Regal Care (Darlaston) Limited

The Willows Nursing Home

Inspection report

Dangerfield Lane
Darlaston
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection took place on 7 and 8 October 2015. At our last inspection on 28 May 2013 we found the provider was meeting the requirements of the regulations we inspected.

The Willows is a nursing home providing accommodation and personal care for up to 48 older people. At the time of our inspection 35 people were living at the home. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe in the home. Staff we spoke with were aware of their responsibilities to report any concerns of potential abuse. There were occasions when there were not enough staff available to support people with their care needs. The provider had safe processes in place to recruit new staff and carried out appropriate pre-employment checks.

Summary of findings

Risks to people's health and welfare were assessed and appropriate equipment was available for staff to use. People received their medicines at the correct time and as prescribed. People were supported to make their own decisions about their care and support needs. Staff obtained consent from people before they provided care however some staff were not sure how to obtain consent from people who could not verbalise. Not all staff were aware of people living at the home who were subject to a Deprivation of Liberty Safeguards (DoLS) arrangement.

People were offered a choice of what they would like to eat and drink. People's health and care needs were assessed and care was planned and delivered to meet those needs. People had access to other healthcare professionals to ensure that their health needs were met.

People and their relatives told us staff were kind and caring. People felt comfortable to approach staff for support. Staff understood people's choices and respected their dignity and privacy when providing care and support. People were encouraged to be as independent as possible.

People were supported to maintain relationships and relatives we spoke with said that they were made to feel welcome when they visited the home. People and their relatives told us they felt comfortable raising concerns with the registered manager or staff members. The provider had a system in place to respond to people's complaints and concerns.

People considered the home to be well managed. The provider did not have effective quality audits systems in place to identify issues or trends. These could be used to improve the quality of care provided to people.

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 not consistently safe.

People's care needs were not always met in a timely manner. People told us they felt safe and staff understood their responsibilities to protect people from the risk of harm or abuse. Risks to people were assessed and equipment was available to support people with their care needs. People received their medicines as prescribed.

Requires improvement 

Is the service effective?
The service was not consistently effective.

People were asked for their consent before care was delivered and the provider had taken steps to ensure people's rights were protected. However not all staff knew the people who were subject to deprivation of liberty safeguards. People received care from staff who had the skills to support their needs. People's nutritional needs had been assessed and they were supported to have enough to eat and drink.

Requires improvement 

Is the service caring?
The service was caring.

People were treated with kindness and they felt comfortable approaching staff for help. Staff respected people's dignity and took account of people's preferences.

Good 

Is the service responsive?
The service was responsive.

People and their relatives were involved in planning how they were supported and cared for. Staff supported people to be involved in activities and maintain relationships. People and their relatives felt listened to and knew how to raise concerns.

Good 

Is the service well-led?
The service was not consistently well-led.

We saw there were a number of audits in place to assess the quality of the care delivered in the home. However, not all of these systems were effective in identifying concerns found during our inspection. The provider did not analyse incidents or accidents to identify any pattern or trends. Staff understood their roles and responsibilities and people and their relatives were complimentary about the overall service.

Requires improvement 

The Willows Nursing 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 unannounced inspection took place on 7 and 8 October 2015. The inspection team consisted of two inspectors and an expert-by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. During our inspection we carried out observations of the support and care people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As part of the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some information about the home, what the home does well and improvements they plan to make. We reviewed the information we held about the home and looked at the notifications they had sent us which the provider is required to send us by law. These are events that the provider is required to tell us about in respect of certain types of incidents that may occur like serious injuries to people who live at the home. We contacted the local authority and clinical commissioning group to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home.

We spoke with eleven people who lived at the home and seven relatives. We spoke with eight staff members the registered manager and deputy manager. We also spoke with one healthcare professional and one visitor. We looked at the care records for four people and the medicine records for two people to see how their care and treatment was planned and delivered. We looked at other records related to the running of the home, a selection of policies and procedures that related to the management of people's safety.

Requires improvement

Is the service safe?

