







Mission Care Willett House

Inspection report

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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	

Overall summary

This inspection took place on 9 and 23 April 2015 and was unannounced.

Willett House is a care home providing nursing care for up to 35 older people living with dementia.

We last inspected Willett House in October 2013. At that inspection we found the service was meeting all the regulations that we assessed.

There was not a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The acting manager was in the process of applying for registration with CQC.

People and their visitors were positive about the care and support provided at Willett House. Staff knew people well and treated them in a kind and dignified manner. We observed positive relationships between staff and people at the service and their visitors throughout our visits.

Summary of findings

Any risks to people were identified and they were supported to maintain their welfare and safety. Staff were knowledgeable about safeguarding adults procedures and said they would report any concerns they had to their manager and other senior staff.

People were supported to have their health needs met. Staff at Willett House worked well with other healthcare professionals and obtained specialist advice as appropriate to help make sure individual health needs were met. We saw that people's prescribed medicines were being stored securely and managed safely.

Staff attended regular training which gave them the knowledge and skills to support people effectively. Staff

had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Where people no longer had the capacity to consent to aspects of their care, staff worked in people's best interests and looked to use the least restrictive option.

People and their visitors said they felt able to speak to the acting manager or other staff to raise any issues or concerns.

The acting manager supported staff to deliver appropriate care and support. There were effective systems to monitor the quality of the service and obtain feedback from people and their representatives.

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 safe. There were sufficient staff to meet people's needs and keep them safe. Staff were aware of any risks to people's safety and followed management plans to reduce the risk of harm.

Staff were aware of safeguarding adults procedures and would report all concerns appropriately.

Medicines were securely stored and people received their medicines as prescribed.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills to meet people's needs and could access an ongoing programme of mandatory and more specialist training.

Staff provided appropriate support to those who required assistance with their meals. People were able to see health care professionals as required to ensure their health needs were met and could access specialist advice and support as needed.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. People were supported by staff who were caring, kind and respectful. Their dignity and right to privacy was upheld by the staff at Willett House.

Visitors said there were no restrictions on them when visiting the home.

Good



Is the service responsive?

The service was responsive. Care plans were personalised, outlined people's care and support needs and were regularly updated.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide an individualised service.

People were supported to take part in activities and to maintain contact with family and friends.

People using the service or their representatives felt able to raise concerns or complaints.

Good



Is the service well-led?

The service was well-led. There was an acting manager in post who was visible and approachable. Staff felt supported in their role and said they did not have any concerns about the service.

The organisation carried out regular checks and audits to assess the quality of care people experienced. They took action to address any issues they found through these checks.

Good



Willett 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

We visited the home on 9 and 23 April 2015. Our first visit was unannounced and the inspection team consisted of an 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 service.

On the first day of our visit we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. The inspector returned to the home to examine staff files and records related to the running of the service.

During our inspection we spoke with three people using the service, nine visitors, eight care staff, the acting manager and the clinical director. We observed care and support in communal areas, spoke with people in private and looked at the care records for five people. We also looked at records that related to how the home was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us that they felt safe living at Willett House. One person told us, "They've got the right mix of people, it's nice here." Visitors said that they thought the home was a safe environment and their friends or family members were well cared for. One visitor told us, "They are all really nice carers and I've never seen any of the staff get angry, although they have some really tough jobs, they all handle themselves well." Another visitor said, "I think they are in a very safe and effective environment, the carers know to watch them closely... there is a risk of falling that they all watch out for."

People and their visitors told us that they felt there were enough staff available on each unit. One visitor told us, "There are always people here". Another visitor said "The way that the home is split up into four areas means that the level of support is always there, and the team handle it very well."

A dependency tool was used to help make sure there were always enough staff to meet people's needs. A qualified nurse led the team of four carers on each floor of two units. Three people were receiving one to one care for set time periods each day to make sure their safety and well-being was maintained.

