

HC-One Limited

Willow Court

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

We inspected the service on 3 November 2015. The last inspection took place on 30 April 2014 and we found the provider was compliant with all of the outcomes we inspected.

Willow Court Nursing Home is situated in the village of Cherry Willingham, close to the city of Lincoln. The home provides residential and nursing care for up to 54 people.

The home also has a separate unit located within it which provides support for people with memory loss associated with conditions such as dementia. There were 53 people living in the home at the time of our inspection.

The home did not have a registered manager. However, the registered provider had appointed a new manager in July 2015 and an application to register the new manager had been submitted to the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the home. Like

Summary of findings

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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, always to protect themselves. At the time of the inspection one person who used the home had their freedom restricted in order to keep them safe and the registered provider had acted in accordance with the MCA and DoLS.

People and their relatives were involved in planning the care and support provided by the home. Staff listened to people and understood and respected their needs. Staff also understood how to identify report and manage any concerns related to people's safety and welfare.

Staff cared for people in a kind, friendly and respectful way. Staff reflected people's wishes and preferences in the way they delivered care and understood how to meet each person's individual choices, and preferences.

People were supported by staff to be able to access a range of external healthcare professionals when they required any additional specialist support. People's medicines were managed in a safe way.

People had access to a range of nutritious meals and drinks in order to keep them healthy. People were supported to enjoy a wide range of activities and pursue their personal interests. This included people living with dementia.

People and their relatives could freely express their views, opinions and any concerns to the manager and staff. The registered provider, the manager and staff listened to what people had to say and took action to resolve any issues when they were raised with them. There were clear systems in place for handling and resolving any formal complaints. The manager reviewed and reflected on concerns or untoward incidents and took any additional actions needed to keep developing and improving practices for the future.

Staff were appropriately recruited to ensure they were suitable to work with vulnerable people. They had received training and support to deliver a good quality of care to people. A comprehensive training programme was in place to support staff to maintain and develop their skills.

The home was run in an open and inclusive way that encouraged staff to speak out if they had any concerns. The manager and the registered provider regularly assessed and monitored the quality of the service provided for people.

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?

The service was safe.

Staff supported people in a way that minimised risks to their health, safety and welfare.

Staff recognised any signs of potential abuse and knew how to report any concerns they had.

There were enough staff with the right skills and knowledge to make sure people's needs, wishes and preferences were met.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported to make their own decisions wherever possible. The manager and staff understood how to support people who lacked capacity to make decisions for themselves.

People had access to specialist healthcare support when they needed it.

People were assisted to maintain a varied diet and helped to eat and drink enough to stay healthy.

Good



Is the service caring?

The service was caring.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Care and support was provided in a warm and friendly way that took account of each person's personal preferences.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were supported to pursue their personal interests and a wide range of meaningful activities were provided at the home.

People were able to raise any issues or complaints about the service and the registered provider had a system in place which enabled them to take action to address any concerns raised.

Good



Is the service well-led?

The service was well-led.

There was an open and welcoming culture within the service.

People and their relatives were encouraged to voice their opinions and views about the service provided.

Good



Summary of findings

Staff were well supported and were aware of their responsibility to share any concerns they had about the care provided at the service.

The registered provider and manager worked closely together and completed regular quality audits and checks to help ensure that people received appropriate and safe care.

Willow Court

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. The inspection was planned to check whether the registered 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.

We visited Willow Court Nursing Home on 3 November 2015. The inspection was unannounced. The inspection team consisted of a single 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.

In advance of our visit we looked at the information we held about the home such as reports of previous inspections, notifications (events that happened in the home that the registered provider is required to tell us about) and information that had been sent to us by other organisations such as the local authority.

During our inspection we spent time observing how staff provided care for people. In addition, we undertook a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not speak directly with us.

As part of our inspection we looked at five people's care records. We spoke with 10 people who lived in the home, five relatives, a professional beautician and a community mental health professional who was visiting on the day of our inspection.

We also spoke with the manager of the home, the deputy manager, an agency nurse, five members of the care staff team, the chef, the home's administrator, the activities organiser and the maintenance staff member.

We looked at six staff recruitment files, training records, supervision and appraisal arrangements and staff duty rotas. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

Is the service safe?

Our findings

People told us that they felt safe using the service. One person said, "Absolutely I feel safe. They [staff] are very attentive." Another person added, "The staff are brilliant. They're genuine. A relative we spoke with commented, "Much more than just safe. There's always somebody around."

