

GP CARE Services Limited

# The Willows

## Inspection report

Broad Lane  
Rochdale  
OL16 4PP

Tel: 01706906940

Date of inspection visit:  
21 January 2020  
22 January 2020

Date of publication:  
15 April 2020

## 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

### About the service

The Willows is a residential care home which can provide personal care to 21 people. At the time of the inspection there were 20 people living in the home.

### People's experience of using this service and what we found

People told us they felt safe at The Willows. Any risks were identified and well managed. Staff understood safeguarding procedures. They were encouraged to report concerns and issues reported were investigated appropriately. There were good systems to ensure staff were safely recruited, and a high ratio of staff to people. Staff were vigilant and responded promptly to people's needs. They were attentive to people's health needs and diligent when administering medicines. Regular checks ensured the premises were clean and provided a safe environment.

The service worked within legislative guidelines. Staff were well trained and pre-assessments and reviews ensured they could meet the needs of the people who lived at The Willows. People told us that they enjoyed the food and we saw there was a plentiful supply of snacks and drinks offered throughout the day. People told us they were offered choices. Where people lacked capacity, assessments ensured that any restrictions placed on people were in their best interests and the least restrictive option. People told us that the staff were mindful of their dietary needs and that they liked the food provided.

People were supported by kind and caring staff who took care in their interactions and knew people's needs and preferences. They communicated easily and comfortably with people and their families, which helped create a pleasant atmosphere.

Good care records and progress notes addressed individual needs and wishes and tracked any changes in need. People told us that they had enough to do and we saw that there was a good range of activity on offer. When people raised issues, their complaints were properly investigated.

The provider maintained a good oversight of the service which was well led by a management team who were involved in the day to day running of the service. They had built an open and welcoming service where people felt happy with the quality of their support. There was excellent communication with people and relatives on a regular basis, and people felt that they could influence how their care was delivered.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 06/11/2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on our current methodology.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below

# The Willows

## Detailed findings

### Background to this inspection

#### Background

##### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

##### Inspection team

The inspection was carried out by one inspector 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 care service.

##### Service and service type

The Willows is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

##### Notice of inspection

This inspection was unannounced.

##### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

##### During the inspection-

We spoke with six people who used the service and five visiting relatives and friends. We spent time observing staff interacting with people. We spoke with the Chief Officer, Team Leader, Human Resource Officer for the provider and five other staff. We looked at documentation relating to five people who used the

service, four staff records and information relating to the management of the service. 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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "Of course I feel safe here. I have a nice room which is to our liking and the staff are lovely." We noticed that requests for assistance were dealt with promptly, and people were not left unattended for long periods unless they wished for privacy. A relative told us, "They manage [my relative] well. He has freedom here to do what he wants safely. The staff are blooming marvellous."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. Staff had access to appropriate training and to policies and procedures.
- Notices encouraged people to report any concerns stating 'Any concerns need to be treated as a hot potato in your hand: quickly pass it on! Never keep concerns to yourself'.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified, and care plans had been put into place to help reduce or eliminate the identified risks. Risk assessments were regularly reviewed. Equipment identified in care plans was provided to minimise risks. This included an assistive technology motion sensor system (Rambleguard), which allowed staff to discreetly monitor people's movements without restricting their privacy.
- The management team undertook environmental risk assessments and regular checks of the environment, fire equipment and water safety. There were monthly health and safety checks throughout the building. A maintenance file identified when action was needed to make repairs, check appliances and review or renew safety certificates.
- A fire risk assessment and action plan had recently been updated, with some actions to be completed. The service was liaising with the building owners to complete these actions.

Staffing and recruitment

- Staff were safely recruited. Recruitment procedures were being followed and suitable checks of character with the disclosure and barring service were undertaken.
- There was enough staff to meet people's needs. Staffing levels were consistent and people were supported by a regular staff team. The feedback from people, relatives and staff was that there was generally enough staff. We observed that staff were quick to respond to people's needs. There were two staff working in each lounge. If one had to leave the room, they checked with the other staff member and told them when they would be back.
- Staff were generally quick to respond to people's needs. We tested out the call system and a member of staff came to the room within 30 seconds. The only time responses to calls were a little slower were around lunchtime when staff were busy serving and assisting people with food. Even then, the response times were good.