During the inspection staff were visible and available on each unit with the exception of one short time period where people using the service were not monitored in the lounge of one unit. One visitor did comment, "Some people here need two staff to help them which could leave others unsupervised, it only takes a minute for something to happen." We observed senior staff periodically reminding team members to make sure there was a staff presence in communal areas.

Staff we spoke with had a good understanding of safeguarding adults from abuse and confirmed that they had completed training in this important area. Staff were able to talk to us about the different types of abuse and

what action they would take if they suspected abuse was taking place at Willett House. One staff member said, "I feel able to speak up" and another staff member told us, "I would go straight to my team leader."

Risks to people using the service were being identified and assessed. Care records included assessments of people's mobility, their potential risk of falls and of pressure ulcers developing. Guidelines were provided for staff on how to support people safely. For example, whereabouts charts were used to monitor people who liked to walk and we observed staff walking behind people to monitor their safety without restricting them.

We saw that medicines were managed safely and were administered to people in a safe way by staff. People's medicines were kept safely and securely on each floor. Administration records were appropriately completed to show that people had been given their medicines at the right time. Information about prescribed 'as required' (PRN) medicines was provided for staff about why, when and how they should be administered.

The home environment was arranged into four units with each having its own lounge and small kitchen area. We saw people were able to walk freely between units and use the lift to the first floor. Two visitors praised the way people were not restricted to their individual units and were able to walk freely through the home. One person said, "The way that the home is split up into four areas means that the level of support is always there, and the team handle it very well."

Bathrooms on each unit were being renovated at the time of our inspection. All areas were seen to be kept clean and hygienic. Risks associated with environment and equipment were assessed and reviewed. Safety checks were regularly carried out such as those for the fire, gas and electrical equipment installed.

Recruitment checks took place to make sure staff were suitable to work with people using the service. Five staff records looked at contained an employment history, two written references, proof of identity and a criminal record check.

Is the service effective?

Our findings

People told us they were well cared for by staff who understood their needs. One person using the service said, “Some staff are absolutely marvellous, they’ve got the right mix.” One visitor told us, “the carers are really effective in helping the residents. Sometimes I see a new agency carer, as they stick out as they don’t have the ethos of the other carers – but they soon settle in, and they become part of the team.”

Staff completed the training they needed to work effectively with people using the service. Staff told us, “Very good, they check, they make sure we have completed the training” and “They are very good at training, we have to go every year.” Training records showed that staff had access to mandatory training including safeguarding adults, emergency first aid, infection control and dementia care. More specialist training was also provided for staff as required including meeting end of life care needs, wound care and the use of dementia assessment tools.

New staff completed a 12 week induction including mandatory attendance on courses around safeguarding adults, moving and handling and dementia care. An induction pack was given to each new member of staff and we saw these were completed to form a record of their initial training.

Staff told us that they felt part of a team and were well supported by senior staff. One staff member told us, “It’s a nice home and I like the feeling of being part of a team here.” Another staff member said, “I really feel supported here, they are a great company to work for”. Records showed staff received regular supervision from their line manager every two months. These sessions were used to discuss individual performance along with identifying any support and training needs. Staff also received an appraisal to review their performance annually.

Staff received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty.

The acting manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required. Care files included capacity assessments documenting the person’s ability to understand, remember, weigh and communicate the information provided to them and looked at what was in their best interests. We saw consideration had been given to the least restrictive option. For example, assessments had been completed where wheelchair straps were used for people’s safety and where medicines were being given covertly in food.

Examples were seen where staff gave people choice and obtained their consent before they supported them. We saw that people’s wishes were respected and staff gave people time and space if they did not wish to have staff helping them. For example, when being offered assistance to have lunch or to take part in an activity.

People were supported to eat and drink sufficient amounts to meet their needs. One visitor told us about the support provided to a person using the service saying, “They really helped them during their meals and checked constantly to make sure everything was alright.” One person told us their breakfast that morning had been “lovely”. Menus were displayed in the home, however, we noted that these were in small print. This was discussed with the acting manager who told us of their plans to produce menus in accessible formats.