Our findings

People and relatives had mixed views on whether there were enough staff to meet their needs. One person told us, "Staff are too busy to pop in." However, another person said, "Staff come straight away when needed." Relatives we spoke with said that they thought there was enough staff when they visited although they thought that the staff were very busy. Staff we spoke with felt people living at the home would benefit from additional staff particularly during busy periods such as mealtimes as some people required one to one support with their meals. They felt that additional staff would enable them to be more responsive to people's needs. One staff member said, "I think we need more staff as sometimes people are kept waiting." Another staff member told us, "Mealtimes are rushed; we do need more staff we are very busy." We observed at busy times, such as when people were getting up in the morning, people were kept waiting for periods of up to 15 minutes before staff were able to assist with their care or support needs because staff were assisting other people. Other people were kept waiting because they required the support of two members of staff such as with hoisting. We raised this with the registered manager who told us staffing levels were worked out by occupancy levels using a ratio of one staff member to five people rather than by people's individual needs. We discussed people's individual dependency level's and whether there were enough staff available at busy times during the day to assist to people's care and support needs. The registered manager said they would look at the deployment of staff and staffing levels to ensure people's needs were responded to in a timely manner.

People who lived at the home told us that they felt safe with the staff that supported them. They said they would speak with the staff or registered manager if they had any concerns about their safety. One person said, "I feel safe I am looked after well and staff come straight away if I need anything." Another person told us, "I like it here and I feel safe because the staff look after me." All the relatives we spoke with told us they felt their family member was safe and not at risk of abuse in the home. One relative told us, "I feel the home is safe, we have not come across anything we are concerned about."

Staff we spoke with were all able to tell us what they understood by keeping people safe; they were able to explain the different types of potential abuse and the actions they might take to reduce the risk of abuse. Staff said they had received relevant training and understood their responsibility to report any concerns and who to report these to. One staff member said, "I would report it straight away to the manager if I saw something and they would refer the issue to safeguarding." Another said, "I would stop it, then tell the senior." Staff said they had confidence in the registered manager and they would listen and act on any concerns raised. Staff knew they could contact CQC or the local authority if they felt their concerns were not being addressed properly. One staff member said, "I would go to CQC or the police." We saw that where incidents had occurred concerning people's safety, staff followed the provider's procedure to protect people from the risk of abuse.

Staff we spoke with understood how to protect people where there was a risk such as fragile skin or with people's mobility. Staff said risks to people's safety were assessed and equipment was available for staff to use. Staff told us safety checks of equipment had been completed and we saw from records these were up to date. We saw two members of staff using equipment to move a person from their chair to a wheelchair; we saw that this was done safely. However, records we looked at did not always reflect people's level of risk because information had not been updated accurately. For example, we saw one person's weight was being monitored and they were referred to a dietician; information and guidance had not been updated correctly resulting in conflicting information being recorded and available to staff. Staff we spoke with demonstrated that this person was receiving the appropriate care. However there was a risk without correct written guidance available people could be at risk of not receiving the right care or support.

Staff were aware of the process for reporting accidents, incidents and falls. We looked at records and saw that there were a number of incidents reported in relation to unexplained bruising. We spoke with the registered manager who told us incidents were reviewed on an individual basis and where required action was taken. For example, a referral to the falls team. However we saw that the registered manager did not analyse information to see if there were any common themes such as incidents happening at particular times of the day which might reduce the risk of re-occurrence.

Requires improvement

Is the service safe?

People were supported by staff with the right skills and knowledge. Staff told us that they had been interviewed and appropriate pre-employment checks had been completed before they started to work at the home. One staff member said, "I completed an application form, attended an interview" and "reference requested and disclosure and barring (DBS) check completed all before I started working at the home." DBS help employers make safer recruitment decisions and helps to prevent unsuitable people from being recruited.

We looked to see whether medicines were managed safely by the provider. One person told us, "I get my medicines" and "no concerns." Staff we spoke with said that they felt confident administering medicines. One staff member said, "I feel confident to give medicines, I feel I have had appropriate training." We looked at how people were given their medicines by staff. We saw that there were systems in place to ensure people received their medicines as prescribed and in a safe way. For example, we observed a staff member stay with a person whilst they took their medicine and offer them a drink to help them with swallowing. We saw they signed the medicine records once they had confirmed the medicine had been taken. We asked staff about 'as required' medicines they demonstrated that they understood when these medicines should be given to people. We sampled Medicine Administration Records (MAR) and saw that they were completed accurately. Medicines were received into the home safely. However, we found disposed medicines stored in an unlocked room. This was an unsafe practice because anyone living or visiting the home had access to these medicines which could potentially harm their health. We alerted the registered manager to this who removed these medicines immediately.

