

Hestia Healthcare Limited

The Willows Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The Willows Residential and Nursing Home provides a service for up to 32 people, who may have a range of care needs including dementia and physical disabilities. There were 31 people living in the service on the day of this inspection.

We carried out an unannounced comprehensive inspection of this service on 21 January 2016, and found that five legal requirements had been breached.

The provider sent us an action plan after the January inspection, setting out what they would do to meet legal requirements and address these concerns. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements.

This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Willows Residential and Nursing Home' on our website at www.cqc.org.uk.

During this inspection on 4 May 2016, we found that improvements had been made in all areas.

The home did not have a registered manager however; a new manager was in post. The new manager confirmed she had begun the process to register with the Care Quality Commission (CQC). Like registered providers, registered managers 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.

Record keeping had improved which showed identified risks to people were now being managed appropriately.

Due to successful recruitment of new staff, the use of agency staff had decreased. There were also further plans to improve the efficiency of staffing within the home.

Safe systems were in place to ensure people's medicines were managed in a safe way.

People were supported to have sufficient to eat and drink and this was provided in a way that met their individual assessed needs.

People's privacy and dignity was respected and promoted.

Changes had taken place to improve the leadership, management and governance of the home.

People and staff were more actively involved in giving feedback and developing the service.

New systems had been introduced to monitor the quality of care provided to people living in the home.

Steps had also been taken to address areas identified previously as requiring improvement, such as the provision of meaningful activities for people, including those living with dementia.

Although we found that the service was no longer in breach of legal requirements, we have not changed the overall rating for the service on this occasion, because to do this this would require consistent good practice over a sustained period of time. We therefore plan to check these areas again during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made to ensure the service was safe.

Arrangements were in place to ensure identified risks to people were managed appropriately, and they had their care needs met in a safe way.

There were sufficient numbers of suitable staff, and further plans to improve the efficiency of staffing within the home.

Systems were in place to ensure people's medicines were managed in a safe way and they got their medication when they needed it.

We could not improve the rating for 'safe' from 'requires improvement' however, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

Improvements had been made to ensure the service was effective.

People were supported to have sufficient to eat and drink and this was provided in a way that met their individual assessed needs.

We could not improve the rating for 'effective' from 'requires improvement' however, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service caring?

Improvements had been made to ensure the service was caring.

Staff were motivated and treated people with kindness and compassion.

People's privacy and dignity was respected and promoted.

Requires Improvement ●

We could not improve the rating for 'caring' from 'requires improvement' however, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Improvements had been made to ensure the service was well-led.

Action had been taken to improve the leadership, management and governance of the home.

There were more opportunities for people and staff to be actively involved in developing the service.

New systems had been introduced to monitor the quality of care provided to people living in the home.

Steps had also been taken to address areas identified previously as requiring improvement, such as the provision of meaningful activities for people, including those living with dementia.

We could not improve the rating for 'well-led' from 'requires improvement' however, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement 

The Willows Residential and Nursing 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 was planned to check 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 was an unannounced focused inspection of The Willows Residential and Nursing Home which we undertook on 4 May 2016. The inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 21 January 2016 had been made. The inspection was undertaken by two inspectors.

Before the inspection, we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

In addition, we asked for feedback from the local authority and clinical commissioning group, who both have quality monitoring and commissioning roles with the service.

During the inspection we focused on four of the five questions we ask about services: Is the service safe, is the service effective, is the service caring and is the service well led? This is because the service was not previously meeting legal requirements in relation to these four areas.

We used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences.

We spoke with seven people living in the home and observed the care being provided to a number of other people during key points of the day, including an activity session, lunch time and when medication was

being administered. We also spoke with one relative and six members of staff including the operations manager, manager, deputy manager, a nurse, the activity coordinator and the chef.

We then looked at care records for seven people, as well as other records relating to the running of the service such as medication records, audits, training records, staff rotas and meeting minutes; to corroborate our findings, and to check that the required improvements had been made.

Is the service safe?

Our findings

Following our last inspection on 21 January 2016, we found that a number of improvements were required in this domain. This was because the processes in place to manage risks were not sufficiently robust. For example, people's daily records contained gaps and were not always completed at the point of care delivery. This meant we could not be clear if people were receiving the right care when they needed it. Furthermore, although systems were in place to ensure people's daily medicines were managed in a safe way, these were not consistently followed. This meant that people did not consistently receive care and treatment in a safe way. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

In addition, we found the arrangements to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were not adequate. There were delays in people's requests for help being met, and concerns about the number of agency staff working at the home. These were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

After the inspection the provider submitted an action plan which outlined the improvements they planned to make to address these areas. We carried out this inspection to check they had followed their plan, and found that improvements had been made.