Staff we spoke with told us how they ensured the safety of people who lived in the service. They were clear about whom they would report any concerns to and were confident that any allegations would be fully investigated by the manager or the registered provider.

Staff said, and records showed, that they had received training about how to keep people safe from abuse and there were up to date policies and procedures in place to guide staff in their practice in this area. Staff told us that, when required, they would share any concerns they identified with external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). When concerns had been raised the manager had worked effectively with the registered provider's operations director and other agencies to ensure people were safe and their needs had been met. We also saw that the manager and the registered provider had taken preventative action to minimise the risk of future incidents.

Information we looked at in care plan records showed that potential risks to people's wellbeing had been identified, assessed and action taken to reduce them.

Staff told us, and records showed, that when accidents and incidents had occurred they had been recorded and analysed by the manager so that steps could be taken to help prevent them from happening again. People's safety was also protected through regular checks on the equipment used by staff to provide care.

We spoke with the maintenance staff member who confirmed regular fire alarm tests and drills were undertaken and we saw personal emergency evacuation plans had been prepared for each person. These detailed what support the person would require in the event of needing to be helped to move to a place of safety.

We saw the registered provider had safe recruitment processes in place. We reviewed six staff personnel files and

saw that written application forms and evidence of the person's identity had been obtained. References had also been obtained along with appropriate checks through the national Disclosure and Barring Service (DBS). These checks had been carried out to ensure that the service had not employed people who were barred from working with vulnerable people.

The manager told us staffing levels were kept under regular review using information about any increase in care needs identified through care reviews and using feedback from staff who regularly assessed people's support needs. The manager said this information helped them identify the amount of staffing required to meet that need.

The manager told us that they had a number of vacancies within the staff team which had led to the need for the manager and registered provider to consider how they provided the additional staff support needed. The manager told us and records confirmed cover was being provided from both within the staff team who were working additional shifts and through the use of bank and agency staff. The registered provider was also undertaking an ongoing programme of recruitment and we saw interviews were being undertaken on the day of our inspection.

We spoke with an agency nurse who had been asked to work at the home. The nurse told us they felt an integral part of the staff team saying, "I have been here before a few times. I go into a number of homes and this is a nice one to come to. The staff involve me and I attend the handover meetings so I have a good understanding of resident's needs." During our inspection we saw that the staff team had sufficient time to meet people's needs and to talk to them individually without rushing. We looked at recent staffing rotas and saw that the manager had ensured the number of staff on duty matched the planned rota for each day.

We received mixed views from people on the availability of staff to support their needs. The manager said that prior to our inspection they had already recognised there had been some delays in staff responding to calls for assistance. We saw and the manager confirmed that a new call system was being trialled and that this had led to some delays in response times. The manager showed us they had already recently carried out a range of call system audits and checks, including meeting with staff to address the issues they had identified and which matched the feedback we received from people. The manager said that as a result of

Is the service safe?

the checks improvements had been made but that they were continuing with the audits and had further checks planned to ensure response times were undertaken in line with the timings expected by the registered provider and people who used the service.

We reviewed the arrangements for the storage and administration of medicines and saw that these were in line with good practice and national guidance. Staff told us, and records confirmed that only staff with the necessary training could access medicines and help people to take them at the right time. Where people required medication at specific times the manager had systems and records in place to show how the support was given. We looked at recent audits of medicine management which had been conducted internally by the service. We saw that the manager had taken action to address the recommendations made and that medicine audits and checks were a regular part of the manager's role.

Most of the people we spoke with told us they felt they were well supported with their medicines. The manager

showed us a letter they had received from one person on 1 November 2015 which stated, "Thank you and thank the day and night team for ensuring that my tablets were taken and my sleep settled. It is always a joy to be at Willow Court." A relative we spoke with told us their family member had experienced some delays in receiving their medication. We spoke with the manager about the issues raised who showed us the information already available for staff to follow to make sure the person had their medicines on time. The manager undertook an immediate review of the records in place, updating them to further direct staff in order to eliminate the risk of any delays.

We saw that all areas of the home were well maintained and clean. Domestic staff had cleaning schedules in place, which were recorded and up to date to show when each part of the home had been cleaned. The people we spoke with told us they were happy with the cleanliness of their bedroom, bedding, clothing and the home generally. One person said, "It's spotless. It's a lovely place." Another person added, "It's lovely, so clean."

Is the service effective?

Our findings

People we spoke with told us they felt staff were quick to identify when they needed help and had the skills to meet their needs. One person said, “They treat me very well. I can get up or go to bed when I want and try and dress myself.” A relative told us, “I’m okay with the staff. The seniors are great and the other staff are good. I saw a lady fall the other day and there were about 14 staff there within moments.”