### Using medicines safely

- Medicines were safely stored and administered by trained staff. People's medicine was securely stored and there were regular checks in place including stock checks and checks of the environment including temperature. Staff maintained accurate records of the medicines people had taken using a Medication administration records (MARs).
- Any unused medicines were returned to the pharmacy with the reason for returns clearly outlined.
- Care plans contained information about how people wished to be supported to take their medicine. Guidance for medicine people need 'as and when' such as paracetamol for pain, was detailed and reviewed and updated regularly to ensure trained staff knew when to support people with this type of medicine.
- Processes for people who needed their medication to provided covertly was in place. There were best interest decision meetings involving family and health care professionals and pharmacist advice obtained to ensure administration processes were suitable for the type of medicine.

### Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. The home was clean and hygienic. We completed checks of the environment throughout the day and found that the home was kept clean and any malodours were addressed by domestic staff. Communal areas were all tidy and kitchens and bathrooms were fully stocked with soap and hand towels.
- The most recent infection control audit completed by the local authority had rated the home as being compliant but where minor improvements were needed an action plan identified how the service was acting on the recommendations.
- Staff knew how to protect people from the risk of infection. They had access to equipment to reduce the risk of infection such as disposable gloves and aprons and used these appropriately. Staff had completed training on infection control,

### Learning lessons when things go wrong

- Records of accidents and incidents were maintained and analysed for themes and trends. We saw the service had adopted a 'lessons learnt' proforma which they used to identify any learning from errors or incidents and determine actions to reduce future reoccurrences of the incident. Staff gave us examples of how they had learnt from when things had gone wrong and how changes had been made to reduce risks in future.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before being admitted into The Willows, the service conducted a full assessment of the person's needs and liaised with family members. This ensured that they had a full understanding of people's needs and that the service was able to meet them.
- The service liaised with relevant health and social care professionals and people's records included nursing and social care assessments. Records were detailed and reviewed regularly. Staff told us that they received updates when people's care needs had changed.

Staff support: induction, training, skills and experience

- New staff undertook a full induction and were monitored during a probation period of six months which could be extended if the need arose. Staff new to care completed the Care Certificate during this period, and ongoing training from a variety of sources was provided regularly. One member of staff told us, "[Training] is constant and ongoing. I have loads of opportunities to further my knowledge and it keeps my mind fresh"
- Staff completed a variety of training and received regular supervision. Staff told us the training covered everything they needed to do their role and supervision and support was regular and discussed all aspects of the job. One member of staff told us, "We have some really good training opportunities ... I feel very supported."
- Staff were experienced and well trained. People and relatives commented that they felt confident in staff ability and one relative said, "They manage [my relative well. They know him and how to make him tick". Staff we spoke with were able to demonstrate they had a good knowledge of all aspects of their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a good diet. Staff had clear guidance on how to support people with eating and drinking. There were assessments of people's needs and risk, such as nutrition and choking risk, in place. People at risk, such as those at risk of malnutrition were closely monitored.
- One person commented, "They always do a good meal here." All the people we spoke with told us that they enjoyed the food provided and there was sufficient to meet people's needs. Drinks and snacks were served throughout the day. A visiting relative remarked, "I've been a few times around dinnertime, and I'd say there is enough food. [My relative] doesn't eat a lot now but she doesn't go hungry."
- Meals were served in the dining areas but if they wished people who lived at The Willows could choose to eat in the communal café. A visiting relative told us, "[My relative] does like the food. It's like five stars and it's all home cooked. [My relative] goes to the cafe for lunch sometimes. Its lovely food there as well."
- Staff interacted with people throughout the meal. They were chatty and patient, supporting people to eat and drink at their own pace.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff work closely with other services to meet people's needs. We saw that people were supported to access health care services such as chiropodist, optician and doctors as required. People and relatives told us they were confident that staff would get them the right help if they needed it, such as if they became unwell.
- Records documented when people's care needs changed. Care plans were updated to include any health care advice given and detailed what action staff needed to take to meet people's needs.