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them. They described the processes used to manage identifiable risks to individuals such as malnutrition, moving and handling, skin integrity and falls. Risk management plans were in place to promote and protect people's safety, and separate daily observational charts recorded the care provided by staff in order to mitigate identified risks, for example, how often someone had been turned or received food and fluids. We saw that the observational charts were now being completed on a regular basis, and there was more evidence that these were completed at the actual point of care delivery.

We spoke with a visiting healthcare professional who told us people were getting the right care and support with food, fluids and being turned; to minimise the risk of malnutrition or someone developing a pressure ulcer. They also told us that staff were getting better at asking for support and advice from external healthcare professionals, which they saw as positive in terms of providing safe care to people.

People told us there were sufficient numbers of staff to keep them safe, although there were still some concerns regarding the number of different staff that people saw. One person told us: "I see so many different faces; it's a bit confusing at times." Other people told us they sometimes struggled to communicate with staff where English was not their first language. One person said: "Yes, it's ok here but I don't always find it easy to understand what they are saying." Another person added: "They are generally kind and caring but it can depend on who you get and what they understand." We observed this ourselves on a few occasions throughout the inspection. However, we also noted that staff were patient and took the time to ensure people had understood them correctly. The manager confirmed sufficient numbers of staff were now employed, but talked about further plans to improve staffing in the home. This included further recruitment,

deployment work, lead roles and the reintroduction of a specific programme to support staff in understanding and effectively communicating with people living with dementia. Meeting minutes showed that these areas had already been discussed with people, relatives and staff.

We observed that staff were a constant presence in the communal areas of the home, and that they also monitored people who remained in their rooms, so that care and support could be delivered when it was needed. We saw that people's needs were met in a timely way and they were not rushed.

We saw on the day of our inspection that the number of care staff corresponded with those planned on the rota and this was supplemented with additional support from the operations manager, manager, catering, domestic, administrative and maintenance staff. Staff rotas also showed a significant reduction in the use of agency staff since the last inspection. The manager confirmed that due to successful recruitment, they were only using one member of agency staff and they ensured this was the same person each time, to promote consistency of care for people.

Systems were in place to ensure people's daily medicines were managed so that they received them safely. People told us they received their medication when they needed it. One person told us: "I have my tablets on time." We observed that staff responded promptly when people asked for medication to manage pain.

Staff demonstrated a good awareness of safe processes in terms of medication storage, administration and about the purpose of the medication prescribed for people. They confirmed they had received training to be able to administer medication, and training records supported this. We also saw that competency checks were being undertaken to ensure staff responsible for administering medication were safe to do so. Clear records were being maintained to record when medication was administered to people and we saw that medication administration records (MAR) were only signed when people had taken their medication; minimising the risk of someone's medication being missed if signed for in advance. We also saw that there was a system in place to ensure people's medication was not forgotten.

Is the service effective?

Our findings

Following our last inspection on 21 January 2016, we found that improvements were required in this domain. This was because people's nutritional and hydration needs were not consistently met in accordance with their preferences and assessed needs. One person was seen choking because their food was not cut up as required, and another person was not receiving fortified food and drink as stated in their care plan. In addition, someone who was cared for in bed told us they didn't always get a drink in the afternoon, and we observed that people were not always given a choice of what to eat and drink. These were breaches of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Meeting nutritional and hydration needs.

After the inspection the provider submitted an action plan which outlined the improvements they planned to make to address these areas. We carried out this inspection to check they had followed their plan, and found that improvements had been made.

People told us they had enough to eat and drink and were complimentary about the meals served. One person said: "The food is ok, not bad at all." Another person added: "The food is ok, it can be cold sometimes but I send it back and it gets heated up. We do get a choice but not always in advance." A third person confirmed they did not always know about meal options in advance, but stated they could ask for something different if they didn't like what was on offer and this would be provided.

There was a four weekly menu in place which offered people a choice of meals. It was evident that the chef, who had worked at the home for a while, had a good awareness of what people's individual needs were in respect of their dietary requirements. He told us that the nursing staff updated him about people's individual dietary needs. However, we found that written information provided to the kitchen about people's assessed nutritional needs was out of date, meaning there was a risk that people could be given food and drink that did not meet their nutritional needs if someone less experienced was working in the kitchen. The manager told us this information had recently been updated but was unable to locate it during the inspection. She undertook to ensure this was in place with immediate effect. We reviewed people's care records and found people had been provided with the correct diets, for example, diabetic diets and pureed food options to assist with swallowing difficulties. There was also evidence that dietetic intervention and SALT (speech and language therapy) input had been requested where concerns had been identified with someone's weight or ability to swallow food safely. For those people who required additional nutritional support, we found that fortification took place to reduce the risk of weight loss.

