Care Quality Commission

Fountain Care Limited

The Willows Care Home

Inspection report

The Willows
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Sutton
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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**

Overall summary

The inspection took place on the 9 September 2015 and was unannounced. We last inspected the service on 14 June 2013 and there were no breaches of legal requirements at the last inspection

The Willows is a care home that provides support and care for up to six people who have a learning disability and/or a physical disability. At the time of our inspection, there were five people living at the Willows.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

There were systems in place to make sure people were kept safe. Staff were knowledgeable about what they needed to do if they suspected someone was being abused. The provider had made appropriate arrangements for the management of medicines.

Staff's recruitment was completed after a number of checks to ensure only people who were suitable were

Summary of findings

employed. Once in post staff had a comprehensive induction and training that was refreshed regularly. Staff were supported by management to understand their roles and responsibilities.

People who used the service had their needs assessed and met. Staff had a good understanding about people's individual and diverse needs and knew how to care for them. There was clear information about each person and the support the staff needed to offer. There were enough staff on duty to ensure people's needs were met.

There were assessments of risk in place and measures taken to minimise the risks in order to allow people to be as independent as possible. Accidents and incidents were monitored, analysed and trends and patterns were identified so the risks of a re-occurrence were minimised.

Staff were kind and caring. They had positive relationships with the people they cared for. Staff maintained people's privacy and dignity when providing care and support them people.

People had the opportunity to participate in social and recreational activities dependent upon their interests and preferences.

People were asked their consent before care was provided. If people were not able to consent verbally, other communication methods were used to determine their views.

The provider had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable about the procedures and how they should be applied. DoLS is a way of making sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

People had access to the healthcare services they needed. Their nutritional needs were met.

There were systems to monitor the quality of the service and to obtain feedback from the people living there, their representatives and other stakeholders. People told us the manager was approachable and welcomed any feedback about the service.

People could move freely around the building and it was adapted to meet the needs of people whose mobility was restricted.

Summary of findings

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. Staff had an understanding of the procedures for safeguarding people who could be at risk of abuse.

Recruitment checks were completed on staff so that the provider was making sure only appropriate people were employed. There were enough staff on duty to meet people's needs.

People were supported to have the medicines they needed.

The service had undertaken assessments of risk to people and there were plans to manage these risks. There was learning from accidents and incidents to minimise re-occurrences.

Is the service effective?

Good

The service was effective. Staff received training and support so they could do their jobs effectively. New staff had a comprehensive induction.

The provider had policies and procedures in place in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had received training and were aware of their responsibilities in relation to the Act. Staff sought people's consent before providing care.

People were supported to stay healthy and to access healthcare services they needed and to good nutrition.

Is the service caring?

Good

The service was caring. People had individualised care plans and staff were aware of people's diverse needs and how to meet them.

Staff treated people with dignity and respect as well as promoting their independence.

People were involved where possible, in making decisions about their care and the support they received. Staff were knowledgeable about people's communication methods this included non-verbal communication.

Is the service responsive?

Good

The service was responsive. People had opportunities to be involved in a range of activities reflecting their interests.

People were at the centre of the care provided and were encouraged to make choices.

People had opportunities to say what they thought of the service, and they felt their views were listened to.

Is the service well-led?

Good

The service was well-led. People told us the manager was approachable and that they worked with professionals to achieve the best outcomes for people.

There were robust quality monitoring systems in place to ensure continuous improvement.

Summary of findings

Staff were aware of their roles and responsibilities and had a clear understanding of the ethos of the home.	

Care Quality Commission

The Willows 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 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 September 2015 and was unannounced.

The inspection was conducted by an inspector. Before the inspection we reviewed information about the provider, including the last inspection report and notifications the provider had made to us about significant events at the service. We also asked the service to complete a Provider Information Return (PIR) which was returned in a timely manner. This is a form that asks the provider to give some key information about the service and what the service does well and improvements they plan to make.

People using the service had complex needs and were not able to share their experiences of using the service with us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk with us.

