Willowmead Residential Home Ltd

Linden House

Inspection report

9 College Road
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Surrey
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Tel: 01372721447

Date of inspection visit:
09 December 2016

Date of publication:
02 February 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 09 December 2016 and was unannounced.

Linden House provides personal care and support for up to 32 older people, many of whom may be living with dementia. On the day of our inspection 21 people were living in the home.

There was a registered manager in post. 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.

At our last inspection we found breaches of regulation. At this inspection we found actions had been taken to ensure the regulations had been met and the service had improved.

People's legal rights were not fully protected as care was not always provided in line with the Mental Capacity Act (2005). Correct procedures weren't followed when depriving people of their liberty. The provider had taken actions to make improvements following our last inspection, however the improvements had not led to people's rights being fully protected. We recommended that the provider reviews their MCA assessments and DoLS applications.

People's medicines were stored and administered safely and staff worked alongside healthcare professionals to ensure that people's health needs were met. Staff responded quickly to changes in people's healthcare needs.

Accidents and incidents were recorded and measures were taken to prevent a reoccurrence. Staff routinely carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence. Staff understood their responsibilities in safeguarding people and knew what to do if they suspected abuse had occurred.

People told us that they enjoyed the food and we saw evidence of people being provided with choice and also being consulted on food during meetings and reviews.

There were sufficient staff present to meet people's needs safely. The provider carried out checks on staff to ensure they were appropriate for their roles.

People lived in an inclusive atmosphere in which they had access to a range of meaningful activities and were involved in making decisions about their home. Staff provided care in a way that was personalised and caring.

People's privacy and dignity was promoted by compassionate staff who knew people well. Staff were

trained for their roles and received regular one to one supervision. Care plans reflected people's preferences, personalities and needs.

Staff felt well supported by the registered manager and had input into how the home was run. Systems were in place to ensure care at the home was of a good quality. People's feedback was regularly sought and complaints were responded to appropriately.

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.

Staff followed safe medicines management procedures.

There were sufficient staff deployed to meet people's needs.

Risks to people's safety were known to staff and had been assessed and recorded.

The provider carried out appropriate recruitment checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff understood the Mental Capacity Act (2005), but the correct legal process was not always followed when depriving people of their liberty.

Staff knew people's food preferences and people were offered choices appropriate to their dietary requirements.

People were supported by staff who were appropriately trained and knowledgeable about their needs.

People had good access to healthcare professionals and staff worked alongside them to meet people's health needs effectively.

Is the service caring?

Good

The service was caring.

Staff provided care in a way that promoted their privacy and dignity.

People were supported by staff who knew them well and got

along with them.

There was an inclusive atmosphere at the home and people were involved in decisions about the home.

Is the service responsive?

Good

People had access to a wide range of activities. People were involved in choosing what they wished to do.

Care plans were person-centred and reflected people's needs and personalities.

Systems were in place to ensure people received regular reviews and staff could identify where people's needs had changed.

Complaints were responded to by the provider.

Is the service well-led?

Good

The service was well-led.

Robust quality assurance measures were in place and where improvements were identified, these were actioned.

The registered manager created an open culture in which staff could be included in decisions about the home.

People's feedback was gathered and people were given opportunities to contribute to the running of the home.

Linden House

Detailed findings

Background to this inspection

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

This inspection took place on 09 December 2016 and was unannounced.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

As part of our inspection we spoke to four people and two relatives. We spoke to the registered manager, the regional manager and five members of staff. We observed how staff cared for people and worked together. We read care plans for three people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and residents.

Good

Is the service safe?

Our findings

People and relatives told us that they felt safe. One person told us, "It's safe because there's lots of staff around who are very efficient and kind." Another person told us, "I do feel safe here, at home I kept losing my balance but here there are always staff around."

At our inspection in December 2015, we found that medicines were not being managed safely and staff were using inappropriate moving and handling methods when supporting people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people's medicines were managed and administered safely. Following our last inspection, the registered manager had started using a new pharmacy. They had visited the home and trained staff on how to use their dosage system, as well as carrying out their own audit. Medicines records contained photos of people and protocols were in place for PRN (as required) medicines. These were personalised plans instructing staff when to administer people with PRN medicines. Guidance from healthcare professionals was clearly documented and staff followed these. People's allergies were clearly recorded on their records. At our last inspection, Medicine Administration Records (MARs) had contained gaps which meant staff could not be sure if people had been given their medicines or not. At this inspection, MARs were signed and where medicine had not been administered the reason why had been recorded.

