Hestia Health Care Limited

The Willows Residential and Nursing Home

Inspection report

73 Shakespeare Road
Bedford
Bedfordshire
MK40 2DW
Tel: 01234 268270
Website: www.kingsleyhealthcare.co.uk

Date of inspection visit: 29 January 2015
Date of publication: 31/03/2015

Ratings

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

Overall summary

This inspection took place on 29 January 2015 and was unannounced.

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 27 people using the service at the time of this inspection.

Shortly before the inspection we were informed that the registered manager had left. 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.

Summary of findings

A new manager had been appointed, who informed us they were in the process of applying for registration.

There were gaps in the training provided to staff to support them to keep people safe, by recognising signs of potential abuse.

Processes were in place to manage identifiable risks within the service, but these had not always been followed properly.

Improvements were required to stabilise the staff team and ensure there were sufficient numbers of staff who had the right skills and knowledge to meet people's needs, at all times.

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

We found that the service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed, and assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their care and support. However, improvements in the quality of information provided when assessing whether people were being deprived of their liberty, were required.

People had enough to eat and drink. Assistance was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

We found that overall people's healthcare needs were met. However, improvements were required to ensure changes in people's healthcare needs are responded to in a timely manner, and appropriate actions taken.

Staff treated people with kindness and compassion. We also learnt that people's privacy and dignity was respected at all times. However, we found that some people did not have the means to call for assistance because call bells were not within easy reach.

We saw that people were given opportunities to be actively involved in making decisions about their care, treatment and support.

Although activities were provided, people wanted more to do; to meet their individual social interests.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to. Improvements were required to ensure people's concerns and complaints are listened to and responded to appropriately.

Improvements were also required to ensure systems in place to monitor the quality of the service are effective and ensure the delivery of high quality care.

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 not always safe.

Improvements are required to demonstrate that all staff receive training to support them in protecting people from avoidable harm and abuse.

Improvements are also required to ensure there are sufficient numbers of suitable staff to keep people safe and meet their needs, at all times.

We found that risks to individuals had not always been managed appropriately.

People's medicines were managed so that they received them in a safe way.

Requires Improvement

Is the service effective?
The service was not always effective.

We found that improvements are required to ensure people received effective care from staff who have the right skills and knowledge to carry out their roles and responsibilities.

The home acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support. Although, there was room for improvement in the quality of information provided when assessing whether people were being deprived of their liberty.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

We found that people's healthcare needs were not always properly acted on when their needs changed.

Requires Improvement

Is the service caring?
The service was caring

People were treated with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

However, improvements are required to ensure people are given the means to summon assistance at all times. Particularly those who are more isolated and being cared for in bed.

Good

Is the service responsive?
The service was not always responsive

Requires Improvement

Summary of findings

People received care that was responsive to their needs. However, improvements are required to ensure people's individual social interests are met.

Improvements are also required to the way in which people's concerns and complaints are dealt with.

Is the service well-led?

Requires Improvement

The service has not been well led

The leadership of the home has been ineffective and as a result a number of concerns about the service, and the care being provided to people, were highlighted prior to and during this inspection.

Internal quality monitoring systems have not been sufficiently robust.

Steps have now been taken to address the concerns raised and some progress is evident.

A new manager has also been appointed.

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.

The inspection was unannounced and was carried out on 29 January 2015 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 Bedfordshire Clinical Commissioning Group, who both have a quality monitoring and commissioning role with the home. We were informed of concerns relating mainly to the care of people being cared for in bed. We used this information to help focus our planning; in order to determine what areas we needed to look at during the inspection.

During the inspection we used a number of 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 the manager, area manager, business manager, two nurses, five care / activity staff, one kitchen assistant and the home's administrator. We also spoke with one relative and spoke with or observed the care being provided to over 20 people living in the home.

We looked at care records for six people, as well as other records relating to the running of the service such as staff records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in the home. Staff talked to us about the internal procedures for reporting incidents and potential abuse. They told us they would report any concerns to the manager and, if necessary, other senior management; to ensure people living in the home were protected from avoidable harm and abuse. We saw that information was on display in a communal area of the home which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Records showed that alerts had been made to the local authority to notify them when incidents of concern or potential abuse had taken place.

Staff told us that they received training regarding safeguarding as part of an electronic learning package, but this could not be verified as the provider had changed training systems and information about previous training had not been captured adequately. We were shown a new training plan for the home which had been developed in response, which included safeguarding training for all staff. There was evidence that training identified within the plan was being booked, but improvements were required to demonstrate that all staff had received training to support them in protecting people from avoidable harm and abuse.