We observed people having lunch and found that the meal time was relaxed. People chatted with each other and were encouraged to eat at their own pace. We noted that dining tables were laid appropriately; providing a visual clue for people living with dementia that it was time to eat. Staff supported and assisted people when required to eat their meal, and assistance was provided in a discreet and helpful manner. The manager explained that protected mealtimes had been introduced to minimise disruptions and support staff to be able to give people the support they required. The meals we saw looked and smelt appetising, and people were observed to eat well.

Records showed that people's nutritional needs and preferences had been assessed, with any specific requirements such as soft options or assistance with eating outlined. We saw that staff monitored people's weights regularly and appropriate action was taken when a change had been identified. There were frequent entries in the daily records we looked at, confirming that people were offered food and fluids on a regular basis.

Is the service caring?

Our findings

Following our last inspection on 21 January 2016, we found that improvements were required in this domain. This is because people told us they were not always spoken to or treated with dignity and respect. We observed this to be the case with people's requests for help being ignored and staff talking over people. These were breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Dignity and respect.

After the inspection the provider submitted an action plan which outlined the improvements they planned to make to address these areas. We carried out this inspection to check they had followed their plan, and found that improvements had been made.

People told us that their privacy and dignity was respected. One person said: "They ask me if they can help me before they start with anything." Another person added: "They come if I call my bell as I don't go down." We observed this to be the case during the inspection. When instant support could not be given, staff responded positively and provided an explanation for the delay and ensured they returned as quickly as possible. We also saw that staff obtained people's consent before assisting them with personal care or supporting them to transfer. Where people refused, their decisions were respected. One person confirmed: "I have a choice about everything we do."

We saw lots of positive interactions between staff and people who used the service. There was friendly conversation and we heard lots of laughter. Staff spoke with people in a respectful manner using terms such as 'Sir' when addressing them. Staff encouraged people's efforts with activities and made them feel good about themselves. One member of staff was heard to tell someone: "You look lovely today" for example. People we observed looked comfortable and relaxed as a result.

Staff provided compassionate care - reassuring people when they became distressed. We observed them holding people's hands, using touch for reassurance and comfort and getting down to each person's level when communicating with them.

We noted that staff ensured people's dignity was upheld in a number of ways. This including making sure people's mouths were clean or their clothing was changed following eating. Staff were seen to check people's hair was neat and tidy too, which demonstrated that they supported people to take a pride in their appearance. One person told us it was important to them to look smart. Staff also spoke discreetly when asking people if they required the toilet, and ensured doors were closed before the delivery of personal care.

Is the service well-led?

Our findings

Following our last inspection on 21 January 2016, we found that improvements were required in this area. This was because we found problems in terms of the leadership, management and governance of the home. People using the service were not actively involved in its development, and relatives confirmed they often found staff and the management team to be defensive or difficult to get information from. Staff also reported that they were not encouraged to report shortfalls in care or incidents and felt the management team were not aware of the atmosphere in the home and that they did not demonstrate positive behaviour.

Concerns were also identified in terms of how effective the systems in place for monitoring the quality of the service provided were. For example, we found problems with a lack of managerial oversight regarding people's daily observational charts and pressure mattress settings.

In addition, areas requiring improvement, which were identified at another previous inspection in January 2015, had still not been adequately addressed. This included the provision of meaningful activities for people, including those living with dementia. These were all breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

After the inspection the provider submitted an action plan which outlined the improvements they planned to make to address these areas. We carried out this inspection to check they had followed their plan, and found that improvements had been made.

Shortly before the last inspection, the service had experienced a number of staffing changes at management level, including the manager, deputy manager and clinical lead. Following that inspection we were informed of a further change with the director of nursing and clinical services leaving and the nursing manager taking on the role of operations manager for the home. We spoke with the operations manager, new manager and deputy manager during this inspection. The new manager was not yet registered with the Care Quality Commission (CQC), but she confirmed she had begun the process to do so.