We observed medicines being administered. Staff did this carefully and safely. Best practice was followed and medicines were signed off on the MAR sheet after staff had administered them. Medicines were stored safely in locked cabinets or a medicines fridge where necessary. Staff had been trained to manage medicines and they were required to pass a competency assessment before being able to support people with medicines. People told us that staff talked to them about their medicines before administering them. Records contained personalised information on how people liked to take their medicines.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Following our last inspection, staff had undergone moving and handling training. All staff had received supervision on moving and handling and a senior member of staff had become an in-house moving and handling trainer. Where we observed staff supporting people to move, this was done safely and in line with best practice. People told us that they felt safe when staff supported them. Records contained risk assessments on people's mobility and likelihood to suffer falls. One person was at risk of falls due to reduced mobility and they were living with dementia. The assessment identified that they may attempt to get up if they forgot they were no longer able to stand independently. Two staff assisted this person with all transfers and equipment was used to help the person to stand safely. Staff carried out regular checks on the person throughout the day and night to ensure that they did not try to stand independently. This person had not suffered any recent falls which demonstrated that the plans in place were minimising the risk. One person told us, "I've had no accidents in here, they are very conscious. In here I usually have two carers when I'm standing for security and my protection."

Risk assessments covered a range of risks that people may be exposed to. One person was living with

dementia and could become verbally aggressive. The risk assessment identified this and contained instructions on how staff should approach the person to minimise the risk. Staff spoke to them calmly and were positive and cheerful. If the person stated they did not want care at that time, staff left them and came back later when they may be more receptive. One person was at risk of pressure sores. The risk assessment identified that the risk was high due to the person spending a lot of time in bed. The person had an airflow mattress in place and staff monitored their skin daily for signs of a sore developing. Staff assisted the person to move throughout the day to further minimise the risk.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same incident happening again. One person suffered a fall getting out of bed. They had been reluctant to use a walking frame but consented to having a sensor mat by their bed to alert staff when they got up. Staff updated the person's care plan to include more frequent night time checks and also made a referral to healthcare professionals to look at other walking aids the person may be more receptive to.

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. One staff member told us, "I'd speak to the manager. If I wasn't happy I'd call you (CQC) or the police." Records showed training had been attended and refreshed when required. People were provided with information on how to raise any safeguarding concerns. Staff understood who to contact if they suspected that somebody was being harmed. Safeguarding concerns had been raised with the local authority and notifications had been sent to CQC. Staff were working alongside social care professionals to keep one person safe following a concern at the time of our inspection.

There were sufficient staff present to meet people's care needs. One person told us, "I would think there are enough staff here." Another person said, "There always seems to be someone (staff) around." After our last inspection, we recommended that the provider reviewed their staffing to ensure there were a sufficient number of staff available for people. At this inspection, the ratio of people to staff had increased. Staff numbers were calculated based on people's needs which were assessed and reviewed regularly. We observed that staff were able to take time to attend to people's needs and when people asked for help they were responded to quickly. Call bells did not sound for very long which showed staff were able to respond to them within a reasonable time. Staff told us they had enough time to spend with people. One staff member told us, "We do have time with people. It means we get things done safely."

Safe recruitment practices were followed before new staff were employed. One staff member told us, "They wouldn't let me set foot in here until the checks came back." Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

People could be assured that in the event of a fire staff had been trained and knew how to respond. Staff were able to explain what action they would take in the event of a fire. There were individual personal emergency evacuation plans (PEEPs) in place that described the support each person required in the event of a fire. The fire alarm system was tested regularly. There was a contingency plan in place to ensure that people were safe in the event of the building being unusable following an emergency.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty 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).

