

Macc Care (Willenhall) Limited

Willow Rose Care Home

Inspection report

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Willenhall
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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

About the service

Willow Rose Care Home is a residential care home, at the time of inspection they were providing personal and nursing care to 51 people aged 65 and over. The service can support up to 73 people.

People's experience of using this service and what we found

People's needs were assessed prior to moving into the home. One person had religious and cultural needs, but it was not clearly documented how they wanted to be supported. Mealtimes were arranged to suit people's individual needs and their nutrition and hydration needs were met. People were able to make their own decisions.

We were somewhat assured that the provider was using PPE effectively and safely. We observed some occasions where staff were wearing masks below their nose. We were assured by all other areas of the home's infection prevention control practices in relation to the prevention of COVID-19.

People and their relatives told us they felt safe. Medicines were managed safely. Care plans and risk assessments identified people's needs and how to support them to stay safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness and compassion. People and their relatives felt well supported and listened to. Staff supported and encouraged people to be independent.

People received dignified end of life care. People were offered a range of activities and there was an activity team who planned and arranged events. People were supported to maintain contact with their loved ones.

Staff felt supported by the management team and said they enjoyed their jobs. People and their relatives expressed confidence in the management team. Numerous relatives told us they would recommend the home to others. Staff communicated with health professionals when required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Willow Rose Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by four inspectors for the first day and two inspectors returned for half a day. One of the inspection team had specialist knowledge in nursing care. An Expert by Experience made telephone calls to relatives off site. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Willow Rose Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and Healthwatch. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with 18 members of staff including the registered manager, a unit manager, director of regulation, nursing staff, team leaders, care workers, the activities coordinator, administration staff and a chef.

We reviewed a range of records. This included 11 people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us, "I feel safe when they [staff] help me."
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "If I had any concerns, I could report it to [registered manager]." Another staff member said, "We can come to CQC or whistleblow. There is an area manager, the provider and internal email addresses we can send concerns to."

Assessing risk, safety monitoring and management

- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. The director of regulation said they were trialling an alternative care planning system in the home, the aim being to streamline people's care plans. Staff had a good understanding of people's needs and associated risks.
- Staff and the registered manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need.
- Regular maintenance of equipment was evident including fire extinguishers and electrical items. This ensured equipment in the home was safe for use.

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. However, one staff member had a risk assessment in place, but the risk mitigation had not been recorded. The registered manager completed this during the inspection.
- Staff told us there were enough of them on shift to keep people safe and we observed plenty of staff to support people on both days of inspection.

Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.
- Staff were trained in medicines management and competency checks were carried out to ensure safe practice.
- Controlled medicines were stored and monitored safely. Controlled medicines are classified (by law) based on their benefit when used in medical treatment and their harm if misused.
- One person was prescribed medicine that usually needs to be given at a set time, but the medicine was given at different times at each administration, there was no explanation as to why. We raised this with the registered manager who then discussed it with health professionals, they were able to confirm the medicine did not need to be given at a set time for that person.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We observed some occasions where staff were wearing masks below their nose. The registered manager said they would raise this with staff and undertake observations.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Systems were in place for accidents and incidents to be reviewed. The registered manager identified any patterns and trends to ensure people were safe and future risks were reduced. However, it wasn't always clear how patterns and trends had been identified and what factors had been considered. The registered manager said they were working on a new incident analysis system that was evolving and would be unified across the providers sister homes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the home. People's protected characteristics, as identified in the Equality Act 2010, were recorded as part of their assessments. However, one person's religious and cultural needs had not been fully explored with them. The person's preferred diet was detailed and adhered too and there was no evidence the person had expressed any wishes that had not been listened too. We raised this with the registered manager who allocated a member of staff to work with the person to ensure their preferences were captured and documented.
- People's care plans contained information about how they liked to be supported. They included people's likes and dislikes. This showed care plans were individualised and tailored to each person. A person said, "When I moved in, they asked me about what food I like and what I like and don't like to do."

