. These activities were available most days. The deputy manager said that a meal out was being arranged at a local venue. There were links with local services for example, local churches. The deputy manager said that children from a local school would be visiting soon. People were supported in going out with support of staff, or out with relatives when they were able to do this. People's family and friends were able to visit at any time.

The complaints procedure was seen on the notice board above where visitors sign in when they arrive at the home. People were given information on how to make a complaint in a format that met their communication needs, such as large print. People were given the opportunity at regular reviews to raise any concerns they may have. One person commented, "I would go to the manager". The provider/registered manager investigated and responded to people's complaints. The provider/registered manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the provider/registered manager dealt with them appropriately within a set timescale.

Is the service well-led?

Our findings

People and staff told us that they thought the service was well-led. The provider/registered manager and the staff were well known by people in the service. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them.

Compliments received from people included, 'All members of staff go above and beyond in their attitudes and care towards my mother and the other residents. Overall an excellent residential home run by excellent staff', and "Staff have always been welcoming generally and genuinely caring, always a smile. It is obvious the staff are dedicated in their job here".

At the last inspection a requirement was made in relation to implementing an effective system to assess, monitor and improve the quality and safety of the service being provided. We found there were systems in place to review the quality of all aspects of the service. The provider/registered manager audited the systems and the premises to identify any shortfalls or areas for improvement each month. We looked at and saw that the cleaning schedule format had been improved and was being completed regularly. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to make improvements whenever possible.

Staff understood the management structure of the service, their roles and responsibilities in providing care for people and who they were accountable to. Communication within the service was facilitated through a regular handover of information between the different staff shifts. Minutes of staff meetings were seen. It showed staff were able to voice opinions and these were listened to and acted upon. One of the things discussed was how they could improve the activities for the people.

From our observations and what people told us, staff understood the aims and values and were putting these into practice. It was clear that staff were committed to caring for people, responding to their individual needs while improving their quality of life. For example, staff morale was high, there was almost zero staff turnover, and very little staff sickness. This staff commitment had a positive effect on the people they looked after. People in the home knew the staff and there was continuity to the care they offered.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with management and staff. This meant that people were being asked about their experiences of the service to improve or monitor quality. The provider/registered manager explained that dialog was important as they were going through a period of change regarding the management and premises.

The provider/registered manager was aware of when notifications had to be sent to the Commission. These notifications would tell us about any important events that had happened in the home. Notifications had been sent to tell us about incidents and accidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the

provider/registered manager understood their legal obligations.