Adapting service, design, decoration to meet people's needs

- The Willows had recently been refurbished and designed to meet people's needs. The service received a commendation from the local council for its approach in specialist interior design for dementia.
- Wide, well-lit corridors allowed for people's mobility and sensory needs. Individuals' rooms were well decorated, and people were encouraged to bring in their own personal and decorative items. A compliment from a relative described The Willows as "more like a hotel than a home for dementia patients. The café brings the outside world in and it's very welcoming. Everything from the door, the lounges, and rooms have been designed with residents needs uppermost."
- The building had been designed as a community hub and people from the local community were encouraged to come in to use the café and games room. This allowed for good community and intergenerational interactions.
- We observed various equipment was in place to meet people's needs including hoists, walking aids and dining utensils to promote choice and independence. One visitor told us, "{My relative} is totally safe. The wet room is a godsend. Even if there was a small step into a bath or shower, Mum would struggle so the fact everything is on one level is great. I can't find one fault with this place. "

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity was assessed. Records showed that where people lacked capacity best interest meetings were held with relevant people. Decisions were clearly documented, and staff had a good understanding of how to support people who lacked capacity.
- The registered manager had good oversight of DoLS applications and any conditions attached to authorisations.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with warmth, kindness and respect. Throughout our inspection we saw that staff were sensitive to people's mood and feelings and responded in a respectful and caring manner. Staff respected people's equality, diversity and human rights and recorded them as part of the care planning process.
- People appeared comfortable with staff. They approached staff easily or staff took time to sit and talk with them. When we asked, care staff were able to tell us about people's life history, their preferences and how they liked their support to be delivered.
- Staff were vigilant to people's personal hygiene and discreetly checked if they required support. People were well dressed and groomed: everyone looked clean and tidy and wore well matched clothes. On the afternoon of the first day we observed one care worker grooming hair. They told us, "I've learnt hairdressing in my seven years working in care. It helps to keep residents happy and that's the important thing."
- People and their relatives were complimentary about staff. One person told us, "[The staff] are marvellous. There is nothing they wouldn't do for us." A visiting relative told us that their relative had developed a good rapport with the staff, and, "Has really good craic with them, it's great to see how they interact together."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged to make decisions about their daily life. We observed that choice was promoted, and staff were patient with people. Staff were skilled and understanding of people who were unable to communicate verbally.
- People and their relatives told us they felt involved in decisions about their care. They attended regular residents' meetings and were invited along with their representatives, to reviews of their care.
- People's privacy and dignity were promoted by staff. People and relatives told us that staff were friendly and polite. They showed respect for the people they were looking after. We observed that they knocked on bedroom doors before entering rooms and asked permission before giving assistance.
- People were supported to remain as independent as possible. We observed staff encourage people to do what they could for themselves. One family member told us, "I like that they [staff] don't restrict him and help him to do as much for himself as he can."
- People were given information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.
- Where necessary the service would advocate on behalf of individuals to ensure decisions were in their best interest.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans had been developed with people and their families to ensure their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion, sexuality and disability. Care plans gave a good accurate picture of the person and recorded any specific risks, such as any behaviours which could be challenging. Where risk was identified records identified and instructed staff how to respond.
- People who lived at The Willows were living with dementia and were not always able to express their preferences. Through close observation and ongoing discussion with friends and family staff were able to understand how people liked their needs to be met. Care plans reflected this.
- Care plan documents were reviewed regularly to ensure records were up to date and in line with people's preferences, choice and current needs.
- Staff used electronic pads to note all interventions with people in real time. This meant notes were up to date and ensured accurate record keeping.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available to people who used the service and was in a format which they could understand, and written information was available in different formats, such as large print on request.
- Care plans noted any sensory issues and details of their cognitive ability to understand information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were stimulated and there was a range of activities provided. These included a recent visit from an orchestra; people told us that they had really enjoyed watching and listening to the performance.
- In addition to regular organised activities we saw people were stimulated throughout our inspection. For example, we observed a member of staff playing dominoes with one person whilst another was doing a jigsaw with three other people. A relative remarked, "There seems to be plenty of activity going on every time I visit. [My relative] can't really do much now... but they all chat to her."
- The service recognised the importance of physical activity and had implemented a '15 Move It Minutes' initiative'. This ensured people received at least one hour of exercise each week.
- People's cultural and spiritual needs were respected. The serviced had liaised with local churches to attend to provide regular services or mass and communion.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed prominently near the communal café and in each person's information pack. People told us that they knew how to complain.
- The Chief Officer told us they welcomed complaints being raised in order to improve the service.
- The registered manager kept a record of concerns and recorded what action they had taken. We saw for each complaint full investigations were carried out and a 'lessons learnt' analysis carried out irrespective of the outcome of the complaint.