Staff support: induction, training, skills and experience

- People's needs, and preferences were met by staff who knew them well. One person said, "The staff are very attentive ... I recognise all the staff and know their names."
- Staff told us they had access to training that was relevant to their role. This ensured they had the relevant knowledge and skills to meet the needs of the people they supported. A staff member said, "I've not worked in care before and [registered manager] has given me all the training I needed."
- The registered manager had a training matrix which showed what training staff needed and when refreshers were due.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people had undergone assessments from health professionals in relation to their food and fluids, appropriate guidance was in place and the cook was aware of each person's required diet.
- People were supported with nutrition and hydration in a dignified way. The dining environment was calm, and food was well-presented. Pureed food was presented in shaped moulds which meant people had an ability to have the appearance of the foods they were eating.
- Mealtimes were arranged to suit people's individual needs. People had the choice of different meal options and could choose whether to eat in the dining room or in their bedrooms. The cook said, "We always give people a choice ... If we don't have something, we will make sure we get it in the next day."
- People and their relatives spoke highly of the food, both to us and via formal feedback surveys. Comments included, "My appetite has improved greatly" and, "I enjoy the puddings."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. This allowed effective information sharing and continuity of care.
- People's medicines were regularly reviewed by the external health professionals including GP's and nurse practitioner.
- People told us and record showed they had access to a dentist and visited for check-ups. People had individual oral health care plans. This meant staff had guidance on how to support people with their oral healthcare needs.

Adapting service, design, decoration to meet people's needs

- The home was fully accessible for people who used wheelchairs to mobilise. Where people had additional mobility needs, suitable equipment was in place. For example, hoists, and a chair lift.
- All bedrooms had an en-suite and people had photographs in their room along with other personal items.
- The communal areas of the home were spacious, clean and tidy. The home had ample space for people, and staff respected when people wanted to have time alone in their bedrooms.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People were able to make their own decisions and people were in control of their support. For example, people told us they could choose what they ate and what they did.
- Staff had a good knowledge of the MCA and staff received training in this area. A staff member said, "Some people can't consent to things, but we always give them choice, such as clothes, food or what time they get up ... We consider people's best interest. They have a choice like anyone else would."
- The registered manager had made appropriate DoLS applications and actively chased outstanding applications.
- The registered manager actively reviewed if people had power of attorney in place and there was evidence to show if people had this or not. A power of attorney is a person who can make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. A person told us they were due to move back to their own home soon, but if they needed support in the future, they choose to come back to Willow Rose care Home. They went on to say, "I'll miss the staff and their interactions."
- Relatives were complimentary about the support the staff offered their loved ones. One relative said, "The carers are there for them [people] is it not just a job ... they loved [relative] like I did. The service is really personal, they [staff] knew just as much as I did about [relative]". Another relative said, "The home treats the people as family, they care about them, it is a personal service, staff gave me a personal service."
- All the inspection team observed positive interactions between staff and people across both days of inspection. A relative said, "It's the best care with a family atmosphere, excellent staff and good communication."
- People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives felt well supported and listened to. One person said, "They [staff] know [relatives] likes and dislikes, they talked to [relatives], I would not be surprised when I got there to visit her to see someone [staff] sat with her"
- People were encouraged to make day to day decisions, for example, what they ate, what they wore and what they did. This demonstrated staff delivered individualised care.
- Care plans contained details of external people who were involved in people's care, for example advocates, power of attorney, family and friends. This enabled people to have access to support outside of the home if they needed it.