People told us things had started to improve and there were more opportunities for them to be involved in developing the service, which included attending meetings and face to face contact with staff, including the manager. One person told us: "I think there have been improvements, things are better than before." People told us they had recently been involved in a review of their care needs. One person we spoke with was not happy with some of the content of their care plan. However, the manager had agreed to review the plan with the person, to ensure it reflected their needs in a way that they were happy with. The person told us they were happy with this outcome, and this demonstrated that the person's views had been taken into account.

Staff told us things were improving too. One staff member said: "We are heading in the right direction. We have made changes and have new handover sheets; we have updated certain charts since your last inspection and made them easier for staff to use. We have had more staff meetings, relative meetings and training and development has got better. Staff are positive and working hard. The manager is a visible presence." Another member of staff confirmed they felt listened to and their feedback was acted on. We saw

evidence of meetings taking place with people, relatives and staff. Meeting minutes showed that areas previously identified as requiring improvement were being discussed with people and staff in an effort to raise standards and improve the service provided.

During the inspection a relative arrived at the home with concerns about the care of their relative. A meeting was arranged immediately with the operations manager, and the relative reported to us afterwards that they were happy their concerns had been taken seriously, and said they had confidence in the operations manager to address them. We also observed the manager speaking with people living in the home, asking them how they were and getting involved in their support and wellbeing. We found the manager and operations manager to be open, and they responded positively to our findings and feedback.

Another area where we noted improvements was activities, which we had raised as an area of concern over the last two inspections of the home. One person told us: "We have lots to do, plenty of activities to keep us busy." Another person said: "I like that we have things to do now, its better." We met the homes activity coordinator who although was new in post, was already having a positive effect. We saw people's art work on display in communal areas of the home and there was evidence that activities were being organised on a regular basis and in advance. For example a new notice board advertised activities that were planned on a daily basis as well as forthcoming events such as film showings, a 'knit and natter' group and a visiting musician. During the morning of the inspection we observed a group of people enjoying ball games and completing arts and crafts activities. We noted that staff left people with items that could be used to enhance their stimulation, for example, balls, puzzles, arts and crafts items. One person was observed looking through some craft items with interest and made a joke about what they could make with them. In the afternoon, a group of people participated in an armchair exercise session; we found that people enjoyed both activities and noted that they smiled, laughed and chatted throughout, with each other and the staff supporting them. Non activity staff were seen engaging people in meaningful conversations and encouraging them with activities. This demonstrated that all staff understood the importance of a variety of meaningful and stimulating activities for people and did not just view this as the role of the activity coordinator.

There were still times in the day when people were not engaged, when they were sat in front of day time television or when music popular in the 1990s was playing, however, it was acknowledged that it would take time to fully embed the progress made so far.

We noted that there was a relaxed, comfortable and happy atmosphere within the home. We observed staff working cohesively together throughout the inspection and noted the way they communicated with one another to be respectful and friendly. They acknowledged the improvements that had been made so far, but understood that further work was required to make sure that people received good quality care in a consistent way. Staff spoke openly and positively about their roles and responsibilities. They were motivated to make the required changes. The manager talked about plans to develop staff for example through training and individual support. She gave an example of experiential learning where the outcome of a safeguarding concern had recently been shared with staff to aid their knowledge and mitigate the risk of a similar occurrence happening again in the future. We also saw evidence of recent training for staff being organised regarding nutrition, dementia and dignity. These were all areas identified at the last inspection as requiring improvement. This demonstrated that positive action was being taken to address previous concerns and drive improvement in the home.

The service demonstrated good management and leadership and there was clear evidence of managerial oversight at a provider level. We found that a range of audits and checks had recently taken place; to ensure the service was providing safe, good quality care. These included reviews of care plans, medicines, falls,

incident and accidents, complaints and the general environment. We saw that where improvements had been identified these were transferred to an action plan containing realistic dates for completion. A number had already been completed and updates added to the action plan, demonstrating that these were live documents. For example, one audit had identified unsafe practice in terms of the safe handling of sharps and sharps containers during medication rounds. This was because staff had to transport a large sharps box on top of the medication trolley when doing their rounds. Staff told us this had been discussed with them in a meeting to determine the problem, and this had led to the purchase of small sharps boxes that could be locked in the medication trolley. This demonstrated that staff feedback had been received in a positive way and action taken to improve safe practice for them and people living in the home.

The manager showed us a new daily check system that had been implemented since our last inspection. This involved the manager checking people's daily observation charts and pressure mattress settings more closely; in order to identify any potential problems or gaps in care provision. The new system also included closer oversight of other records such as care plans, accidents and incidents, complaints, staffing levels, medication and the overall environment. This showed that steps had been taken to monitor and review the delivery of care to people more closely.