

The Willows (Codsall) Limited

The Willows Care Home

Inspection report

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Tel: 01902842273

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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

We inspected this service on 27 February 2018. The Willows is a care home. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Willows is registered to accommodate 28 people in one building. At the time of our inspection 21 people were using the service, some of whom are living with dementia. The Willows accommodates people in one building and support is provided on two floors. There are two communal lounges, a dining area and a garden that people can access.

At our last inspection on 1 March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive safe care. People were safe and individual risks to people were considered and reviewed when needed. There were safeguarding procedures in place and when needed these were followed to ensure people were protected from potential harm. There were enough staff available to offer support to people and medicines were managed in a safe way. Infection control procedures were in place and followed. There were systems in place to ensure lessons were learnt when things went wrong.

People continued to receive effective care. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. People enjoyed the food that was available and were offered a choice. Staff were supported and trained to ensure that they had the skills to support people effectively, in line with current best practice. When needed people received support from health professionals. The home was adapted and decorated to meet people's individual needs.

People continued to be supported in a caring way. People were supported in a kind and caring way by staff they were happy with. People's privacy and dignity was promoted and people continued to be offered choices.

People continued to receive responsive care. People received care that was responsive to their needs and preferences. People had the opportunity to participate in activities they enjoyed. Complaint procedures were in place and followed when needed.

The service remained well led. Quality assurance systems were in place to identify where improvements could be made and when needed these changes were made. There was a registered manager in place who notified us of significant events that occurred within the home. Feedback was sought from people and their relatives and this was used to bring about changes.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

The Willows Care Home

Detailed findings

Background to this inspection

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

This inspection visit took place on the 27 February 2018 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including this type of service. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We used this to formulate our inspection plan. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with nine people who used the service and three relatives. We also spoke with two members of care staff, the activity coordinator and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and three staff files.

Is the service safe?

Our findings

People continued to receive safe care. People were happy with the care they received and felt safe. One person told us, "I feel safe here and I like it very much, I do like it here they are all very friendly". We saw when people needed support to keep them safe; staff provided guidance and support for them that was in line with their care plans and risk assessments. For example with their mobility; we saw people using walking aids when needed to mobilise. Risks to people had been considered and assessments were in place. When incidents such as falls had occurred within the home, these risk assessments had been reviewed to reflect people's changing needs. When people needed equipment this had been maintained and tested to ensure it was safe to use. This showed us that people were supported safely. We saw plans were in place to respond to emergency situations. These plans provided guidance and the levels of support people would need to be evacuated from the home in an emergency situation. The information that was recorded in the plans was specific to the individual needs of people. Staff we spoke with were aware of these plans and the levels of support people would need.

Staff continued to understand safeguarding procedures and had received training in this area. Procedures were in place and displayed around the home to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed to ensure people were protected from potential harm. We looked at three staff recruitment files and saw pre-employment checks were completed before staff could start working in the home. This demonstrated the provider ensured staffs' suitability to work with people within the home.

There were enough staff available to meet people's needs. One person said, "I can't go anywhere on my own, I only have to nod and someone is here to help me. I never have to wait. If they can't come straight away they always come and explain why". Another person told us, "I never have to wait". We saw staff were available to offer support to people when needed, staff had time to spend with people and would chat with people throughout the day. Staff we spoke with and the registered manager confirmed there were enough staff available for people. The registered manager told us how staffing levels were based on the needs of people and how these could be changed if needed.

People continued to receive their medicines as required. We saw staff administering medicines to people. The staff member spent time with people ensuring they had taken the medicines. We saw when people were prescribed 'as required' medicines, these were offered to them first. We saw there was guidance known as PRN protocols available for staff to follow to ensure people had these medicines when needed. There were effective systems in place to store administer and record medicines to ensure people were safe from the risks associated to them.

There were systems in place to ensure infection control procedures were followed within the home. For example, staff told us and we saw protective personal equipment including aprons and gloves were used within the home. We saw the provider had a policy in place and a monthly audit was completed within the home. When areas of improvement had been identified, we saw the relevant action had been taken. We also saw the provider had been awarded a four star rating by the food standards agency environment. The

food standards agency is responsible for protecting public health in relation to food.

We saw there were systems in place that when incidents occurred within the home these were investigated and actions put in place to ensure learning could be considered when things went wrong. The registered manager explained to us how they would investigate the incident and then share it with staff through group supervisions; they told us this was an area they were currently developing. This meant when incidents had occurred the provider had systems in place so that improvements could be made and lessons learnt.

Is the service effective?

Our findings

We saw that when needed, care plans and risk assessments were written and delivered in line with current legislation. For example; when people had a specific medical diagnosis we saw people had care plans in place for this. Alongside this the provider had printed the most up to date information and guidance from relevant bodies including NHS guidance when people had diabetes. This ensured staff had the most up to date information to follow.

Staff continued to receive training that was relevant to their role. We reviewed the training that had taken place since our last inspection. Staff continued to be supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely.

People enjoyed the food and there was a choice available. One person said, "You can't complain". We saw that people were offered a choice of meals. Just before lunch was served we saw the chef ask people what they would like. When people did not like something on the menu an alternative was provided. Records we looked at included an assessment of people's nutritional risks. We saw when these risks had been identified people had their food and fluid intake monitored, so concerns could be identified. Throughout the day people were offered a choice of hot and cold drinks and snacks were also available for people.

Records confirmed people attended health appointments and when referrals were needed to health professionals these were made by the provider. We saw referrals to speech and language therapists and physiotherapists. This demonstrated when a person needed access to health professionals it was provided for them. The registered manager told us how they worked closely with the GP and other health professionals to ensure people's needs were reviewed and considered.

