

The Willows Care Home (Shepshed) Limited

The Willows

Inspection report

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Tel: 01509650559

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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 ●

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 21 February 2017. The service has changed to a new provider since our previous inspection.

The service provided residential and nursing care for up to 60 adults most of who were aged 65 years and over. At the time of our inspection there were 26 people using the service four of whom required nursing care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough numbers of staff on duty to meet people needs. Staff responded promptly when people requested support from them. We saw that staff were deployed effectively to meet people's needs in a timely manner. We also found that the provider has safe recruitment practices. This assured them that staff were safe to support people before they commenced their employment with the service.

People's medicines were managed in a safe manner. They were supported to have their medicines as prescribed by their doctor. There was sufficient stock of medicines that people required. Medicines were only administered by staff who were suitably trained to complete this task.

People were safe at the home because staff knew their responsibilities to keep people safe from avoidable harm and abuse. Staff knew how to use the provider's policies to report any concerns that they had about people's welfare.

Staff had the skills and experience to support people effectively. They had access to an induction when they started their role and had regular training as required. Nurses were supported to remain competent and maintain their qualifications.

We found that staff were not always aware of the needs of people living with advanced levels of dementia. The registered manager and managing director had plans to make improvements in this area.

People were supported in accordance with relevant legislation and guidance. Staff we spoke with demonstrated a good understanding of Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People's liberty was not deprived unlawfully. This was because the provider had made applications to the local authority for DoLS authorisation for people that required this.

People received sufficient nutrition and hydration. They had access to a variety of meals, snacks and drinks. Their health needs were met. This is because staff supported them to access health care professionals

promptly. Staff also worked with other professionals to monitor and meet people's needs and support them to remain well.

Staff treated people with dignity and respect and supported them to be as independent as possible.

Staff treated people with kindness and compassion. People complimented the caring attitudes of staff. The registered manager created a culture which promoted kindness and appreciation. This encouraged staff to go the extra mile. People who were approaching the end of their life were supported to remain comfortable and pain free.

People had access to a variety of activities of their choice. This included group activities and spending individual time with staff. They were also supported to maintain contact and spend quality time with their friends and family.

The registered manager maintained regular contact with people and their relatives and sought their feedback about the service. They acted on the feedback they received to improve people's experience of the service. This included feedback from other professionals and stakeholders.

People spoke very positively about the improvements made at the home by the registered manager. They were confident that the home was well-managed. Staff felt supported by the registered manager to meet the standard expected of them. The registered manager and managing director were approachable and within easy access to staff and people. The registered manager had implemented systems to monitor the quality of the service. We saw that they used this to drive continuous improvement in the service.

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.

The provider had safe protocols in place for managing and administering people's medicines.

There were sufficient numbers of staff on duty to meet people's needs.

Staff were aware of the responsibilities to keep people safe from avoidable harm.

Is the service effective?

Good 

The service was effective.

Staff had access to an effective induction and training. Nurses were supported to maintain their skills and qualifications. The provider had plans to improve staff knowledge of the needs of people living with advanced levels of dementia.

People were supported in accordance with relevant guidance and legislation. Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional and hydration needs were effectively met. They supported people to have prompt access to healthcare services.

Is the service caring?

Good 

The service was caring.

People were supported to remain as independent as possible.

Staff supported people in a kind and compassionate manner. This included when people were approaching the end of their life.

Staff treated people with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

People's care plans reflected their individual needs. The care that they received was suited to their needs.

People had access to a variety of activities of their choice.

People had opportunities to give their feedback about the service. The registered manager acted on their feedback.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and managing director were accessible to staff, relatives and people using the service.

Staff had a clear understanding of the standards expected of them. They were supported by the registered manager to meet those standards. They had a shared commitment to provide a good standard of care to people.

The provider had procedures for monitoring and assessing the quality of the service. They used these to improve the quality of care they provided.

The Willows

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out our inspection visit on 21 February 2017. The inspection was unannounced.