Staff told us about how risks associated with people's care and support were managed to ensure their safety and protect them. They described the processes used to highlight identifiable risks to individuals, and generally within the service. For example, we found that individual risks to people such as dehydration and skin integrity had been assessed and reviewed on a regular basis, to ensure the identified risks were being properly managed. Staff we spoke with were clear about the processes for the prevention of and management of pressure ulcers and we saw that people had appropriate equipment in place such as pressure relieving mattresses. A system of checking mattresses twice within a 24 hour period had been implemented to ensure they were at the right settings for the people using them. Generally the checks were well spaced out but there were occasions when this was not the case. For example one person's mattress had been checked twice in the morning – four hours apart, but it was not then checked again until mid-afternoon the following day, meaning that there was a period of 29 hours when the mattress had not been checked. We spoke to the management team about this and learnt that the monitoring records and checks had recently been introduced, and that staff were still adjusting to their use. We were also shown a new training plan that had been drawn up to include all staff, which incorporated record keeping.

We looked at records for people being cared for in bed and saw that overall, they had been checked regularly and appropriate care provided; to minimise the risk of them becoming dehydrated or developing pressure ulcers. However, one person's care records were not specific enough about how often they needed to be repositioned. This was corrected as soon as we raised the matter, but this meant that the person had been placed at risk prior to this, because staff had not been clear about how frequently they should be repositioned. Records showed that they had generally been repositioned every four hours, which was the correct frequency, but we found a small number of occasions when this had been longer – up to seven hours.

People told us there were sufficient numbers of staff to keep them safe and meet their needs. However this view was not echoed by staff we spoke with. On our arrival we learnt that a member of staff had phoned in to cancel their shift. We were told that this often happened or that some staff regularly turned up late, which impacted on the remaining staff on duty. We saw that additional staff were drafted in on this occasion, and additional planned support was provided on the day from the manager, catering, domestic, administrative and maintenance personnel. This meant that there were enough staff to keep people safe and meet their needs although, there were times when people being cared for in bed were more isolated because staff were required elsewhere. We spoke with the management team who told us that approval to increase staffing levels during the day had recently been given. We saw staff rotas had been drawn up which reflected this change. However, it was clear that the effect of the change had not yet been fully experienced.

People living in the home told us they received their medicines on time and in a safe way. Staff we spoke with demonstrated a good understanding about medication processes such as administration, management and storage. They also knew how and when to report a medication error. We observed medication being administered to people living in the home and saw that people were given their medication as prescribed, and in a

Requires Improvement

Is the service safe?

discreet manner. We heard staff seeking people's consent before administering medication and checking whether pain relief was required. Medication administration records we looked at had been completed accurately and we saw that medication was stored appropriately.

Requires Improvement

Is the service effective?

Our findings

People told us their needs, preferences and choices were not always met by staff who had the right skills and knowledge. One person told us: "Some staff are well trained, others not so." A relative echoed this view and told us they were concerned about the turnover rate of staff, which meant that there was a lack of trained new staff coming to work at the service. Staff confirmed that there had been significant changes amongst the staff team meaning that there was a number of staff, including qualified nurses, who were relatively new to the service. Staff told us that they had not received adequate support, supervision and training in the months prior to this inspection and we spoke to the management team about this. We saw evidence of action being taken to address these concerns, including the development of new induction, training and supervision programmes - for the staff team as a whole. We saw that competency checks had been built into the new processes to ensure staff had the right knowledge and skills to carry out their roles and responsibilities. Staff we spoke with were aware of these changes taking place.

Although we observed staff offering people choices and gaining their consent before carrying out a task or activity with them, care staff told us they had not yet received formal training regarding the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). They were unable to tell us if anyone living in the home was subject to DoLS arrangements, and one person said: "[the] nurses handle that." We spoke to the management team about the arrangements in place to support people to make their own decisions. They understood the necessity to ensure DoLs were in place for people who are unable to make decisions about their own treatment or care. Under DoLS arrangements, providers are required to submit applications to a 'Supervisory Body' where someone needs more care and protection than others, to ensure they don't suffer harm. We saw that a significant number of DoLs had been applied for, and one that had been approved, which took into account recent case law. However, we noted that the information in this was not as detailed as it could have been, and did not accurately describe the potential restrictions to the person's liberty. We brought this to the attention of the management team who assured us this would be addressed. They also showed us that training for staff in relation to the MCA and DoLS was planned.

We spent time observing how care and support was provided to people who lived in the home. Although some people did not communicate using words, we observed that they were able to demonstrate their consent clearly through other methods such as actions and physical movement. Staff demonstrated that they understood people's needs well, and we noted that they explained in advance what they were about to do before they provided care and support to people. Records we looked at provided information about people's individual choices and preferences in terms of how their care and support was to be provided to them. We also saw that a review was underway to determine people's capacity to make decisions, which took into account end of life care arrangements including DNAR (Do Not Actively Resuscitate) and POA (Power of Attorney).