Feedback we received from people was positive in regard to staff being trained and able to support their needs. People said they were encouraged to be independent and make their own choices. We saw evidence of this for example when staff asked people which room they would like to sit in, what refreshment they would prefer and if they would like to see the beautician who was visiting the home that day.

New members of staff received induction training and staff we spoke with said they were confident in their ability to meet people’s individual needs. Staff said their induction had included training identified as necessary for the service and time spent getting to know the registered provider’s company-wide policies and procedures. This was followed by a period of shadowing more experienced members of staff before the new employee was deployed as a full member of the team. One new staff member we spoke with said, “I was super-numery when I started and I shadowed my team leader so I had the chance and time to learn.”

Staff told us they received supervision and that they felt well supported by the manager with their development. One staff member showed us the home’s dedicated training room which they said staff used to undertake e-learning either individually or in twos. The staff member said, “We are encouraged to do our training and it’s good to know we can get on with it here and in private or together.”

We saw that the manager had a comprehensive training plan for the service which provided a varied package of training to help staff meet people’s needs. The manager told us that the training ensured all staff were up to date on best practice and that many of the staff, held or were working toward a nationally recognised qualification. The manager also confirmed staff were supported to undertake the new national Care Certificate and a number of staff had enrolled and were completing this. The Care Certificate sets out common induction standards for social care staff.

The manager had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This is the legal framework that exists to ensure that the rights of people who may lack mental capacity to take particular decisions are protected. At the time of our inspection DoLS authorisations had been obtained and were active for seven people living at the home.

We looked at how staff managed situations where people had restrictions on their freedoms and saw these were undertaken in the person’s best interests. The manager and staff managed the conditions of the restrictions in the correct way and documentation was in place to support this. We observed staff were vigilant and provided support only when it was needed. For example, when people left their rooms and had access to other parts of the home where they may be at risk. Records also showed staff were worked closely with other agencies in regard to any changes in needs or new risks identified. The manager confirmed the arrangements in place helped ensure those people could continue to receive the care and support they needed and that their rights were protected.

From talking with staff and reviewing records we could see that staff were supported to carry out their role and received good support from the manager. The manager and staff we spoke with told us daily ‘flash’ meetings were held to provide support for staff and create an opportunity to discuss any issues as they arose. These meetings were held in addition to the regular hand-over meetings held between shift changes. The manager and a senior staff member we spoke with said the meetings gave them and staff the opportunity to discuss any changes in people’s care needs and working practices.

People’s care plans showed that their healthcare needs were monitored and supported through the involvement of a range of relevant professionals including local doctors and social and healthcare professionals.

People we spoke with told us that they had good access to healthcare professionals and received good healthcare support. This included a six weekly chiropodist visit. One person said, “They’ve got a good system here. I get my feet seen regularly too.” Another person commented that, “it’s five weeks to the next chiropodist visit. I look forward to it.” We spoke with a visiting community health care support worker who told us staff had a good understanding of

Is the service effective?

people's needs. They also said they found communications between them and staff had been good and that they always had access to the information they needed when they visited.

When we spoke with people about the choice and availability of food and drinks at the home people's comments ranged from, "It's excellent, there's plenty there" to "It's good. It's got variation to it too" and "The food's got my seal of approval!" A relative told us, "The food is really good."

People's likes, dislikes and dietary requirements were recorded when they moved into the home and the information was regularly reviewed and updated as people's needs changed. We saw that the chef knew which people needed to have their food pureed to reduce the risk of choking and those who needed to have their food fortified to reduce the risk of malnutrition. Both catering and care staff demonstrated a good understanding of people's individual nutritional needs and preferences.

We spent time in the communal dining areas of the home and observed people eating their lunch. People were provided with a good range of food and drink. There was a rolling four week menu that was changed seasonally. The menu's provided two home cooked lunch choices every day. People were also offered a good choice at breakfast and tea time. Alternative food choices were also provided on request. We observed hot and cold drinks were also offered by staff at regular intervals throughout the day in order to reduce the risk of people becoming dehydrated.

Lunch for most people was served in the home's two communal dining areas. We saw staff encouraged people to eat as independently as possible, whilst being quick to notice and offer any additional support and assistance when it was needed. Some people had chosen to eat their meals in their rooms. Where this was the case and it was needed, staff also assisted people to eat in their rooms. We observed that people were also offered a range of alternative foods if they did not want what they had originally chosen.