The inspection team consisted of one inspector, a nurse specialist advisor and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make. We contacted the local Healthwatch for their feedback. Healthwatch is an organisation which champions the needs of people who use health and social services. We also contacted the local authority we were responsible for the funding of some people that used the service.

We spoke with six people who used the service, relatives of three people who used the service, two care staff, two nurses, the cook, the activities coordinator, the registered manager, the managing director and the head of the executive team. We looked at the care records of four people who used the service, people's medicines records, staff training records, three staff recruitment records and the provider's quality assurance documentation and policies. We observed staff and people's interactions, and how staff supported people. From our observations we could determine how staff interacted with people who use the service, and how people responded to the interactions. This was so that we could understand people's experiences.

Is the service safe?

Our findings

People felt safe living at The Willows Care Home Shepshed. They told us that they felt safe because they was sufficient numbers of staff available to meet their needs. One person told us, "I feel perfectly safe here. There are enough staff and you don't have to wait long if you call." People's relatives also agreed that people were safe at the home. A relative told us, "They [staff] have looked after [person] really well. I go home and do not worry because I know she's looked after really well."

People were protected from abuse and discrimination because they were supported by staff who knew their responsibilities to keep people safe from avoidable harm and abuse. We saw that the provider had guidance available to staff to support them on how to report any concerns about people's safety. We saw that the provider reviewed and updated their policies to reflect current guidelines and good practice to protect people who used the service. Staff we spoke with demonstrated their knowledge of what constitutes abuse. They knew how to apply the provider's policies to report any concerns that they may have regarding people's welfare. Staff told us that they reported any concerns to the registered manager and that the registered manager acted promptly to address their concern and keep people safe. A member of care staff told us, "I know what to do if I think someone is not safe and I know who to seek the advice from." Another staff member told us, "We have to keep people safe because these people are very vulnerable and they can't do this for themselves. We do this by planning their care and making sure everything is documented. You can never take your eyes off them really."

The provider was undergoing a programme of updating the environment. They had given consideration to minimise the impact of the renovation on people that used the service. The provider had plans in place to support people in the event of an emergency such as fire or flood. Each person had a personal evacuation plan which was tailored to their needs and the support that they required in the event of an emergency.

We observed that when staff supported people with their mobility needs, they did this using safe techniques and ensuring that they involved the person through the tasks involved. They ensured that the person was comfortable throughout the process.

The provider had systems in place to report and record any accidents or incidents at the service. Staff we spoke with knew how to apply the systems when dealing with accidents and incidents. They told us that they used this as a learning tool to minimise the risks of such incidents reoccurring. A member of care staff told us, "I know how to report an accident or incident. That's important for safety and learning from a mistake." Records showed that where incidents had occurred the registered manager had worked with the commissioners and safeguarding authority to reach satisfactory outcomes for people.

People told us that there were sufficient numbers of staff on duty to meet their needs. They told us that staff responded promptly when they needed them. One person told us, "Oh yes, [there is] plenty." Staff told us that the staffing levels supported them to meet people's needs. A member of care staff told us, "I think staffing levels are better than they were. There are days that it's difficult of course but generally yes, it's okay. I think that is because we are all supported and listened to now with the new management." On the day of

our inspection visit, we observed that there were enough staff available to respond to people's needs and requests for support.

The provider had safe recruitment practices. They completed relevant pre-employment checks before staff commenced their employment. These included obtaining references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. DBS checks were completed before staff commenced their employment. This assured the provider that staff were suitable to work with people who used care services.

People received the support that they required to take their medicines as prescribed. They told us that they received their medicines when they needed it. One person told us, "I get my medication at mealtimes and they watch me take it." The provider had protocols in place for regular ordering and supply of the medicines that people used.. The provider had changed its pharmacy supplier in order to resolve issues of sufficient stock of medicines being available when people required them. We saw that staff stored medicines safely and securely.