At our inspection in December 2015, we found that the provider had not followed legal requirements when gaining consent and depriving people of their liberty. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had not completed mental capacity assessments before making applications to deprive people of their liberty. The registered manager had submitted DoLS applications for all people living at the home. This was done before mental capacity assessments and best interest decisions were completed for some people. In some cases, people who had the mental capacity to make the decision to remain at the home had applications submitted to deprive them of their liberty. However, the impact of this on people was minimal. Nobody living at the home had a desire to leave and people who had the mental capacity to remain at the home had not faced any restrictions. One person living with dementia who had a DoLS submitted but no MCA assessment was observed as being content in their surroundings and interacting warmly with people and staff. They were unable to verbalise to us if they felt restricted, but our observations were that they were happy in the environment. Staff had completed training in MCA and demonstrated a good understanding of how it worked in practice. We reminded the registered manager of the correct legal process and they took immediate steps to rectify it. The provider had recently introduced new paperwork at the home, and part of these were new mental capacity assessments. This had meant some people had not had them completed. Following the inspection, the registered manager completed MCA assessments for those who needed them. We asked the registered manager to cancel DoLS applications for people who were assessed as having the mental capacity to make the decision to remain at the home.

We recommend that the provider reviews all MCA assessments and DoLS applications to ensure that the correct legal process is followed.

People told us that they enjoyed the food provided. One person told us, "The food within the home is pretty good. Lunch was very nice today, I enjoyed it." Another person said, "The food here is usually very good." Another person told us, "My lunch today was very nice."

At our inspection in December 2015, we found that people's dietary needs and food preferences were not always followed. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

At this inspection, people were provided with meals in line with their dietary requirements and preferences. These were listed in their records. One person was under the care of a dietician as there had been concerns they were losing weight. There was a clear plan in records for staff to add extra cream to the person's mashed potatoes. We observed this person being provided food in line with this guidance. The person was weighed regularly and this was recorded, charts indicated the person's weight was stable. Some people living at the home had diabetes which was diet controlled. This information was in their records and the chef prepared desserts with sweetener so it was suitable for people with diabetes and also ensured people had a choice.

People were given choices with foods. The chef prepared two meals each day, and people were able to ask for alternative dishes to be prepared. All food was prepared from fresh ingredients and the chef told us they did not use frozen foods at the home. Where people had made suggestions, these had been implemented. Some people had recently requested curry so this was added to the menu. During the inspection we observed the chef speaking to people about their menu options. They did this shortly before lunch so that people living with dementia would not forget. At lunchtime, people were given another opportunity to change their mind if they wished with staff showing them the plates of food that were on offer.

People told us that staff had the skills and knowledge to provide effective care. One person told us, "I would think the staff here have enough training. They do know what they are doing and do it well." Staff told us that they undertook mandatory training in areas such as safeguarding, infection control and medicines management. All new staff completed the care certificate. The care certificate is a set of national standards in adult social care. Staff told us that the training was informative and supported them in their roles. One staff member told us, "We can ask for training. I am just starting my NVQ Level 3." NVQ is a National Vocational Qualification. Staff received training specific to the needs of the people that they were supporting. Staff had undertaken dementia training as many people at the home were living with dementia. Staff told us that this helped them in their approach. One staff member told us how the training had helped them to understand non-verbal cues to support people, if they could not request help verbally. Throughout the inspection we observed staff interacting with people living with dementia in a way that was inclusive and sensitive to their needs.

Staff had regular one to one supervisions where they discussed their development as well as any issues. One staff member had recently discussed finishing the care certificate. Another staff member had a supervision following a medicines error. The session was used to discuss best practice and identify any further learning the staff member needed. The staff member completed medicines training and had their competency assessed before resuming medicines.

Staff worked alongside healthcare professionals to ensure that people's health needs were met. One person told us, "They called the doctor in when I was a bit chesty." One person was being supported by district nurses as they had a pressure sore. Staff followed guidance and applied creams and regularly repositioned the person as directed by healthcare professionals. Where the person had developed pain in their leg, staff notified the GP who visited and prescribed medicines. The person's care plan was updated to reduce the frequency of staff repositioning this person, as advised by the GP. A recent entry in records stated that the pressure sore was healing well.

Good

Is the service caring?

Our findings

People told us that they thought the staff were caring. One person told us, "Staff here are caring. Anything I need, they provide it. We have a chat and laugh." Another person said, "They (staff) are all very nice."