The home was decorated in accordance with people's choices and needs. Since our last inspection people's bedroom doors had been painted in various bright colours to enable them to recognise which was theirs. The registered manager told us people had chosen the colours themselves and people confirmed this to us. The home had been adapted to support people living with dementia. People had photographs of themselves on their doors and the home had signage throughout indicating where the bathroom and the lounge areas were, there were also arrows throughout the home to direct people. The registered manager told us the home was due to be refurbished in some communal areas and people were involved with this through residents meetings.

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 or 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 to 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 to see if the provider was working within the principles of the MCA. Some of the people living in the home lacked capacity to make important decisions for themselves. We saw that when needed, people had mental capacity assessments in place and any decisions were made in their best interests. The provider had considered when people were being restricted unlawfully and applications to the local authority had been made. Staff we spoke with continued to demonstrate an understanding of MCA and DoLS. This demonstrated that the principles of the MCA were recognised and followed.

Is the service caring?

Our findings

People and relatives told us they were happy with the staff. One person said, "The staff are exceptional". The atmosphere at the home was relaxed and friendly. We saw that staff had time to spend with people and chatted to people throughout the day. We saw that when people needed support staff provided it for them in a kind and caring way. For example, people were offered blankets to put around their legs due to the cold weather and offered a replacement hot drink when they not had the opportunity to drink it whilst hot. When people were unhappy staff spent time with them finding out what wrong and offering assistance. At lunch time we saw that staff offered people wipes to clean their hands before their meals arrived.

People's privacy and dignity was promoted. One person said, "They have to do everything for me. They do it with respect and there is no embarrassment at all. They tell me what they are doing and why. I keep my dignity at all times. Sometimes I have one male one female it doesn't make any difference at all. The men are wonderful". There was a dignity tree in the home and people had added quotes to this. One quote said, 'Consider my feelings'. We saw that the home also had dignity champions in place to drive improvement and pictures of these staff were displayed. This demonstrated people's privacy and dignity was promoted.

People were encouraged to make choices about their daily routine. One person said, "They are always offering me choices, I make my own day to day decisions like when I was at home". We saw staff offering people choices about where they would like to sit, what activities they would like to do and the levels of supported they needed. The care plans we looked at considered people choices and preferences throughout and staff provided support accordingly.

Relatives we spoke with told us the staff were welcoming and they could visit anytime. A visitor told us, "I can come as and when I choose, they ask us to avoid mealtimes which we don't mind. The staff are lovely they always get me a chair and offer me a hot drink. They know me as well as my relation". We saw relatives and friends visited throughout the day.

Is the service responsive?

Our findings

Staff knew people well. One person told us, "I am very well looked after they look after me and know me very well". Staff told us they would find out information about people from their care plans and risk assessments as well as from other staff and talking to people. The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support. The provider had considered people's cultural needs and information was gathered from people as part of their pre-admission assessments. The local church came into the home and people had the opportunity to attend the service if they wished to do so. Information was displayed around the home in different formats. The registered manager explained how they were implementing the accessible information standards within the home and were considering this individually for people.

People were given the opportunity to participate in activities they enjoyed. One person said, "The trips on the barge are nice especially the fish and chip meal on the way". There was an activity coordinator working at the home. We saw a variety of activities taking place during our inspection. Some people were taking part in art and crafts and others were completing puzzles such as jigsaws. There were both individual and group activities taking place. Displayed around the home were pictures of activities people had participated in. There was an activity planner in place for the next month which gave details about what was going on in the home for people to participate in. There was also a pictorial activity board displayed within the home with daily activities on. This showed us people had the opportunity to participate in activities they enjoyed.

The provider had a policy procedure in place to manage complaints. No formal complaints had been made since our last inspection. When 'grumbles' had been received, the provider had responded to these in line with their procedures, asking the complainant if they were happy with the outcome and if they wished to raise a formal complaint. On the one occasion a 'grumble' had been raised, we saw the relative was happy with the outcome and no further action had been taken. The feedback the home received from people and their relatives was positive. For example, they were happy with the staff and the support people received.

At this time the provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

Is the service well-led?

Our findings

There is a registered manager in place. 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. People and relatives knew who the registered manager was. One relative said, "All the staff are very approachable. The manager is also approachable and pleasant, we know who they are". Staff had meetings where they had the opportunity to raise any concerns, this included staff meetings, group and individual supervisions. Staff felt they were listened to and if changes were needed then the registered manager would take action. Staff we spoke with were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be dealt with.

The registered manager understood their responsibility around registration with us and notified us of important events that occurred at the service. This meant we could check the provider had taken appropriate action. We saw that the rating from the last inspection was displayed within the home and published on the provider's website in line with our requirements.

Quality checks were completed by the registered manager and the provider. These included checks of call bell response time, falls and medicines management. We saw the information was collated together so that any trends could be analysed to identify any specific areas of concern. The registered manager also had a home improvement plan. Where concerns with quality had been identified we saw that an action plan had been put in place. This information was used to bring about improvements. For example, this identified when staff needed training. This showed us when improvements were needed action was taken to improve the quality of the service.

Feedback was sought from people who used the service and their relatives. Alongside meetings we saw surveys were completed by the provider. The feedback that had been received was positive and the registered manager told us how they would discuss this with people, relatives and staff and let them know the outcome.

The home worked alongside other agencies to ensure people received safe care and treatment. Throughout the inspections we saw various health professionals attending to offer support to people.