We reviewed people's medicines administration record (MAR) and saw that they included a photograph of the person to aid identification and a record of allergies. This minimised the risk of giving medicines to the wrong person or giving a person medicines that may be harmful to them. We also saw that records had been completed consistently and that there was no evidence of gaps in the administration of medicines. When medicines were prescribed on an 'as required' basis protocols were in place to provide the additional information required to ensure they were given safely and consistently. Nursing staff told us that they were working with people's GP to develop protocols to guide staff to support people with their medicines when they required homely remedies or to take their medicines covertly. At the time of our inspection, nobody at the service required to homely remedies or to take their medicines covertly. Due to previous issues with people receiving their medicines, the registered manager completed daily medicines audits and where issues were identified; actions were taken to improve where required. Only suitably trained staff administered people's medicines.

We observed the administration of medicines and saw staff made the required checks against the medicines administration record (MAR) and stayed with the person until they had taken their medicines.

Is the service effective?

Our findings

People were supported by staff who had received relevant training which supported them to fulfil their role. People and their relatives told us that staff had the skills they required to meet people's needs. New staff were supported through a period of induction where they spent time 'shadowing' more experienced staff and familiarising themselves with the needs of each person who used the service. The registered manager told us that new staff were supported through an induction period until they felt confident and competent with their role. Staff were able to demonstrate how they applied the variety of training that they received. For example, staff had recently received training in the Mental Capacity Act and we observed them applying their knowledge of this throughout the day of inspection such as asking people's consent before they supported them with their care needs. Nurses had access to clinical updates and training to ensure they maintained their competency and skills.

We observed that most of the people who used the service lived with higher levels of dementia. On the day of our inspection, we saw that staff did not always demonstrate an understanding of communication needs of people living with dementia. For example, we repeatedly observed care staff verbally request people's choice of meal from a menu without using any other forms of communication to support people to make that choice. This appeared ineffective as people did not always appear to understand the question. We brought this to the attention of the registered manager who told us that they already identified this issue and this was in the action plan of future improvements required at the service. We saw that this had not impacted in the support that people had received. For example, people were happy with the meals they received; they were well supported to eat and enjoyed their dining experience.

People had access to a choice of meals, snacks and drinks. They told us that they liked their meals and were happy with the choices available to them. One person told us, "The food here is really good. Plenty of it and it's tasty. Good home cooked food. Nothing fancy; which is okay with me." Another person said: "I always have enough to eat. The portions are good and if you don't like something, there is always something else to eat."

We observed that people were regularly offered drinks and snacks throughout the day. People were asked to choose their preferred choice of meal from a menu. The atmosphere in the dining room was pleasant with music playing in the background. People appeared relaxed and looked like they enjoyed the dining experience. We observed the support people received over lunch time; we saw that staff readily provided the support that people required with their meals. Staff were aware of and provided suitable meals for people's specific dietary needs such as pureed and soft diets. This meant that people's nutritional needs were met. A member of care staff told us, "If we have concerns about a person's diet and fluid intake we record it and then ask a nurse for help in getting the GP to refer for a special assessment. In the meantime we would probably try a soft diet and monitor closely."

The chef told us, "It [the management team] is coming together now. I don't have to stick to a budget for the food, which is lovely, so sometimes I get to cook them something different." The cook said, "I made them Cornish Pasties recently and after I made them I thought they would be too large for them, but there was not

a lot going into the bin after that meal I can tell you. They really enjoyed it."

People were supported in accordance with The Mental Capacity Act (MCA) 2005. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. We saw that staff recognised that people had the right to make their own decision unless it was proven that they required support with this. People's records included information to remind staff not to assume that a mental health diagnosis affected a person's ability to make an informed decision.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had applied for DoLS for people who required this. We saw that where conditions were applied to DoLS authorisation's that staff were aware of these and applied them in practice.

People were supported to have prompt access to healthcare professionals when they required it. People have daily access to a trained nurse. They also had access to other health care professionals including GP, opticians, chiropodist etc. One person told us, "The GP comes round every week here." Another person said, "The chiropodist comes regularly. I feel like I am walking on air afterwards." Staff were aware of people's health needs and told us that they reported any changes in people's needs to the nurse on duty who would make appropriate referrals to other professionals if required. Records we reviewed confirmed that staff supported and referred people promptly. A member of the nursing staff told us, "I feel we never stop learning and enriching our professional knowledge. It's so important to know your residents inside out."