We observed lunch being served on two units. Some people took their meal in their bedroom whilst others ate in the lounge / dining area. People who needed help to eat their lunch were supported by care staff. Staff kept people informed about the food served and alternatives were available on request.

Staff supported people to have their health needs met. Records were kept of the outcomes from medical and health care visits. For example, the documentation seen for one person confirmed recent appointments with their GP as well as with their dentist and optician. Regular health checks were undertaken by staff. For example, people’s weights were regularly monitored and recorded with any significant changes noted and acted upon. We saw a referral had been made for one person to a dietician and action recorded as to the changes made to their daily diet.

Is the service caring?

Our findings

Visitors were consistently positive about the care provided to their friends and family. One person told us, “It’s excellent, the staff cannot do enough for them.” Other comments included, “I cannot praise it enough, a model of good care” and “The staff are like family, they know people so well.”

Recent feedback sent to the home by relatives included, “The care [my relative] received in the last few years was exemplary” and “You have made a fantastic difference to our lives.”

Staff spoke with people in a friendly and respectful manner and responded promptly to any requests for assistance. We observed many positive interactions between people and staff. Staff working in care and non-care roles spoke with people while they moved around the home, greeting them as they passed and asking if they were alright. A member of the facilities staff who helped make sure the home was well maintained said that the organisation had a ‘people first’ motto. This meant that, when they worked around the homes, they always looked out for people using the service and took time to chat with them.

A staff member told us, “I would want to be treated this way” and another staff member commented, “It’s their home. We are here to care for them in their home.” We observed one staff member helping with the induction of a person using the service who had arrived at the home. They spent time helping the person feel a little less frightened and stressed about their new environment.

Laminated ‘remember me’ signs had been produced for each person using symbols and photos, giving information about their life along with their likes and dislikes. For example, their passion for supporting a particular football team and their previous occupations. These were displayed in each person’s room to prompt staff. In addition, a new summary care profile was being developed to give staff important ‘need to know’ information about the person. These were written in the first person including statements such as ‘I like to dress smart: and ‘I like to feel useful’, giving staff at a glance information about how to provide person centred support.

An organisational pastoral team visited the home each week focusing on providing one to one support. We observed two pastoral staff spending time talking and engaging with people on each unit. One staff member walked down the corridor with a person and they then sat together having a chat. Religious services were regularly held in the large activities room and signs were displayed advertising an Easter service to people and their visitors. Notices were displayed informing people when someone had passed away and a book of remembrance was maintained, celebrating each person with their photograph and a quote celebrating them.

Two staff acted as dignity champions promoting this fundamental part of care throughout the home. A Dignity Champion is someone who believes that being treated with dignity is a basic human right, that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. Signs were displayed throughout the home reminding staff to focus on different aspects of dignity including knocking on doors and the importance of knowing people’s life history. The dignity champions changed these notices on a weekly basis.

Visiting professionals were positive about the care provided at Willett House. One professional said they found the staff to be a well organised team and caring team. Other professionals told us that staff supported two-way communication and empowered carers and relatives to share their views and thoughts by creating opportunities for people to express themselves. A relatives support group met regularly and we saw dementia awareness training had been arranged for relatives and friends of people using the service.

Records showed that staff attended end of life care training and the home had attained a hallmark award with the Gold Standards Framework (GSF) programme for care homes. The National GSF aims to help optimise the care for people approaching the end of life.

Is the service responsive?

Our findings

People said that they could visit their relatives at any time and stay as long as they liked. They told us that the home communicated well with them and kept them up to date with any changes. One visitor told us “It’s not a problem here, we can come any time we want.” Another visitor commented, “We see the care plan once a month, I can read it and sign to say that I have agreed with it.”