#### End of life care and support

- The service had devised their own person-centred care plans to support people at the end of their lives. Plans, drawn up with people and their families, provided detail about communication, all aspects of nutritional, spiritual and emotional care needs and reference to health professionals including access to any medicines needed.
- Staff had completed the palliative care passport and were well trained to support people at the end of their life.
- We saw thank you cards which were complimentary and referred to good end of life care and support.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All the people we spoke with and their families spoke positively about the quality of care they received and how reassured they felt living at the home. A visitor remarked, "There's not one member of staff who isn't caring. [My relative] is really settled and happy now. I feel we can ask them anything. They got doctors and the district nurse for mum and when I've phoned up, I get through straight away. It's a really good place."
- To maintain a homely atmosphere staff wore non-clinical uniforms with bright, dementia-friendly coloured polo shirts, and we were told night staff wore pyjamas as an effective visual prompt for people living with dementia to understand the day was drawing to a close.
- Managers and staff were open and demonstrated a person-centred approach to their work. Relatives spoke positively about the home and felt it was a good place for their loved ones to live. One told us, "The manager and staff are very approachable," and another said, "They are all easy to talk to. It's one of the reasons we wanted to get [my relative] in here because the manager and the staff are welcoming and good at their job."
- The management team were active in all aspects of the service. They led by example and addressed issues as they arose.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a manager who had registered with the Care Quality Commission. They were on leave at the time of our inspection. During their absence the service was managed effectively by the Chief Officer and senior carers. This ensured continuity of care.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The service understood when to notify and had informed CQC of events as required.
- The service was governed by a board of directors with a variety of transferrable skills and used their expertise to support the management of the service. In addition, the provider supplied administrative support such as finance and personnel support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team involved people and their families through regular reviews and conversations to allow them to put forward their views about the service.

- People and their relatives were invited to review meetings and their comments were noted.
- Two monthly resident meetings facilitated by a different carer each time allowed people to comment on service delivery. Minutes showed good simple questioning allowed discussion and full involvement.
- Feedback was used to develop improvement plans. There were annual staff surveys and regular staff meetings. Staff told us they felt able to contribute to service delivery and share ideas. Relatives felt involved and felt confident to share feedback. 'You said, we did' notices were displayed on the main notice board which showed what action had been taken in relation to people's comments.

#### Continuous learning and improving care

- The management team completed several audits to ensure the service maintained at the standard expected from the provider. Audits included areas such as the environment, medication, care documentation, staff records, infection control and accident analysis. Where actions were required, we saw action plans were devised and issues were addressed.
- Board members also completed regular visits to the home and worked closely with the registered manager to ensure they had a good oversight of the service.

#### Working in partnership with others

- The Willows was keen to establish itself as a part of the community. Visitors from the locality were welcome to use the community facilities such as the café and games room, helping to alleviate social isolation and allowed people who lived at The Willows to mix freely with the general public. Outside space was fully utilised. The service encouraged the community to participate in events with people who lived at the Willows. The service facilitated a gardening group and had used the grounds for a fun fair in summer, and community ice rink last winter.
- The service worked with other professionals such as health care workers. The provider ensured that appropriate support was obtained as required.
- The registered manager took on board issues raised by other services such as local authority contracts and commissioning and clinical commissioning group.