Requires improvement

Is the service effective?

Our findings

Some people living at the home may not have the capacity to consent or contribute to decisions about their care. We saw how staff sought people's consent before providing them with care and support. We observed staff supporting people to make their own decisions and choices as far as possible. One person told us, "Staff ask me before providing care." We asked staff how they would seek consent from a person who could not speak. One staff member said, "I watch for facial expressions." Other staff we spoke with were unsure how they would seek consent from people who could not verbalise. One staff member said, "I would still give them a bed bath if they could not talk, I would get them to sign something." Another staff member said, "I am not sure how people who can't speak give consent." There was a risk that not all staff members would recognise when people did not give their consent to care and support.

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. We looked at records and saw that where a person did not have capacity to consent to their care, mental capacity assessments had been completed and where required a decision to provide care in a person's best interest had been completed with the person's relatives and professionals.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest 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 whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager demonstrated an understanding of DoLS and had sought advice from the local authority when needed. This enabled them to plan people's care in the least restricted way. However, some staff we spoke with were not aware of the people living at the home who were subject to a Deprivation of Liberty Safeguards (DoLS) arrangement. There was a risk that those people safeguarded by an authorised DoLS would not be protected by those provisions being correctly followed by staff. We spoke with the registered manager about this who said that they would arrange additional training for all staff.

People, their relatives and health professionals were all complimentary about the care staff. One relative said, "I think staff are trained, they know [person's name] needs." A health care professional told us they felt staff were experienced and knowledgeable of people's physical and social needs. Staff we spoke with felt they received the support to enable them to do their job. However, some staff we spoke with said that they had not received any training recently. One staff member said, "I have asked the manager for training, there is on-line training available" and "No training since I started I've brought certificates from previous role as done training there." Another staff member told us, "I think the training could be better but I have the right skills to do the job."

Staff we spoke with told us training was completed using a computer. Some staff said that they had difficulty understanding this type of training as they were not able to ask questions and said they would prefer class room based training sessions. We spoke with the registered manager about this who said that training was conducted using a variety of methods which included using a computer and external trainers visiting the home for example, medicine training. However the registered manager acknowledged that some staff members might have some difficulty using the computer to complete on line training and said additional support would be offered.

A number of staff had worked at the home for several years which ensured people received continuity of care. We spoke with those staff who had recently been appointed; they all confirmed they had received an induction and shadowed experienced members of staff on shift. One staff member said, "I had an induction, shadowed staff and was observed, this helped and benefited me a lot, I feel confident in my job." Staff we spoke with told us they received one to one meetings with their manager and attended regular staff meetings. One staff member said, "I had supervision not long ago" and "I feel comfortable to say what I want."

We observed mealtime and saw people were supported to make choices about their food and drink. One person told us, "There is a lot of choice, bacon and egg is beautiful."

Requires improvement

Is the service effective?

Another person said, “The food is ok I enjoy it. I can choose what I want to eat.” During meal times we saw that staff assisted people where required with their meals. They spoke with people often to offer encouragement to people to eat their meal independently. We observed meal times were relaxed and that staff supported people at a pace suitable to the person. However because staff were busy supporting people with their meals; it was not a positive experience for all people living at the home. Some people were left waiting for periods up to 15 minutes with meals in front of them before staff were able to provide support, this meant the meal had become cold and not as enjoyable for people.

We looked at two people’s care plans to see what information was recorded about how they should be supported with their diet. We saw that nutritional assessments had been completed and professional advice sought where required from dieticians or speech and language teams. One relative told us, “When [person’s name] came out of hospital, they [staff] wasted no time they got a dietician and district nurse to discuss and advice and they followed advice. In no time [person’s name] had started to gain weight.” We saw that where people’s fluid intake was monitored by staff, information recorded was not consistent. There was a risk that people did not receive enough fluids to remain healthy. We discussed this with the deputy manager who said that they would ensure staff were aware of the system to record people’s fluid intake correctly and report to the nurse in charge any concerns.