People told us they had enough to eat and drink. One person told us: "[The] food is very good" and said that they get to choose what they have each day. One person explained that their food was liquidised but it was: "Still tasty." Another person told us that they had recently had their food preferences reviewed with them and were looking forward to their feedback being acted on. We spoke with kitchen staff about nutrition and fortifying meals for those people at risk of malnutrition. They had a good understanding of people's individual preferences and dietary requirements, in order to meet their specific health and cultural needs.

We observed lunch being served and saw that people were offered a choice of food and drink. We saw staff of varying roles working together to serve people in a friendly and respectful way and, where necessary, support them to eat in a way that promoted their wellbeing and dignity. One person was seen pushing food about on their plate and eating very little. A member of staff offered to support them which was positively accepted. We heard the member of staff explaining what each component of the meal was, seeking the person's agreement throughout.

During the day, people were offered a choice of food and drinks at regular intervals, including people being cared for in bed. Records showed that dietary requirements were recorded, and where people were at risk of malnourishment or dehydration, the amount they ate and drank was recorded; to monitor their overall intake each day.

Requires Improvement

Is the service effective?

We spoke to people about how the home supported them with their day to day health care needs. People told us that they always saw their doctor when they needed to. However, when we spoke with staff we learnt that new or less experienced staff did not always fully understand the support available to them from external sources such as the local complex care team. The complex care team offer support and guidance on a daily basis to local care homes with the aim of preventing unnecessary hospital admissions and GP call outs. Staff who had experience of working with this team told us how beneficial it had been, but they said this support had not been used consistently.

Before the inspection we had been made aware of concerns at the service from a number of different sources, primarily in relation to those being cared for in bed and in relation to poor catheter care. In general, records seen during the inspection showed that the provider had responded to these concerns and people's individual healthcare needs were being recorded and kept under review. However, we found one catheter care plan for someone who had recently come out of hospital that had not been updated, despite the hospital discharge letter clearly stating that the person's catheter had been changed whilst they had been in hospital. The change meant that the new catheter required changing over seven weeks earlier than the original catheter. We brought this to the attention of the management team who took action to address this, but had the original care plan been followed, the person would have been placed at increased risk of infection or other complications. We were told that some of the new nursing staff did not always have the necessary skills to be able to update the home's electronic care records when changes such as this took place. The management team also undertook to arrange training to address this urgently.

Good

Is the service caring?

Our findings

People told us the staff treated them with kindness and compassion. We read some recent feedback from relatives of people who had used the service. One person had written: 'I cannot thank you all enough for the excellent care you took of my granddad'. Another person had written: 'My whole family extend their grateful thanks for all the compassionate care he received while resident at the Willows'.

One person told us that: "Staff respond straight away" when they rang their call bell or asked for assistance. We observed this to be the case during the inspection however, in several rooms we found that the call bell was not within eyesight or reach of the person. We saw recent records which showed that the provider was monitoring this, including spot checks, and addressing any concerns with staff.

We found that all of the staff we spoke with demonstrated a good understanding of the needs of the people they were supporting, and the care they described was personalised and took into account people's individual preferences and needs. During the inspection we observed staff speaking with people in a friendly, supportive and encouraging manner. We saw some positive examples of staff supporting people in a meaningful way. One person liked to be guided round the home by resting their hands on a member of staff's shoulders. There were several occasions when this happened.

Staff told us that people's care records helped them to understand the needs of the people they were caring for, and provided guidance on how to provide relevant care for them. The home's business manager showed us a new care planning workbook that had recently been developed and explained that this would be completed by all care staff, to further support them in their use and understanding of people's care plans. Records we looked at were personalised and made reference to people's individual preferences and assessed needs. Separate records and charts demonstrated the care and support provided to people on a daily basis.

People confirmed that they were involved in making decisions about their care as far as possible. We found that a number of people were being cared for in bed, or were living with conditions that made it difficult for them to understand complex information and instructions. Despite this, we observed staff explaining to people what they were doing and encouraging people to make their own choices as far as possible. For example, at lunch time some people living with dementia were shown two different plates of food to choose from; so that they could understand the options available to them more easily. During an activity session someone refused to join in with the planned activity and this was respected.

People we spoke with confirmed that their privacy and dignity was respected. Throughout the inspection we observed staff using discretion in the way they organised and provided care and support. When someone living in the home became upset and sought comfort, we saw that this was provided by a member of staff in an appropriate way that was both meaningful and upheld the person's dignity. People also told us that their relatives could visit whenever they wanted, and that there were no restrictions placed upon them. A relative confirmed this when we spoke with them and told us that they could take their family member out into the community without any problems.

