St. Martin's Care Limited

Willow Green Care Home

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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 15 March and 5 April 2018 and was unannounced. This meant staff and the provider did not know that we would be visiting.

Willow Green Care Home 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. Willow Green Care Home accommodates up to 63 people across four separate units, each of which have separate adapted facilities. Three of the units specialise in providing care to people living with dementia. At the time of this inspection 49 people were in receipt of care from the service.

At the last inspection in November 2015 we found the provider was meeting the fundamental standards of relevant regulations. At that time we rated Willow Green Care Home as 'Good' overall and 'Good' in four domains. We rated the service as 'Outstanding' in one domain, namely 'Responsive'.

The registered manager left their post since February 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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. A new manager is in post and submitted their application to be the registered manager in March 2018.

At this inspection we found staff remained exceptionally responsive towards people and dedicated to ensuring people experienced high quality care. We saw that staff treated people very much as individuals and ensured people continued to follow their preferred routines. We found staff were passionate about providing a vibrant service that gave all equitable choices and experiences. We heard how the provider was currently reviewing the service to ensure guidance from Stonewall (which is an organisation that campaigns for equal rights for lesbian, gay, bisexual and trans people across Britain) is incorporated into all the practice. The aim was ensure the service supported people diversity and those from LGBT groups felt welcome to stay at the service.

We found that the activity coordinator had worked hard to create a sense of community within the service and developed links with local organisations. The activity coordinator was constantly looking at ways to engage people in activities. Following feedback from people the activity coordinator looked to find ways to support people to give back to the community and was currently organising a litter pick at a local cemetery. They had posted this activity on the service's Facebook account and received a lot of positive feedback. The local council had donated equipment such as litter pickers and the local newspaper had written an article about this event.

We found the staff had developed excellent links with external healthcare professionals and worked collaboratively with these teams, for example, the REACT team, hospital occupational therapists and

physiotherapists. The staff also worked closely with the local palliative care team and people told us this assisted staff to plan end of life care plans, which met individual's need. The team worked collaboratively with people and their relatives to ensure the care provided met each person's needs.

The community nursing team regularly visited and told us they were very impressed with the service and the way staff supported people. One of the visiting professionals found this to be one of the best services in the area and they had recommended it to a relative, as a place to reside.

The provider had recently introduced new assessments and care records, which staff told us were more informative and easier to use. They were currently evaluating the tools to ensure they were effective and see where improvements could be made.

People's care needs were risk assessed with risk management plans in place and support for staff when they needed it. The staff team were aware of risks within the service and undertook regular analyse of risks. The service had emergency plans in place and took action when they became aware someone was at risk. The staff critically reviewed all incidents to determine if lessons could be learnt. We found staff had an understanding of safeguarding and how to raised concerns.

Staff were respected within the organisation and were provided with comprehensive training including specialist training. The provider had employed a dedicated trainer and we found they had developed a wide training programme, which meant all staff could keep up to date. We observed one of their training sessions on understanding dementia and found it was very interactive and engaging. The nursing team had ensured they accessed a full range of clinical updates and the provider supported them to achieve the requirements to maintain their registration. All the staff enthusiastically discussed the wide range of training they had been able to complete. Staff received supervision on a monthly basis and they received annual appraisals.

We found the director of care and manager's leadership style had led to people and staff feeling that they were integral partners in the operation and enhancement of the service. Staff supported people to make decisions and spoke with people about their wishes and preferences. The manager, staff and activity coordinator regularly sought people's views and acted upon their comments.

Robust recruitment checks were carried out and people who used the service were involved in interviewing prospective employees. We found that there were sufficient staff to meet the needs of people and saw that two nurses were always available during the day.

Staff safely managed medications. A large proportion of the staff had worked at the service for many years, which provided consistency for people using the service.

People, relatives and staff described the director of care and manager as being effective leaders who ensured the service consistently delivered a good service. Staff told us they could contribute their ideas about how to make improvements at the service and they were listened to. The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service.