People told us they were seen by a doctor and other health care professional when required. One person told us, “They call the doctor if I need one.” One health care professional we spoke with said that staff at the home were “proactive and followed any advice given.” Relatives we spoke with had no concerns about people’s health needs not being met or about how they were supported by staff at the home. One relative told us, “They [staff] keep us fully informed about [person’s name] health.” We looked at people’s health care records and saw that referrals had been made where concerns had been identified to ensure people’s health needs were being met. For example, people and staff told us a doctor visited the home weekly and there were regular visits from a chiropodist and dentist.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect. One person said staff, "Absolutely wonderful, very attentive, caring and understanding." Another person said. "Staff are very kind." We also received positive comments from relatives, one relative said, "Staff are caring." We saw staff assisted and supported people in a caring way; staff spent time talking, smiling and sharing a joke with people. We saw one member of staff sitting with a person and explaining to them what was happening during a short harvest festival celebration at the home. The member of staff supported the person to be involved in prayers and in the communion. We observed the person's facial expressions and saw their appreciation and how much this meant to them.

People were supported to make day to day choices and decisions. One person told us they chose when they went to bed and what time they got up in the morning. We observed staff giving people choices for example, a choice which room they would like to eat their meal in. However we saw that people choosing to eat their meal in the dining room were not offered a choice by staff of where to sit. Staff communicated with people using different methods such as talking to people at eye level while seated or talking to people slowly to ensure understanding. Staff told us they enjoyed supporting people who lived at the home and they were able to tell us a lot of information about people's individual needs, choices and personal circumstances. We saw people were supported to express their views and be involved as much as possible in making decisions about their care and treatment. People we spoke with said that they felt they were listened to and were able to say how their care was provided. People told us they were supported to be as independent as possible and encouraged to do as much for themselves as they were able to do. One person told us, "I am supported with washing and I choose my own clothes to wear." Family member's we spoke with told us that staff kept them up to date with their relatives care needs. One relative said, "Staff keep family informed."

People we spoke with told us their dignity and privacy were promoted and respected by staff. One person said, "Staff shut the door when they come in to help me." We observed staff taking care not to enter people's rooms without knocking first and waiting for an answer when personal care was taking place inside a bedroom. Some people required hoisting from one chair to another. We saw one person was wearing a dress which was above the knees. The staff member covered the person's legs to protect their dignity.

People were supported to maintain relationships with family members. Everyone we spoke with told us they could visit the home any time and were made to feel welcome. One relative said, "I can come anytime staff are welcoming there is no problem you can come when you want." One staff member told us, "Families can visit anytime they are welcomed." One relative told us they choose to sit with their relative in the lounge area of the home but said they could see their family member in the privacy of their own room if they wished.

Good

Is the service responsive?

Our findings

People we spoke with were positive about the care they received and were happy with the way staff supported them. One person said, "Staff come quickly if I need anything they answer the buzzer if I press it." We saw staff responded in a timely manner to people's call bells when they were rung and staff were always present in both the downstairs and upstairs lounge areas. We saw that staff were alert to people who required support however there were times when people had to wait while staff attended to other people.

Staff we spoke with were able to explain people's individual health and care needs. For example, staff were able to explain how they monitored people who required pressure relief for fragile skin. We spoke with two relatives who told us that since their relatives had been at the home their relatives health had improved. Both relatives told us that staff were responsive to their relatives needs and explained fully to them what they were doing and the reasons why.

We saw that people's needs had been assessed and care records were in place to ensure that people's needs were appropriately supported. People told us that the care they received was planned with them and explained by staff when it was given. Relatives told us that they were involved in the planning and review of their relatives care needs. We looked at four care records and saw records were reviewed and information updated to ensure people's needs were supported. Staff we spoke with told us they shared information about changes to people's health and care needs during daily handovers which ensured people received the appropriate care. However some staff told us communication records could be improved because they did not always contain accurate information. We looked at these records and saw that some information was conflicting because it was recorded in different places which meant that staff did not always have the most up to date information about people's current needs. We discussed this with the deputy and registered manager who agreed to review information recorded and remove duplicate records from files.

We asked people what interested them and what they enjoyed doing during the day. One person told us, "I enjoy time in the garden." Another person said, "I do like some of the activities and talking with people." People told us that an activities person was employed at the home Monday to Friday and that they arranged different activities during the week such as visits to the supermarket and café. During our inspection a harvest festival celebration took place at the home with local church members. People we spoke with said that they enjoyed taking part in this activity. One person told us about a birthday celebration that had occurred the day before our inspection and how much people enjoyed the music and singing.