Respecting and promoting people's privacy, dignity and independence

- Staff were sensitive and respectful when talking about the people they supported and told us how they supported and encouraged people's privacy. One staff member said, "We would never discuss people in the public areas, we'd always go to the nursing stations."
- Staff supported and encouraged people to be independent. There were kitchen facilities accessible to people in all areas of the home where people could make drinks and access snacks if they wanted them. People told us staff encouraged and enabled them to keep and gain their independence.
- Peoples records were stored electronically which ensure personal information was only available to people who needed to see it.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People received dignified end of life care. People were supported at the end of their life by staff who knew their wishes and there were plans in place for how to support people. Some people had a DNACPR in place, there were appropriate records to reflect this. DNACPR stands for do not attempt cardiopulmonary resuscitation.
- One person had religious and cultural needs, and these hadn't been discussed or explored in relation to their end of life wishes. Although the person wasn't receiving end of life care, there was no consideration for how the person could participate in a plan if their health deteriorated and no consideration if the person had been unexpectedly unwell. We discussed this with the registered manager who said they would discuss this with the person and their loved ones.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed prior to them moving into the home. This assessment then informed a communication plan. However, there was one person who didn't use English as their first language. Although this had been identified, there wasn't any clear guidance on how staff could support them if they were communicating in their first language and not English. We raised this with the registered manager who allocated a member of staff who spoke the same language to work with the person to ensure their communication needs were clearly documented.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered a range of activities and we were told a 'wake up and shake up' session took place every morning in the communal lounges. We asked one person if they enjoyed this and they said 'yes'.
- There was an activity team who planned and arranged events. The activity coordinator told us the home had celebrated the Queen's birthday and people from all floors came to a communal lounge for a party. They then went on to tell us how they celebrated Ascot, and everyone dressed up in top hats and jewellery, there was an interactive horse racing DVD so people could make bets. The home also brought in external entertainment such as singers.
- People were supported to maintain contact with their loved ones and the home encouraged participation with the local community to support people to avoid isolation. The activity coordinator told us a local school had made a 'poppy chair' for Remembrance Day. On the day of inspection one person was going out

for lunch with their relative.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had personalised care plans in place which promoted their choices and preferences. One person's care plan identified they enjoyed football, and this was a positive way to engage in conversation with them.
- People had detailed life histories in place, these were split into different eras of their lives from childhood throughout their lives. This meant staff has information about people's past to engage in discussion or reminiscing sessions.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and we saw complaints had been dealt with appropriately. We also saw positive feedback had been received.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt supported by the management team and said they enjoyed their jobs. Comments included, "We all support each other here, we can speak to [registered manager] or anyone", "[Registered manager] is very supportive, she is very good and very helpful" and, "[Registered manager's] door is always open. She is always smiling and always welcoming, she is just lovely."
- People and their relatives expressed confidence in the management team. A relative said, "The manager is first class, if I needed anything I could ask her, I like her management style, you walk through the front door and you see her door, it is never shut, she has an open door policy for staff and for people's families, she is always accessible."
- The staff and manager demonstrated a person-centred approach for the people they supported. People told us they had choice and control and were involved in day to day decisions.
- Staff understood whistleblowing and they said they would feel confident to raise any concerns. A whistleblower is a person who exposes any kind of information or activity that is deemed illegal or unethical.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager told us, and records confirmed, audits had taken place so action plans could be created that identified areas of improvement.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. This gave staff the opportunity for learning and development.
- The registered manager had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were involved in decisions about their care and numerous relatives told us they would recommend the home to others. People's care plans contained information about how they liked to be supported and what they wanted to achieve.
- People, their relatives, staff and professionals were given the opportunity to provide feedback about the home via surveys. The registered manager was in the process of reviewing the most recent surveys and said they would take actions where people had provided feedback and there may be actions needed.
- Staff communicated with the GP, community nurse and other professionals when required. This evidenced

partnership working between the staff team and external professionals to enable positive outcomes for people.

Continuous learning and improving care

- The registered manager told us they were continuously looking for ways to improve the service. They were considering potential research projects the home may be able to get involved with, this would enable them to consider different ways of working and enhance how they deliver care in specialist areas such as dementia. The registered manager was also involved with internal groups where shared learning could be discussed and implemented across services to provide consistency and continually improve the care provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.