In addition, we spoke with the deputy manager and two members of the care staff. We looked at care records of three people including their care plans. We checked how medicines were managed. We looked at three staff records including those relating to their recruitment and training. We checked other records in respect to the management and quality of the service.

After the inspection, we made contact with three people's relatives and an advocate. We also contacted two professionals who had links with the service about their views about the care provided.

Good

Is the service safe?

Our findings

Relatives said they thought people were safe living at The Willows. One person told us "I love the home, they look after [person's name] extremely well."

The provider had procedures in place to help protect people from avoidable harm and staff were aware of them. We spoke with staff on duty and they were able to tell us what they would do if they suspected someone was being abused or at risk of abuse. Staff had received recent training in safeguarding adults and this was repeated annually. There were internal procedures for staff to follow if they suspected anyone was at risk and the service had a copy of the 'London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse' which staff used for guidance.

We looked at recruitment checks for staff prior to them commencing employment. These included completed application forms, notes from interview, references, proof of identity and criminal records checks. We noted where a discrepancy had arisen with a member of staff regarding the length of time they worked with an employer, this had been recorded and investigated further and the process of making a decision noted. This was to ensure that only suitable staff were employed by the service. We spoke with another member of staff about their recent recruitment and they told us about the process and all the checks that had been undertaken.

We looked at the staff duty rotas and saw there were sufficient staff on duty to keep people safe and meet their needs. We saw care staff worked 12 hour shifts to ensure continuity of care for people during the day. There were five care staff on duty for much of the day as some people living at The Willows required one to one support. In addition to this, there was a manager or deputy manager plus a cleaner three times a week. The deputy manager told us they had a flexible approach to arranging staffing levels and would regularly ensure additional staff were on duty if there were extra activities people were involved in.

We looked at a sample of risk assessments, these considered people's choice and preference where possible. They had identified where people were at risk and how people needed to be supported so they were safe. There were a number of risk assessments for the home environment such as using the bathroom and the procedures for manual handling. Additionally, there were risk assessments for specific activities people were involved in such as ice-skating and use of a sensory room. The risk assessments were clear, up to date and reviewed regularly.

Accidents and incidents were recorded in a way that would allow for monthly analysis. Staff confirmed there were regular discussions in team meetings so any incidents could be discussed to prevent a reoccurrence.

People received their medicines safely and as prescribed. The medicines records for people had a photograph of each person and a record of their known allergies, in this way the risk of errors was minimised. We saw medicines were stored appropriately. We checked the recording of medicines and found there were no errors or omissions.

There were regular audits of medicines so any problems and issues could be addressed quickly. There were weekly and monthly internal audits. In addition, there was an external six monthly audit by a community pharmacist. Staff had received medicines training within the last year and their competency to administer medicines was regularly assessed.

Good

Is the service effective?

Our findings

The provider offered a range of training opportunities to staff so they could meet the needs of people effectively. There were eight mandatory courses staff were required to complete on a regular basis either through computer based e-learning or classroom based teaching. In addition, there were other courses available to staff to support their development. We saw staff had completed all the required training which had been refreshed regularly. This included fire safety, first aid and person centred care. The service had introduced the Care Certificate for new care staff employed by the service. The Care Certificate is an identified set of standards across health and social care workers to give them the same introductory skills and knowledge to provide care and support.

We talked with a relatively new member of staff who told us about their induction into the home. They told us initially they spent some time reading policies and procedures and then over a two week period, shadowed experienced staff. They said they were given support from the manager and staff team so they became familiar with people living at the home and their needs.

Staff told us they were supported by senior staff to undertake their role. This was through formal one to one meetings held six weekly. Staff we spoke with said they felt able to approach their manager whenever they needed to regarding work or social issues which may affect their work.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way when it is in their best interests. We spoke with the deputy manager who understood their responsibility for making sure people's liberty was only deprived in a safe and correct way. We also saw there were frequent discussions within the staff team about the five principals of capacity and additional training had been provided to staff if they did not understand the key aspects.