At our inspection in December 2015, staff were not always showing respect and dignity to people. We observed staff talking to people in a way that did not preserve their dignity. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people were treated with respect and dignity by compassionate staff. People and staff sat together in communal areas. Staff engaged with everyone individually throughout the day and spent time with people. One person living with dementia was expecting a visit from relatives at the weekend. Staff spoke to them about this, reminding them of the visit and talking to them about what they wanted to wear. Staff took time and patience when speaking to people. Staff asked consent and provided people with explanations before supporting them with care tasks. Following our last inspection, all staff had undergone training in how to promote people's dignity. A member of staff became a dedicated dignity champion. They underwent training and oversaw practice to ensure people's dignity was promoted at all times. The registered manager had carried out one to one supervision with all staff in which dignity was discussed. Staff demonstrated a commitment to the people that they were supporting when we spoke to them. Good practice that we observed throughout the day demonstrated that the actions taken had resulted in improvements in the care that people received.

Staff interacted with people throughout the day in a way which demonstrated kindness and compassion. One person who was living with dementia was becoming confused and anxious about our presence. Staff reassured the person and reminded them why we were there. They introduced us to the person and put them at ease. Throughout the day we observed staff interacting with people in a way that was patient and sensitive to their needs.

People were supported by staff that knew them well. Staff were knowledgeable about people's preferences and life histories and the information they told us clearly matched with the information recorded in people's care records. Records contained information to ensure that staff got to know people's personalities and could provide support in a person centred way. One person had grown up in another local town and spent their whole life there. This information was in their records and we overheard staff talking with the person about where they used to live, demonstrating that they knew the person's background.

Every person had a keyworker. A keyworker is a dedicated member of staff who oversees a person's care and gets to know them well. Staff demonstrated a good knowledge of the needs of people who they were keyworker for. One staff member told us, "(to get to know people) I can look in the 'About Me' section of their care plan. But I prefer just talking to people or their families when they come in. People tell us about what they used to do and where they lived."

People lived in an inclusive atmosphere. People and staff chatted together in communal areas which

created a warm and friendly atmosphere. People and staff took part in activities together, creating a welcoming and stimulating environment for people. Where people were living with dementia, staff involved them in group activities if they wished to participate. Where people did not join in, staff engaged with people one to one. One person living with dementia was doing an arts and crafts activity with staff which they told us they enjoyed. Another person who was living with dementia really enjoyed social interactions. Their records stated, '(Person) is very amiable and will engage, however is not able to verbalise this.' Staff interacted with and involved this person throughout the day, creating an inclusive atmosphere for them based on their needs.

People told us that staff supported them in a way that promoted their privacy and dignity. One person told us, "I close my door for privacy. Staff would do it too but I usually beat them to it." Another person said, "I get enough privacy for me, they close the door." Where people needed support with personal care, we observed that this was done discreetly. Staff demonstrated a good understanding of how to provide care in a way that maintained people's privacy. One staff member told us, "We always make sure doors and curtains are shut. I give them a towel to cover themselves to preserve dignity." People's records contained information on what they were able to do which allowed staff to promote their independence. One staff member told us, "I am keyworker for (person). (Person) needs a lot of help but during personal care they take the flannel and was their face."

Good

Is the service responsive?

Our findings

People told us that they enjoyed the activities at the home. One person told us, "I like doing the activities indoors, I don't like going out much." Another person said, "I enjoy the poetry."

At our inspection in December 2015, we found that people did not have access to person centred activities. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that people were encouraged to take part in activities that suited their interests and hobbies. The activities timetable had been reviewed and a wider variety of activities were available to people. A dedicated activities co-ordinator was now in post. Activity timetables were on display in the home and activities had been discussed at residents meetings. At a recent meeting, they had discussed a fireworks event for bonfire night. The provider had built links with a local school which had resulted in school children visiting the home for Christmas carols. People told us that they liked having children come to visit them. At resident meetings, people had given feedback on activities and expressed which activities they enjoyed. The activities co-ordinator had spent time one to one with people which meant that people living with dementia could be given time to express what their interests were and could work with staff and their keyworkers to find suitable activities. Records were kept of what activities people had done, and whether they enjoyed it. Where people were living with dementia and were unable to express themselves verbally, staff had recorded how they responded to activities.