Requires Improvement

Is the service responsive?

Our findings

People told us they would feel happy making a complaint if they needed to. Staff we spoke with were clear that they would report any complaints they received to a senior member of staff immediately. We saw that the provider had developed a formal complaint procedure for people to follow if required. We were also shown a folder which contained responses to concerns and complaints that had been received in the past few months by the home. However, this did not provide a clear audit trail because it did not include a copy of the original concern or complaint. We read some of the responses in the folder and found the tone to be dismissive and defensive at times. This raised concerns about how thoroughly the matters had been investigated and whether they had been used as an opportunity for learning, to improve the overall service being provided. Two of the letters recorded that they had been copied to the Care Quality Commission, but our records showed that these were never received. We discussed our findings with the management team who agreed with us. They assured us that the complaints had been dealt with by a member of staff who was no longer working at the home, and that these would be dealt with differently in the future. A relative we spoke with told us there had been recent improvements in respect of the home's management and communication, and confirmed they felt any concerns they may have in the future would be dealt with more appropriately.

People told us they had been given the opportunity to contribute to the assessment and planning of their care. They said they had been asked to provide information about their needs and preferences prior to moving into the home, and records we looked at supported this. We saw that where appropriate, people's relatives had also been asked for their feedback including information about people's life histories, and that this had been taken into account in the development of people's care plans. A letter showed that relatives had also been written to recently inviting them to provide feedback on the service and their relative's care through individual and group meetings. The home's business manager explained that they intended to ask for more relative involvement in the future, in respect of activities, menus and staff recruitment.

People confirmed they felt able to make choices and have as much control over their lives as possible. For example, one person told us they preferred to get up later in the day and told us they were supported to do this on a daily basis. We observed staff interactions with people and found they encouraged people to make their own choices as far as possible. They took time to listen to people and it was clear that they understood their needs.

We spoke with people about their social interests. One person being cared for in bed told us they were "comfortable", but would sometimes like more to do, including the option to watch some television. Another person said they would like someone to play a specific board game with more often. They offered to teach staff how to play, if they did not already know. We passed this feedback onto the management team who advised this would be addressed. They also told us that activity support had recently been increased in the home to provide activities during the afternoon as well as the morning. This happened during the inspection.

We observed a 'coffee morning' taking place alongside a group of people who were looking through old photographs and talking about them. Alternative activities such as building blocks and colouring were provided for other people, but they did not all respond as positively. At lunch time we saw a member of staff trying to find some suitable music on the television for people to listen to while they ate. One person indicated by their response that they did not like the music at all. The member of staff explained that the DVD player had broken, which would normally be used to play films and musicals of people's choosing. Records we saw supported the fact that some people enjoyed this activity. This information was also passed to the management team who said the DVD player would be mended or replaced.

Requires Improvement

Is the service well-led?

Our findings

People told us there had been problems at the service in the lead up to this inspection and there had not been an open and inclusive culture. A relative said there had been a number of problems with communication and said that their feedback had not always been listened to or acted on. People we spoke with were aware that a new manager had recently been appointed and felt that things were moving in the right direction. For example, we were told that relatives had recently been asked to be more involved in developing the service through satisfaction surveys and attending individual and group meetings; to express their views and experiences. We were told this had not happened for some time.

A number of staff told us they had not felt comfortable raising concerns, and had not always felt supported by the management team. They said there had been poor managerial oversight of late. One person told us they felt like they had been constantly "firefighting", as there had been no clear direction as to who should be doing what. Another staff member told us the service needed a strong manager who would listen, and support the staff to work better together as a team.

We spoke with the new manager who told us that she was in the process of applying to register with the Care Quality Commission. The remainder of the management team, which included the area manager and business manager, talked to us about what had gone wrong at the home and what they were doing to put things right. We saw that the management team were already working with the local authority to improve the service, and an action plan had been drawn up in response. The management team confirmed that the provider was committed to making the required improvements and had the necessary resources to be able to do this. We saw evidence that work was taking place to make the required changes, and that progress was being made.

A number of internal quality audits had been undertaken or were planned in response to concerns that had been raised. This included medication and environmental audits, and had resulted in a number of improvements being identified. There was evidence that works identified on the environmental audit were already underway. Regular night time spot checks had also been introduced to enable senior staff to assess the quality of service provision at night. We saw reports from these visits which showed they had been used as an opportunity to provide support to staff, as well as to check their knowledge in key areas such as safeguarding and managing emergency situations.

It was clear that the provider had taken the concerns seriously and was making progress to improve the service provided however, significant work was still required to meet required standards and to be able to demonstrate a well led service with a sustained delivery of high care.