The service held 'best interests' meetings for people regarding particularly aspects of their care. If the meeting considered people's best interests could be met in providing care against their wishes for example, the administration of covert medicines then the service had made applications to the local authority to complete an assessment under the Mental Capacity Act 2005. We saw a number of minutes from best interests meetings held by the service.

Where people were able, they had given consent to their care and treatment. We saw the staff offered people information and allowed them to make decisions about specific care tasks and what they chose to do. For example, we heard a member of staff knock on a bedroom door, wait for a response and then ask, "may I come in?" Another member of staff was heard when providing personal care to ask, "what do you prefer?"

We saw that people who had restricted mobility or used a wheelchair were able to move around freely on the ground floor and in the garden. People who were more mobile had their bedrooms on the first floor. We saw other adaptions had been made for people in wheelchairs so they could move around freely. There were also adapted bathrooms and hoists for people who needed them so they could achieve greater independence.

People had access to healthcare professionals so as far as possible their health was maintained. We saw there was a health frequency record which identified when visits had been made by certain professionals such as chiropody, dentist and optician, and when further appointments were required. People's health needs were individualised for example, we saw a physiotherapist had devised an exercise plan which care staff had followed and had been reviewed regularly by the therapist. Both professionals we spoke with were positive about the service, one said "they work effectively with us" and the other commented "staff seem well informed."

People's nutritional needs had been assessed and recorded. We saw that people's weight was monitored regularly. Where people's weight had changed significantly action had been taken so they were referred onto the appropriate healthcare professional. A number of people were unable to safely swallow food, in each case a record was kept of the required consistency of food such as pureed or chopped, with photographs reminding staff of the differences. In this way, the risks of people choking on food they could not swallow were minimised.

Good

Is the service caring?

Our findings

People's relatives and representatives were positive about the level of care and support provided by the home. They were also positive about the behaviour changes made by their family member. One relative said, "He's improved greatly. Some difficult behaviour he engaged in has now stopped." Another relative commented "[person's name] is a different person in a positive way."

Staff were able to tell us about the people they cared for in detail. By taking the time to learn about people's preferences they ensured they provided care to people in a meaningful way. It meant staff could respond quickly and appropriately to changes in the person.

The Willows had clear guidelines about how people communicated. There was an individualised section in people's care plan entitled 'How to support me with communication'; it included comments and descriptions of people's body language. We saw examples throughout the day where care staff responded promptly and appropriately to people's non-verbal communication.

Equality and diversity issues were addressed. The Willows was able to provide gender specific care. This was ensured as there were a number of men and woman on the staff team. People's cultural dietary needs were accommodated. Differing activities and interests were recorded and catered for. One person liked a particular kind of music so they had CD's and films that reflected this. Staff respected people's privacy and dignity. Staff were able to tell us what action they took to maintain people's privacy. We saw staff knocked on all doors before entering. If they were providing personal care, the door was always kept closed.

We looked at care plans and saw they were individualised and focused on people's independence skills. The care plans had photographs of the individual undertaking certain activities, for example the person in church or playing football. There was a focus on people's strengths and independence skills and what they could do for themselves. Even when people's abilities were limited, staff encouraged people to participate. In one example, staff were reminded to engage the person in the kitchen when meals were prepared 'but be creative when trying to get the person involved.'

Relatives all said they could visit the home when they wanted and were made to feel welcome. The service was aware of the function and role of advocacy services for people who did not have a representative who could act on their behalf. The home had appropriately contacted an advocacy service, so everyone in the home had at least one person with an outside perspective.

The service ensured confidential information about people was not accessible to unauthorised people. Records were kept securely within the home so personal information about people was protected. Staff records showed all staff had signed agreements that information about people would be respected and kept confidential. We talked to staff about the policies and procedures about disclosing personal information and they were aware of their responsibilities.

When people were nearing the end of their life there were plans in place to ensure they received compassionate and supportive care. Care plans contained information from the best interests meetings about the support people or their families would want and this was clearly recorded.