Is the service caring?

Our findings

People spoke positively of the caring attitudes of the staff. One person told us, "They are like angels; they have a lot of patience." Relatives also complimented the care and compassion that staff displayed. Staff we spoke with demonstrated their passion and commitment to improve the welfare and wellbeing of people that used the service. A member of care staff told us, "No one can be taught to care, you just do or you don't and most of us here do. You can learn the other stuff but you can't learn that." Another care staff told us, "I am here for the residents and their best interests."

Throughout the day of our inspection visit, we observed that staff interacted with people in a warm and kind manner and took time to talk to people before proceeding with their tasks. They enhanced their verbal communication with touch and altering the tone of their voice appropriately.

Staff told us that the registered manager promoted a culture of kindness and caring for each other among the whole staff team. A member of care staff told us, "We have this board where we can go and put a sticker to show we are happy with someone for doing something kind. It's a nice way of telling people they are appreciated. Anyone can do it." We saw that the board had messages of appreciation for staff who had shown kindness and gone the extra mile to support people. Staff told us that this fostered caring attitudes and motivated them to feel like their kindness mattered.

People had the support that they required to be as independent as possible. One person told us, "I can do whatever I like within reason." Another person told us, "They are always asking me what I want to do." We observed that staff asked people to choose what they wanted to watch on TV or where they want to sit. This showed that people were supported to make their own choices and to remain independent where they were able to be.

People were supported in a dignified and respectful manner. Staff we spoke with were able to give us examples of how they promoted people's dignity when they cared for them. This included ensuring that they knocked and gained permission before they entered people's room and ensuring that people were covered appropriately when they supported them with their personal hygiene or mobility needs. We observed that staff put this in practice. One person told us that they would like to be able to maintain their dignity when they chose to be independent with their own personal hygiene. The managing director and registered manager told us that they would look into ways that they could provide the right support that would promote this person's independence and privacy.

People who were approaching the end of their life were supported to remain comfortable and pain free. Staff worked with other health professionals to ensure that people received a good standard of palliative care. Relatives of people who used the service complimented the support and compassion that staff showed to them and their loved one. The registered manager told us how they provided emotional support to staff and other people following a death. A relative told us, "I have seen first-hand the care and consideration for residents when people like undertakers attend – and there have been two of those recently." A member of care staff told us, "This is so important. Relatives should never feel like they aren't

welcome to stay. This is the home of their loved one. The staff get very fond of the people they care for, they grieve for them too."

People's friends and family were able to visit them without any restriction. Some of the relatives we spoke with told us that they visited regularly and were always made to feel welcome.

Is the service responsive?

Our findings

The care that people received met their individual needs. One person told us, "They [staff] are good girls. They listen to me and try to get me what I need." Another person told us, "It is nice here. Someone is always making us laugh which is a good job because I get a bit down sometimes." Relatives told us that the needs of their loved ones were met. A relative told us, "I for one would be more than happy to come and live here myself."

Staff assessed the needs of people who used the service and used the information to develop people's care plans. Relatives told us that staff had involved them in planning and reviewing people's care plans. Care plans were comprehensive and included information about the level of support that people required for various aspects of daily living. They also included information about people's history, likes and preferences. This information enabled staff to provide support in a way that met people's individual needs and preferences.

Staff told us that part of the plans for the improvement of the service included using a "this is me" booklet. This would record information about people's life story. They said this would aid them to make sure that care was focused on the person and their individual circumstances.

People were supported to avoid social isolation. The provider employed an activities coordinator whose role was dedicated to supporting people to engage in activities that were meaningful to them. People had access to a variety of activities. This included group activities and one to one time for people who preferred to spend time in their bedrooms. People told us that they enjoyed the activities on offer. One person said, "I like the sing-alongs we have sometimes." Another said, "I do go down to the lounge if there is anything going on." People's records also prompted staff to spend one to one time chatting with people.