During this period we also observed some people had chosen to go into one of the dining rooms in advance of lunch being served and had waited for some time before they had their meal was served. We noted the process for serving the meals extended the time people were waiting for their chosen meal. We spoke with the manager about this who said she and the staff team would review options for developing the overall way meals were served. After we completed our visit the manager sent us confirmation of changes they and staff had made after consulting with people. These included giving the option of a light snack or starter option that could be taken independently before their main meal and deploying staff differently so that they could serve and further assist people with their meals in a more structured way.

The manager told people had fed back to her that the changes they had made had been positive. The manager said she would continue to review lunchtime services to and make any further changes needed in order to keep improving people's lunchtime experience.

Is the service caring?

Our findings

There was a warm, friendly and welcoming atmosphere within the home throughout our visit. The people we spoke with told us that staff always asked if they could perform a care task before they undertook it and were polite. One person said, “The staff just check its okay for them to help me. I like that because things don’t come as a surprise when they need to do them.” When we asked relatives if the staff were caring one relative told us, “That’s an easy answer. The staff are good.”

We saw that staff interacted with people in a friendly yet respectful way. We saw that staff took time to engage individually with people and listened to things that were important to them. We saw that the staff team supported people in a patient and encouraging way that took account of their individual needs. A relative we spoke with told us, “I visit daily. I like the first name bit. The second time I ever visited they [staff] remembered and called me by my first name which counts for a lot.”

Most of the people and relatives we spoke with said that they understood the staff maintained care records so they knew how to provide the care people needed. They also said they were involved in decisions about their care. One person said, “Yes, they do tell me about any care changes or if things change.” A relative commented, “Absolutely, they involve me in any decision.”

Care plans contained information about people’s preferences, for example how they liked to dress, what time

they liked to get up and go to bed and how they liked to spend their time. We saw that staff understood and respected people’s wishes as part of their commitment to giving people personal choice and control.

Staff were friendly, patient and discreet when supporting people with their personal care needs. We observed that they recognised the importance of not intruding into people’s private space by knocking on the doors to private areas before entering. We also saw staff ensured doors to people’s bedrooms and toilets were closed when people were receiving personal care.

The manager and staff told us about the importance of respecting personal information that people had shared with them in confidence. The registered provider had a clear policy and guidance in place for staff to refer to regarding retaining information and disposing of confidential records and information. The manager and staff confirmed they had access to this and understood how it should be applied. We saw people’s care records were stored securely so only the manager and staff could access them. This meant people could be assured that their personal information remained confidential.

The manager also confirmed they had access to information about local advocacy services and how people could access these if they needed to. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The information to enable people to access these services was not readily available. We spoke with the manager about this who took immediate action during the inspection to make sure the information was available and in the home for people should it be needed.

Is the service responsive?

Our findings

People had their needs assessed to help ensure the service was able to meet their wishes and expectations before they moved into the home. Assessments undertaken were used to complete a care plan record. A care plan is a document which details people's assessed social and health care needs and informs staff how they should meet those needs.

People's care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. We saw that the plans had been developed and were reviewed in consultation with people and their relatives. The care plans captured people's changing needs and provided important information for staff to follow.

We saw that people's bedrooms had been decorated and furnished individually and that many people had family photos and other personal souvenirs on display. In addition to their own bedrooms, people could choose to spend time in one of the communal lounge areas and the garden and patio area which had a variety of seating areas to meet individual preferences.

The manager told us that the staff team supported people in maintaining their hobbies and interests. People were also supported to maintain their religious needs and a range of religious services were held regularly at the home for people who chose to attend.

We saw that one member of staff had a lead role in organising activities for people and another staff member supported them in this role. We spoke with the staff member responsible for activities on the day of our visit. They told us they worked to ensure all people, including those who experienced memory loss, had access to consistent stimulation through the provision of suitable activities.

Most of the comments we received from people about the activities provided were very positive. They ranged from, "They're good. The sports day we did the other day was good" to "I can't fault it. I love the music" and "It's very good. It's what keeps you going." A relative commented that, "They did war songs with a singer and had ball games, bean bags and more."

Information on the notice board in the reception area of the home showed a wide range of planned group activities

including pamper days, afternoon teas and visiting entertainers. The entertainment provided included sessions called 'singing for the brain' choirs and activities based on movement. These sessions were used to encourage all of the people who lived in the home to fully participate. The sessions included a parachute game, indoor tennis, ball games and reminiscence sessions. Photographs on display both in the reception area and in albums in the communal dining areas of the home showed people had been involved in a range of planned events including trips out in the home's own mini bus. During our visit, a representative of a local tea company had set up a display of hampers, sweets, drinks and festive items which people and visitors could choose to buy for Christmas presents.