The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Outstanding.	**Outstanding** ☆
Is the service well-led? The service remains Good.	**Good**

Willow Green 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 registered 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 unannounced inspection took place on 15 March and 5 April 2018. The inspection team consisted of an adult social care inspector, a specialist advisor who was an occupational therapist and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service.

Before the inspection, we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also reviewed reports from recent local authority contract monitoring visits and attended multidisciplinary meetings held about the service.

During our inspection we spoke with 12 people who used the service, six relatives, a visiting community psychiatric nurse, a visiting community matron and their associate. We also carried out observations using 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 communicate with us. We also spoke with the owner, director of care, quality manager, the acting manager, the deputy manager, the clinical lead two nurses, a senior carer, seven care staff, the cook, two members domestic staff team and the activities coordinator.

We observed the meal time experience and how staff engaged with people during activities. We looked at seven people's care records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms, all of the bathrooms and all of the communal areas.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt the service was safe.

One person told us, "The staff are very good and I feel perfectly at ease." Another person said, "It is a very good home and the staff are great."

One relative told us, "The staff are wonderful at making sure people get just the right care." Another relative said, "From the moment [person's name] moved in to the home it was like a great weight had been lifted from my shoulders. I knew they were safe and being looked after well."

People who used the service and relatives told us the service had sufficient staff deployed to meet people's needs. The provider used a tool that forecasted how many staff may be needed and also used the accident and incident analysis to determine if the deployment of staff was effective. For the 49 people who used the service there were two nurses, two senior care staff and seven staff on duty during the day, and overnight there were a nurse, a senior care staff and five care staff. The manager worked during the week and the deputy manager was on a rotating shift so often covered weekends. In addition to these staff, two domestic staff, a laundry staff member plus a cook and assistant cook worked seven days a week.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they would report any concerns, including those in relation to actions that might be found to be discriminatory, to the manager. We found the senior staff team thoroughly investigated any safeguarding concerns and where appropriate, this would be in partnership with the local authority safeguarding team.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, plans were in place to manage risk of falls and choking. Risk assessments were regularly reviewed to ensure they reflected any current issues and that the measures in place were not overly risk adverse or restrictive. Accidents and incidents were monitored for any trends and critically reviewed to learn lessons and identify where improvements could be made.

Personal emergency evacuation plans (PEEPs) were used to inform staff about the support people needed to leave the building in an emergency such as a fire. Staff also appropriately used personal protection equipment (PPE) such as gloves and aprons during their daily duties to help prevent the spread of infection.

The home was clean and appropriate infection control measures were in place. Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place. The registered manager checked that staff were using equipment such as hoists appropriately and when gaps in practice were identified they took immediate action. Staff completed records, fire drills and maintenance of equipment appropriately.

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed.

These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with vulnerable children and adults.

People who used the service were actively involved in the recruitment process and regularly interviewed prospective employees. One person had been a key member of the panel and the director of care found that background in human resources had added a depth of expertise that could not be replicated, as they offered both a professional and personal insight when establishing if interviewees would make good additions to the staff team.

Medicines were safely administered and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them. We looked through the medication administration records (MAR's) and found medicines had been administered and recorded correctly. Adequate stocks of medicines were securely maintained to allow continuity of treatment. Information was available about the protocols staff needed to follow when administering 'as required' medicine. All staff who administered medicines had been trained and had completed competency checks to ensure they could safely handle and administer medicines.

Good

Is the service effective?

Our findings

People and relatives told us they were happy with the service and we found staff to be very knowledgeable. A relative said, "The staff really go out of their way to understand how to work with people." Another relative said, "The staff understand all the things that make [person's name] happy and they always make us feel welcome as well."

Staff were extremely knowledgeable about the care and support people received. We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. Staff discussed the action they took as a team when people's needs changed to make sure they updated the care plans and continued to meet people's needs.