The activity timetable included games, quizzes, films, visits from entertainers and arts and crafts. Records contained information on people's interests and what types of activities they enjoyed and these were included in the timetable. Activities taking place on the day of inspection involved people and covered a variety of interests. We observed a poetry group taking place. It was well attended and people were engaged and interested in the activity. Some people engaged in a ball game in the afternoon which created a lively atmosphere. People told us they enjoyed taking part in these kinds of activities.

Care plans were personalised and information on what was important to people was clear. After our last inspection, we recommended that the provider review care records to ensure that they contained person-centred information. At this inspection, records contained information on what support people needed from staff to meet their needs. They also recorded people's preferences and daily routines. Staff demonstrated a good understanding of people's needs and practice that we observed matched people's care plans. One person living with dementia wore glasses and touched them frequently causing them to become blurred. Staff checked and cleaned this person's glasses throughout the day, as outlined in their care plan. Another person repeated a certain phrase which meant that they might need help with personal care. We observed staff responding quickly when this person requested help in this way, as described in their care plan.

People's needs were reviewed regularly to ensure that care plans reflected their current needs and any changes could be identified. After a recent review a person was allocated more time with staff as they had identified that they needed more help with personal care tasks. At the time of our inspection, care records

were all being updated to a new format. As part of this, people's care records were being audited which included a thorough review of people's needs.

People told us that they knew how to make a complaint. One person told us, "Any complaints, I would tell a member of staff but I have not had anything to complain about." The complaints policy was visible within the home. Staff told us that they would report complaints to the registered manager or senior staff. There had only been one complaint since our last inspection. Complaints had been responded to and actions taken to ensure they reached a satisfactory conclusion. When we visited, the registered manager was in the process of resolving the complaint. Neighbours had written to the registered manager regarding the trees in the front garden being too high. A tree surgeon was at the home making arrangements to cut the trees.

Good

Is the service well-led?

Our findings

People told us that they thought that the service was well-led and they got on well with the registered manager. One person told us, "I think the service is well managed. They know our needs and provide for us." Another person said, "(Registered manager) is very nice."

At our inspection in December 2015, we found that the provider's audits did not always lead to improvements in people's care or staff practice. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that quality assurance systems were in place to monitor the quality of service being delivered and improvements were made as a result. The registered manager carried out regular audits and documented their findings and any actions taken. An action plan was drawn up following our last inspection and actions had been taken in all of the areas that we had identified. The provider had continued audits and kept an up to date plan of improvements made as a result. Audits covered areas such as staff training, medicines and care plans as well as the home environment and health and safety. The provider carried out bi-monthly comprehensive audits and oversaw an action plan of improvements. A recent audit had identified a need to change the carpets in the communal areas of the home. This had been actioned by the registered manager. Another audit had identified that staff had left the medicines trolley unattended when carrying out medicines audits. The registered manager met with staff and refreshed their knowledge of medicines procedures. During our inspection, we observed staff administering medicines in line with best practice. Staff demonstrated a good knowledge of how to administer medicines safely which demonstrated that the improvements identified had been actioned.

People's feedback was sought by the provider in order to identify areas for improvement. A questionnaire was given to people and relatives each year. At the time of our inspection, a questionnaire had just been sent out and the registered manager was awaiting people's responses. As many people at the home were living with dementia, a feedback form was not always the most suitable way to gather feedback. Having a keyworker system in place ensured that where changes might be needed to improve somebody's experience, the keyworker was able to gather this information and inform management on the changes that needed to be made.

Staff told us that they felt well supported by management. One staff member said, "I can always go to (registered manager), the door is open." During our inspection we observed that the registered manager's office was open and staff were able to speak directly to management. The registered manager spent time in communal areas, helping staff and speaking to people, when not dealing with specific managerial duties.

Staff said team meetings took place regularly and they were encouraged to have their say about any concerns they had or how the home could be improved. At a recent meeting, one staff member had noted that some products used for personal care could be stored more discreetly in order to promote people's dignity. From our observations on the day of inspection, this had been actioned. This demonstrated that there was an inclusive atmosphere amongst staff in which they could raise concerns and identify

improvements that could be made to people's care.

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. We had been notified of the recent safeguarding incident in which the registered manager had taken appropriate actions and informed us of these.