We saw the activity staff member and care staff also provided one-to-one support and gave time to people in their bedrooms or those preferring to be alone in the lounge. We saw this time could include activities such as stimulating conversation, hand massages, listening or singing along to music, reading aloud or doing a crossword.

One person we spoke with told us, to "We get a newsletter each month so I can choose what I want to do." We saw a copy of the newsletter was made available to each person in the home so that read it in their own time.

The activity staff member provided copies of the last two monthly newsletters they had produced. They included information about any changes or developments about how the home was run along with picture updates on things like trips out that people had undertaken in the community. They also celebrated other events which had taken place at the home, for example a music event involving carers, a summer fayre, a gardening competition and a barbecue which had been held. Events planned and advertised in the latest November newsletter included Remembrance Sunday and Armistice Day events and religious services, craft sessions, coffee mornings and a quiz. The activity staff member also confirmed that family and friends could join in with all the activities provided and were encouraged to do so.

There was a complaints procedure clearly on display in the home which informed people how to raise a concern. People said they knew about the complaints policy

Is the service responsive?

procedure and that they felt comfortable raising concerns if they were unhappy about any aspect of their care. One person said, “If I feel the need to raise an issue or worry or concern I have found they [staff] listen and learn.”

Is the service well-led?

Our findings

The service had been without a registered manager since July 2015. The registered provider told us that in order to maintain consistency and continuity they had appointed a new manager immediately from within the established staff team. The new manager commenced in her new role from July 2015. At the time of our inspection, an application to register this person had been submitted to CQC and processed with an interview arranged for November 2015.

We observed the manager was well known to people who used the service, relatives and staff. The feedback we received from people and relatives about the management of the home was all positive. One person said, "I see the manager out and about. She always comes if she says she's coming. We've always got a good rapport." Another person commented, "The manager is excellent. I could talk to her easily." A relative told us, "No-one has failed our trust in the place yet." Another relative added, "I can go in and talk and they'll take notice. The manager is very approachable."

The manager had a good knowledge of staff competencies and people's individual care needs and preferences. This helped them to oversee the service effectively and provide leadership for staff. Throughout our inspection we observed there were clear management arrangements in place so that people, visitors and staff knew who to escalate any issues or concerns to.

Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the service. Staff knew about the registered provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home that could not be addressed internally. The manager showed us that staff surveys were undertaken annually and that they had completed a range of actions set out in an action plan following the last survey in June 2015. For example, staff we spoke with said that following the survey supervisions had increased and they felt more involved in team meetings and able to contribute their thoughts about how the service was developing. Staff also said us that as a result of the work being undertaken and completed morale within the staff team had increased.

The manager maintained logs of any untoward incidents or events within the service that had been notified to CQC or

other agencies such as the local authority safeguarding team. The manager told us, and records showed that each of these issues had been considered carefully and changes made to policies and practices where necessary.

There was a clear quality assurance and audit framework in place within the service which reflected the registered provider's company-wide quality assurance policy. We saw that a series of audits were carried out regularly in areas such as medicines, care planning and catering.

The manager told us, and records confirmed that the registered provider undertook a monthly visit to home in order to carry out an audit of service quality. We saw reports from the last two audits. The manager confirmed action was completed or in progress to address the objectives they had identified needed meeting for each of the audits. For example these included actions related to the staff survey they recently completed, training updates for staff and maintenance checks.

The home had a range of systems in place for receiving feedback from people, their relatives and visiting professionals. For example we saw there were comment cards available which included information about options for giving feedback either verbally or in writing. There was also an electronic touch screen device located in the reception area for people to tap in and submit their views or comments about the service at any time. The system was set up to make sure the comments went straight to the registered provider for analysis and any action.

There was also a comments book located in the reception area together with a copy of the registered provider statement of purpose, residents user guide and complaints policy and process.

In addition to this the manager confirmed a monthly residents' meeting was held to which all people and their relatives were invited. The manager said they were usually well attended and that they provided an additional opportunity for views, ideas and concerns to be raised and acted upon. Topics covered in the meeting records included ideas and suggestions for any changes people felt were needed, additional activities and any other issues that people wanted to discuss.

The registered provider also undertook annual surveys to ask people for feedback on the services they received. The

Is the service well-led?

last survey with people and relatives was completed in April 2015. The outcome of the survey was positive with no resulting actions required. A further survey had been scheduled for April 2016.