The activities coordinator told us that they were working to develop and maintain links with the local community. They told us that they had started this through organising events such as fetes which gave the community and opportunity to visit and be involved in the service and people an opportunity to develop links and feel part of the community they lived in.

People were also supported to maintain links with people that mattered to them. Staff told us that they supported people to celebrate St. Valentines' day with their spouse and ensured people had access to space and meals for their celebrations.

People had opportunities to give their feedback about the care they received at The Willows Shepshed. The registered manager told us that they mainly sought verbal feedback from people and their relatives as part of on-going relationship between staff and people who used the service. Relatives knew how to raise any concerns they may have. We reviewed records showing the complaints that had been received at the service and saw that since the current registered manager had been in their role that there had been no complaints. The registered manager told us this was because of their on-going relationships with people and early interventions to act on their feedback.

Is the service well-led?

Our findings

There was a culture centred on improving the quality of care that people received. During our conversations with the provider, the managing director, registered manager and staff, we observed a continuous commitment in improving people's experience of care. People told us that the service had improved. One person told us, "I have been here a long time and seen a lot of managers come and go, but I think things are looking up now." They went on to tell us some of the ways they have seen improvements. These included, "Staff are happier, the [registered] manager is always flitting around and seems like she really cares." A relative told us, "I think they [management team] are doing a great job here after what has been a difficult time. They are working hard to improve everything and certainly my mother is very happy."

The service had a registered manager who had been in the role for about three months at the time of our visit. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. They promptly sent notifications to the Care Quality Commission when required. They carried out thorough investigations of incidents that staff reported, and worked with the local authority where required to investigate such incidents.

People, their relatives and all the staff we spoke with complimented the commitment and hard work the registered manager had shown to leadership and quality improvement. The managing director told us the registered manager had taken steps to address areas of the service which were failing to improve safety and care quality. This included areas such as medicines management. We saw that the provider's protocols for managing medicines were now safe. A relative told us, "I know they [staff] will tell me if my mum has a problem and I trust them with her to do the best for her. You can't ask for more than that. I haven't always felt like that though in the past before [registered manager] came."

Staff felt supported to meet the standards expected of them. They told us that they had easy access to the registered manager for support and guidance when they required it. A member of care staff told us, "I'm not worried about going to the manager if I need to for advice. She always makes me feel like she has time for me." Other comments from staff included, "She's turned this place around," and "I'm more settled than I was here six months ago." The registered manager told us that they ensured that staff who worked the night shifts were supported by ensuring that their own working hours were flexible so that they could be available during their working hours. They also told us that they had introduced good quality handovers between staff that were focused on each person and their needs.

The registered manager held daily 'hub' meetings with staff where they discussed the needs of people who used the service and any support that staff may require. Staff told us that they had opportunities to book one to one time with senior staff should they require this. A member of care staff told us, "We know we have that opportunity to have our say." Another member of staff told us, "We don't really have planned one to one supervision but we can access this anytime if we want to."

Staff told us that there was a culture of open communication at the service. They told us that as a staff team that they were 'on a journey' to improving the quality of care at the service. We observed that the registered

manager had an open door policy and seemed very approachable, enthusiastic and willing to listen to staff and people. Staff told us that this made a positive difference to their role. A member of care staff commented, "I really look forward to coming to work now and because we are happier, the day flies by." Another member of care staff told us, "[Registered manager] is just so lovely with the residents."

There was a clear management structure in place. The registered manager was supported by an on-site managing director who was responsible for the administrative and financial management of the home. The provider maintained effective oversight of the management of the home. The registered manager was also supported by a team of senior staff with clinical and non-clinical roles. The registered manager told us that they had arrangements which ensured that no two key members of the senior team were absent from the service at the same time. This meant that staff had appropriate support and guidance available to them at all times.

The registered manager had implemented a range of systems and processes to monitor the quality of care that people received. This included reviews and an action plan from feedback received following an inspection by other authorities. We saw that actions were taken or in progress to address issues that had been identified.