People's needs were thoroughly assessed and very detailed assessments as well as care and support plans were created. We found that staff adhered to these plans and regularly reviewed the effectiveness of the approaches they had adopted. Individual choices and decisions were documented in the care plans and they were reviewed monthly. The director of care told us new care documentation had recently been introduced and they were going to be regularly reviewing the implementation to confirm the new tools were effective.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

We found that the staff understood the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the service adhered to the code of practice. The care records we reviewed contained assessments of people's capacity to make decisions. We found that in line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity. When people had been assessed as being unable to make complex decisions, discussions had taken place with the person's family, external professionals and senior members of staff to make 'best interests' decisions. We found that, at times, the information contained in the best interest decisions could be more detailed and discussed this with the manager who undertook to ensure these records were enhanced.

At the time of the inspection, we found that where appropriate, DoLS authorisations had been sought. Staff we spoke with had a good understanding of DoLS authorisations and why they were needed. The manager

kept a record of when the DoLS authorisations were due to expire and ensured a new DoLS application was submitted. The staff were aware of the person's right to contest the DoLS authorisation and apply to the Court of Protection for a review of this order.

All the staff we spoke with, and records confirmed, staff were supported in accessing a variety of training and learning opportunities. Staff were able to list a variety of training that they had received over the last year such as moving and handling, infection control and safeguarding, amongst others. The provider had employed a dedicated trainer and we found they had developed a wide training programme, which meant all staff could keep up to date. The trainer completed induction and refresher training two weeks in every month, which meant staff could readily attend. They also put sessions on at times that made it easier for the night staff to attend. We observed one of their training sessions on understanding dementia and found it was very interactive and engaging. A staff member told us, "The training manager is excellent and has put some very interesting training on. They are always looking for new topics and I think it is great."

The nursing team had ensured they accessed a full range of clinical updates and the provider supported them to achieve the requirements to maintain their registration. Additional training was also provided in areas such as working with people who are living with dementia and end of life care.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Appraisals are usually carried out annually and are a review of staff's performance over the previous year. Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

People told us the meals were good, they were given a choice and alternatives were provided if they did not like what was planned. People could eat in the dining rooms or their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People were offered choices in the meal and staff knew people's personal likes and dislikes.

We saw that MUST tools, which are used to monitor whether people's weights are within healthy ranges, were being accurately completed. Where people had lost weight the staff ensured referrals were made to their GPs and dietitians. Staff discussed that the local Clinical Commissioning Group had recently visited and made some suggestions around how to improve the food intake monitoring charts. They confirmed that these suggestions were being incorporated into the documents.

We found the staff had developed excellent links with external healthcare professionals and worked collaborative with these teams, for example, the REACT team, hospital occupational therapists and physiotherapists. Care records showed other professionals such as GPs, falls prevention staff, and community nurses were contacted for advice and support where necessary. The team worked collaboratively with people and their relatives to ensure the care provided met each person's needs.

The community nursing team regularly visited and told us they were very impressed with the service and the way staff supported people. One of the visiting professionals found this to be one of the best services in the area and they had suggested to a relative that they move to the service.

The environment was designed to support people's privacy and dignity. The service had been adapted to support people living with a dementia but a programme was scheduled to improve the environment further and make it more dementia-friendly. We observed that this design of the service encouraged people to engage in general conversation with each other, relax and find meaningful occupation throughout the day.

Good

Is the service caring?

Our findings

The people we spoke with said they were happy with the care provided at the service. They told us that staff respected them and were considerate. People told us they found that all of the staff were kind. Relatives told us they thought the care being received was very good.

People's comments included, "The staff are kind", "I think they are great", and "The staff really look after us really well." One relative told us, "I'm very happy with the care and [person's name] is happy here."

During the inspection we saw staff interacting with people in a very caring, affectionate and professional way. We spent time observing care practices in the communal areas of the care home. We saw that people were respected by staff and treated with kindness. We heard staff address people respectfully and explain to people the support they were providing. Staff knelt or sat down when talking with people so they were at the same level. They were patient and waited for people to make decisions about how they wanted their care to be organised.

Staff interacted with people at every opportunity. For example, saying hello to people by name when they came into the communal areas or walking with people in an unhurried manner, chatting and often having a laugh and joke with them. People were smiling, laughing and engaged with staff and their environment.

Staff were compassionate when working with people who used the service. Staff told us, "This is people's home and we are the guests, so that is how we work" and "I consider myself lucky to have the opportunity to work with these wonderful people. I always look after them how I would have done if they were my own relatives."

The manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussions that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they used this information and took the time to read the care plans of new people.

The manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We heard how the manager and staff had actively supported people to voice their views and express their desires about how their care should be delivered. Staff told us, "This is people's home so they must have the say on what happens" and "We always make sure people are involved in making decisions; this might be difficult for some people, but we try very hard to get their view as it should be wherever possible the person's choice."

Outstanding ☆

Is the service responsive?

Our findings

At the last inspection we had found that the service was delivering care that was outstanding. At this visit we found that the staff had sustained this level of practice and continued to develop the manner in which they supported people who used the service.

During the inspection we could see there was an abundance of organised activities going on and we witnessed people having fun and engaging in the numerous different activities. We were able to talk with people about the activities and one of the people using the service told us, "There are always lots of things going on and all of them are interesting." Another person told us, "We do different things at different times of the year and it is very seasonal, like making Easter bonnets or decorations at Christmas." Another person commented, "We have singers that comes in and a little donkey comes around, which is lovely." The activity co-ordinator told us that in the recent snow they went out and brought some snow in so people could make snowmen. They found that people were very engaged in the activity and all of the snowmen were put outside.

We saw that people were involved in planning the activities and the staff met up to organise activities by reflecting on what people enjoyed the most by getting feedback from the people who take part. We could see that there was a range of activities planned for people to choose from including, a bake off for a cancer charity, crafts, and regular trips out to the local theatre and bingo. The activity co-ordinator told us people who used the service and relatives routinely came up with unexpected and diverse suggestions.

The people who used the service and the staff told us about the relationship they had with the local community groups and how they visited the local amenities. Recently the activities co-ordinator has been organising a litter pick at the local cemetery. They told us, "We thought of this idea as it demonstrates an ongoing respect for people and that we treasure the memory of the people we care for, particularly as a number of previous residents are buried at the local cemetery." They had publicised this event on the service's Facebook and had been overwhelmed by the response. Over 200 people had indicated they would help and the council had contacted them to say they would supply litter picking equipment. Also a local newspaper had pick it up and written an article.

The activity coordinator was also contacting local schools to see if they would be interested in forming links with the service and potentially allowing the people who used the service to write to students. Also they told us that they hold regular fetes and coffee mornings, which were open to the public and found these were very popular with relatives and the neighbours. This meant people were protected from social isolation as they were encouraged to remain involved in the wider community.

The service had a twitter and Facebook account that was used to share photos of the activities that people had been enjoying and this was to share with followers and family members. The staff continued to use IPads to bring up pictures of recent activities that had taken place and even trips to the local theatre. They also supported people to Skype their relatives and friends. We found the service used innovative techniques to enable people to maintain links with people they cared about.

The activities were so well planned that when the activity coordinator was not on duty the rest of the staff knew what they needed to do and we found the programme was followed. There was an activity box in the lounge that staff were trained to use and this was full of activities that could be carried out quickly and there were instructions inside and a sheet to sign for feedback from the staff and people about how the activity had gone. This box was updated regularly in relation to the feedback. A staff member told us "We find that people are so much happier when they are busy."

At the last inspection we found that a particularly innovative activity was the choir, which was made up of staff members and people who used the service. The choir had entered a community choir competition in 2014 which was voted by the public and they came second. The activity co-ordination told us how the choir had been developed gradually and a number of people were no longer involved but they had found other people were keen to join. Thus they were re-running auditions and hoping to make a record this year and enter one of the local competitions.

We found the activity coordinator continued to find innovative ways to promote leisure and stimulation inside and outside of the service. We found people were able to continue their previous lifestyle and this satisfied their social, cultural, religious and recreational interests and needs.

When we spoke with the activity co-ordinator they told us how passionate they and the rest of the team were and how committed they were to offering the best experience possible for people at the service. The care director shared with us an email from a relative who described that the range of activities and experiences their loved one had taken part in since coming to the service had led to them getting a new lease of life.