People and their relatives told us they felt confident to raise any concerns with staff or the registered manager. One person said, "Speak to staff if I had any concerns." A relative told us, "I would complain if I needed to and would speak with the manager." Staff we spoke with were able to explain how they would deal with any concerns or complaints. They said they would inform the registered manager and felt confident concerns would be investigated. One member of staff said, "I would go to the manager I do think they would listen or the nurse on duty when the manager is not here." We looked at the complaints received and saw that these had been investigated and responded to appropriately. However complaints were not analysed to identify any themes for areas of improvement.

Requires improvement

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality of service provision provided to people living at the home. For example, health and safety and medicine audits. Action plans had been developed by the registered manager to address concerns found such as developing 'As required' medicine protocols. However, we found the quality assurance systems were not always effective and did not identify some of the concerns we found during our inspection. We found some people's bedrooms were cluttered with large boxes containing medical supplies such as pads and saline liquid. People we spoke with did not raise any concern with their medical supplies being stored in their rooms, however there was a risk that the boxes could fall if knocked and injure someone or pose a tripping hazard to people. We also found disposed medicines stored in an unlocked room and confidential staff training documents stored in a communal room. These issues had not been identified by the providers own health and safety and quality assurance systems.

We spoke with the registered manager about this and they said that they would review processes and make improvements where required. We looked at infection control audits and found that where action was required an action plan had been produced to address concerns identified such as, cleaning of communal areas. However we found during our inspection a strong smell of urine in the corridor outside one person's bedroom. We spoke with the registered manager about this who said that they would arrange for the carpet to be cleaned. We saw systems were in place to record information such as safeguarding, incidents, accidents and falls. However there was no analysis completed by the registered manager or provider to identify any patterns or trends. This could be used to improve the quality of care provided to people and reduce the risk of incidents re-occurring.

We asked how the registered manager gathered feedback from people living at the home, their relatives or visiting professionals. They explained that relatives and residents meetings were held monthly and feedback forms were available in the reception area of the home. They said people were also asked to complete questionnaires annually. We looked at completed questionnaires and found responses had not been analysed to see if there were any areas people felt needed to be improved within the home. People we spoke with told us they were aware of residents meetings and some people said that they were helpful in relation to providing information about the home and forthcoming activities.

People, relatives and staff expressed their confidence in the management of the home. One relative said, "The home is managed well." Everyone told us about the improvements the registered manager had made since they had been in post such as implementing a refurbishment programme and increasing the number of people living in the home. However, some staff said that they did not always find it easy to approach the registered manager and one staff member said they would, "Rather talk to [deputy manager] they are more approachable." All the staff we spoke with confirmed that if they had any concerns they would approach the registered manager and felt confident issues would be appropriately addressed. However they said they did not receive any feedback from the registered manager of the outcome of any concerns they raised. We spoke with the registered manager about this and they said they would look at improving their communication within the home.

The management structure of the home was clear and staff were aware of their roles and responsibilities and felt they had enough support to perform their roles. Staff we spoke with said that they had regular one to one meetings and attended a number of staff meetings with the registered manager which gave them opportunity to share ideas or concerns. Staff demonstrated an awareness of the whistleblowing policy should they wish to raise concerns when they felt people were at risk of receiving unsafe care. Whistleblowing means raising a concern about a wrongdoing within an organisation.

People and their relatives felt that staff provided a good level of care and support and said that they knew both the registered and deputy managers. Everyone told us they did not often see the registered manager 'walk around the home' and any day to day issues were generally dealt with by the deputy manager or senior staff members on duty. Although people said that the registered manager was not visible around the home they said they felt confident to approach them if they had any issues which could not be dealt with by other members of staff. We spoke with the registered manager who was present in the home on a daily basis and found that they were knowledgeable about the running of the home and of their duties as a registered

Requires improvement

Is the service well-led?

manager. We reviewed the information we held about the provider and saw that they had notified us about events that they were required to do by law. Information provided by the provider as part of the Provider Information Return (PIR) was consistent with what we observed and found within the home.