Care and support needs were assessed before people came to use the service. Individual records seen included an assessment of support needs that was used to inform the care plans put in place for each person. Each person’s plans detailed the support they required and what they were able to do independently. They addressed the needs people had across different areas such as their physical health, mobility and communication. A plan also provided information to staff about how to respond to people when they were upset or distressed. Care records were reviewed regularly and were audited by senior staff to make sure they were up to date.

One visitor told us, “The activities here are excellent, and there’s a regular trip to the café in Bromley that folks here enjoy – there is an excellent activities lady who knows everybody by their first name. Really nice”. Another visitor told us they were very pleased to see staff playing games with their relative when they visited recently at a different time from usual.

Schedules of activities were displayed around the home so people and their visitors were kept informed of social

events and activities they could take part in. Activities on offer included gardening, visiting pat-a-dogs, chair based exercises, crafts and an external music therapy project. People using the service were supported in activities by one full time activity coordinator with access to a large day activities room. Gardening took place on the second day we visited with people involved in planting containers and hanging baskets for the home.

One visitor said, “I go to the relatives meetings, they take on board what we say.” We saw these forums took place regularly with the most recent taking place in February 2015. Issues discussed included the change of managers, activities and staffing information. The previous meeting held in December included updates about the Deprivation of Liberty Safeguards (DOLS) and progress with local authority assessments. A relative’s noticeboard gave people information about what was going on between meetings. An ‘article of the month’ was displayed here providing information about relevant health and social care issues.

People and their visitors told us they had no complaints about the service and said they felt able to speak with staff if they had any concerns. One visitor said, “we have no concerns, they communicate well.” Another visitor told us, “You can talk to them, we have no issues.” A copy of the organisational complaints procedure was displayed in the main reception of Willett House with a sign displayed stating ‘Every complaint is an opportunity to learn’. Records showed there had been no recent complaints about the service provided.

Is the service well-led?

Our findings

Visitors spoke positively about the care and support provided at Willett House. One visitor described the home as “second to none”. Another visitor said the home was “excellent” and spoke of how they did not have to worry about their relative when they went home after visiting.

The registered manager had just left the service at the time of our inspection. The acting manager was an existing senior staff member who had been appointed to the post in March 2015. They had commenced the application process to be registered with the CQC.

The organisation had systems in place to regularly review the quality of service provision. An organisational clinical director was responsible for monitoring the performance and delivery of care and they were present at the home during our first unannounced visit. Regular quality audits were undertaken around areas such as care planning, accidents and incidents, weight records and infection control with action plans put in place to address any identified shortfalls.

Organisational quality monitoring visits took place regularly. Written reports were supplied to the home following each visit detailing any actions required. Areas covered included safeguarding, staffing levels, complaints and direct observation of the care being provided. Surveys were sent out annually by the organisation with positive feedback seen from the 2014 summary report for Willett House. Night visits also took place with the last unannounced checks on the quality of care provided taking place in January 2015.

Staff felt supported and said that they were able to speak with senior staff if they had any issues or concerns. Staff meetings had taken place in February and April 2015. Items discussed included care planning and increasing the focus on activities throughout the service. The acting manager was planning to introduce regular clinical meetings to discuss practice amongst the qualified nursing staff.

Handovers were held as each shift changed with staff discussing people’s needs and any changes to their support. Group handovers were held three times a week to give staff an opportunity to discuss people across units, develop their knowledge and discuss examples of best practice. One staff member commented, “The big group handovers provide updates for everyone” saying these were important for them to keep up to date with what was happening across units.

Large noticeboards on the ground floor gave people, visitors and staff information about dementia, behaviours that required a response and end of life care. Pictures and photographs were used to make these accessible and personalised to the people living at Willett House.

Incidents and accidents were recorded including details of what happened and the action taken in response to support the person and any others involved. The acting manager reviewed all reports and signed off each. We saw they looked at any changes required to minimise the risk of the event re-occurring including ensuring staff revisited risk assessments or looking at any additional equipment or resources required to keep the person safe. For example, a reported accident from 2014 had been referred to the local authority safeguarding team and monitoring had been put in place to ensure the safety of the person concerned.