We found that the staff made sure the service worked to meet the individual needs of each person. Staff had worked diligently to ensure each individual's care records contained all the relevant information and were reviewed regularly. A senior care staff member told us that they routinely checked the care plans and made sure they were accurate. People and their relatives told us staff at the service provided personalised care and made choices around all aspects of their care and treatment. We observed that people were consistently asked for their views and given choices about all aspects of their care and treatment.

Staff told us how they were in the process of introducing the practice of night staff wearing pyjamas, as the research showed this assisted people who used the service to distinguish between night and day. Thus they hoped it would support people to have a good night's sleep.

The director of care discussed the provider's passions to ensure their services were completely inclusive. We heard how the provider was currently reviewing the service to ensure guidance from Stonewall was incorporated into all the practice. The aim was to ensure the service supported people's diversity and those from LGBT groups felt welcome to stay at the service.

The staff also worked closely with the local palliative care team and people told us this assisted staff to put together end of life care plans, which met individual's need. We found that staff understood the actions they needed to take when someone was reaching the end of their life. Care records contained evidence of discussions with people about end of life care, so that they could be supported to stay at the service if they wished. A nurse told us how they were currently accessing specialist end of life care training for all of the staff and felt this would enhance the service. The director of care told us they had recently sourced alternative ways to support people who were nearing the end of their life or had lost their appetite to improve their food and fluid intake. A bubble machine is used with liquids such as juice or mouth wash, once switched on the bubble it produces is placed on a spoon and is used to freshen the person's mouth

and is found to encourage people to drink and eat. This innovative practice was something which they expected to become standard practice in all of the provider's services.

An external healthcare professional told us, "The staff are consistent, very caring and responsive to the needs of their clients."

There were systems in place to respond to compliments and concerns. No complaints had been received but we saw there was a policy in place for this. We found that the manager understood how to investigate complaints and take action to rectify concerns. Relatives told us the management team were approachable and they felt able to raise any issue no matter how minor. Relatives told us they were extremely confident that the manager would address any issues. People told us, "There is nothing to complain about" and "Any little niggle I mention is sorted straight away so have never needed to complain" and "They do everything right."

Good

Is the service well-led?

Our findings

People and staff spoke positively about the service. One person said, "This service is wonderful. The standard of care is fantastic and I'm absolutely fine."

The last manager was registered in Feb 2018 but shortly after left the service and one of the registered nurses had been working as the acting manager. We found they and the director of care had ensured all aspects of care were delivered safely. They were constantly looking at improvements that could be made. A new manager had been appointed and had submitted their application to become the registered manager, which we found was being processed by our registration team.

People, relatives and staff were extremely complimentary about the management of the service. A relative commented, "Nothing is ever amiss and we find the home is always well-run." A visiting healthcare professional told us, "We visit the home at least twice a week and always find it running smoothly. The staff know exactly what to do and they create a wonderful atmosphere. I'm so impressed with the service that I have recommended it to my relative." A staff member said, "[Director of care's name] always make sure they get the best out of us."

We found the manager had carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of medicines, infection control, and care records. When a gap in practice was identified we found action was taken. For example, the care record audits showed staff found them difficult to follow and complete and this had triggered a full review, which led to the introduction of a new template.

People who used the service, relatives and staff told us they had regular meetings with senior management team. They all felt able to discuss the operation of the service and make suggestions about how they could improve the service. We found the director of care held regular meetings with relatives and the discussions they had were very open and frank. The newly appointed manager had also been involved in these meetings. People told us this had been extremely reassuring and gave them confidence that the service would be 'in good hands.' Staff felt the management team were supportive and approachable and really listened to their views. Feedback was also sought from people through surveys and we saw that from these action plans were developed, which were then completed. For example people had wanted to be more involved in the running of the service and in response people were encouraged to chair resident meetings and be a part of recruitment team.

We found that the provider regularly visited the service to monitor how the care was being delivered and that it was up to standard. During the inspection we met the owner who told us, "We are a family-run business and this gives us the freedom to make sure what we offer is personalised and absolutely meets people's needs. I think we have a strong management team and am confident to let them get on with the nitty-gritty of running the services. But I always visit so I can check with residents and their families that we are delivering what they want."

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.