Good

Is the service responsive?

Our findings

People were well cared for. They were wearing clean, ironed clothes that were appropriate for their comfort and time of the year. One relative said "[person's name] is always smart, in matched clothes and is very presentable." Staff said they tried to ensure people chose what clothes were purchased, and that on a day to day basis they were encouraged to decide what they wore.

Each person had an individual plan of social, educational and recreational activities based on their preferences and interests. Some of these activities were planned and others spontaneous. On arrival at the home, one person had already been swimming; one person had a foot spa, whilst others were going out to lunch and then a walk in the park. There was also a planned music group in the afternoon for anyone that wished to attend. There were two lounges in the home, one of which tended to be quieter and was preferred by some people living in the home.

We saw within the individualised care plans there was information about the person's dietary needs and how these could be best met. We saw that on a weekly basis people were given the opportunity to choose what they wanted on the menu. This was undertaken with the use of pictures to represent meals and some knowledge from staff about what people appeared to enjoy eating. We observed staff sit and eat with people during lunchtime; this resulted in a relaxed and congenial environment. We saw advice was readily available from the dysphagia (difficulty with swallowing) team about the environment, seating position and equipment required to make mealtimes a positive experience.

People were supported to contribute to the planning and delivery of their care. We saw staff had engaged in discussions with people's relatives to gain information about them. This included people's background history known as 'my story'. There was information about what was important to the person for example, the morning and evening routines of the individual. Each care plan outlined the impact of the person's disability on them on a day to day.

Each person had a designated key-worker (a key-worker is an experienced member of staff who has key responsibilities for overseeing health and social needs of an individual). We saw the key-worker reviewed the care and support provided on a monthly basis. They ensured care plans were updated and information shared with other staff, particularly when there had been a change in people's needs. A formal annual review was also carried out where people who used the service, their relatives and representatives and other interested professionals were invited.

The service had a complaints procedure and this was provided in pictorial and easy read formats for people living at the home. We were shown a record of all complaints and how these had been investigated and responded to.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us the registered manager was approachable. One relative said, “[manager’s name] is very approachable”. Another person said, “Feel comfortable approaching the manager about any issues”. A third person told us, “Management is strong. They are professional.”

The registered manager had notified the CQC of significant events in the home in line with legal requirements. They had also completed the PIR in which they had outlined the areas of good practice and areas they considered they needed to improve on. Professionals told us the registered manager worked with them to ensure best practice within the home. Staff told us told the registered manager worked alongside the staff team providing care and support to people living at the home. In this way they were aware of issues relating to the care of people and could develop the service accordingly.

There was a system of audits and checks in place to monitor aspects of the service and ensure continuous improvements. There was an internal monthly audit which considered some aspects of care such as infection control, medicines and health and safety. Managers from other services undertook monthly audits. In addition, there was a director’s audit every two months. Reports were produced from these visits and were available for us to review. The reports highlighted areas for improvement and identified immediate action when necessary and timeframes for action to be taken. We saw action had been taken to address the issues identified.

In addition, external agencies completed audits. We saw the community pharmacist had completed an audit in July 2015 and there was also a recent fire risk management report. The provider had acted as a result of these audits. In this way the provider was ensuring the safety and quality of the service.

We saw a copy of the home’s annual report. It contained information based on satisfaction questionnaires sent out to people’s families, their representatives, professionals and staff. Action plans were devised as a result of the completed questionnaires. The annual report was sent out to all stakeholders of the service and it outlined what improvements the service planned to make in the next 12 months.

Staff were aware of their roles and responsibilities within the home, although everyone stated they worked as a team to ensure the best outcomes for people. The manager constantly reviewed whether staff were aware of the direction and ethos of the service. Staff were kept up to date with changes in legislation via training and the team meetings. There were discussions in one to one meetings to ensure staff understood certain aspects of care. If staff needed extra support to understand key aspects this was available through mentoring or additional training. Policies were discussed at team meetings and staff were required to read and sign them as a way of indicating they had understood them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

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