S Kirk and G Day

The Willows 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 11 February 2016 and was unannounced. At our previous inspection in August 2013 there were no concerns in the areas we inspected.

The Willows Care home provides accommodation and personal care for up to 12 people. There were 11 people using the service when we inspected. People who used the service had dementia and associated needs.

There is 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 who used the service were safe. The registered manager and staff knew what constituted abuse and what to do if they suspected a person had been abused. Safeguarding referrals and investigations had taken place following allegations of abuse.

Risks to people had been individually assessed and plans were in place to minimise the risk of harm.

There were sufficient staff, kept under constant review to ensure that people's needs were met safely.

People's medicines were stored and administered safely by trained staff.

Staff were supported and trained to fulfil their role effectively. Training was on going and relevant to the needs of the people who used the service.

The provider and registered manager followed the principles of the Mental Capacity Act (MCA) 2005 to ensure that people consented or were supported to consent to their care and support.

People's health care needs were met, through the support of health care professionals. People were supported to maintain a healthy diet and their nutritional needs were met.

People were treated with dignity and respect and their privacy was respected.

People received care that was personalised and met their individual needs and preferences. People's needs were kept under review and care being provided reflected people's current care needs.

The provider had a complaints procedure and people were confident in approaching the registered manager if they had any concerns.

The provider and registered manager had systems in place to gain people's views and monitor and improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient numbers of suitably recruited staff to keep people safe. People were kept safe as staff and management knew what to do if they suspected abuse. Actions were taken to reduce risks to people whilst encouraging their independence. Medication was stored and managed safely.

Is the service effective?

Good

The service was effective. The provider worked within the principles of the MCA to ensure that people were supported to consent and make decisions with their representatives. Staff were supported and trained to be effective in their role. People's nutritional needs were met. When people required support to maintain their health they received it in a timely manner.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect. People were as involved as they were able to be in their care, treatment and support.
Relatives and friends were able to visit freely. People's privacy was respected.

Is the service responsive?

Good

The service was responsive. Care was personalised and delivered in accordance with people's preferences. People were offered opportunities to engage in hobbies and activities of their choice. The environment offered stimulation to people who used the service and supported them to orientate to time and place. The complaints procedure was accessible to people and their relatives.

Is the service well-led?

Good

The service was well led. There was a registered manager in post who was liked by people, their relatives and staff. Systems were in place to monitor the quality of the service and action was taken to make any required improvements.

The Willows Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 February 2016 and was unannounced. This inspection was undertaken by one inspector.

We reviewed the information we held about the service. This included safeguarding concerns, previous inspection reports and notifications of significant events that the registered manager had sent us. These are notifications about serious incidents that the provider is required to send to us by law.

We spoke with three people who used the service and observed other people's care. We spoke with two relatives, two care staff, the deputy manager, registered manager and provider.

We looked at the care records for two people who used the service, and the systems the provider had in place to monitor the service. We checked the way medicines were stored and administered and people's medication administration records. We did this to check the effectiveness of the systems in place to maintain and improve the quality of service being delivered.

Good

Is the service safe?

Our findings

Relatives we spoke with told us their relatives were safe at the service. One relative told us: "I don't worry about anything at all; I know they're in the right home". Staff we spoke with knew what constituted abuse and knew what to do if they suspected someone had been abused. The registered manager had followed the correct safeguarding procedures in the past when there had been safeguarding concerns.

Risks to people were assessed and minimised. People received safe care and support based on their individual needs. Some people required the use of mobility aids and we saw these were available to them. Other people required support to maintain their skin integrity as they were at risk of pressure to delicate areas of their skin. We saw that these people had the equipment in place to minimise the risk of harm.

One person had been found at the top of the stairs during a recent night shift and this had put them at risk of harm. We saw records and it was confirmed that another person had turned off the door alarm which would have alerted the staff to this person being out of their room. The provider and registered manager had taken action to prevent the incident from occurring again by moving the switch to the alarm out of people's reach. This meant that action was being taken to keep this person safe and minimise the risk of further incidents.

Staff told us there were enough staff to meet people's needs safely. We saw that no one had to wait to have the care and support they needed. The registered manager told us that they had increased the staffing levels at night as they had recognised that people required more support than they had been able to offer. One person's needs were changing and they were taking more staff time and resources than they had previously. The registered manager was working with other professionals to look at ways they could best support this person. They were considering applying for extra funding to be able to recruit further staff to support this person. We looked at the way in which staff had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. We saw pre-employment checks had taken place to ensure staff were suitable to work at the service.

People's medicines were stored and administered safely. People's medicine was kept in a locked trolley in a clinical room. Staff we spoke with confirmed they had received comprehensive training in the administration of medicines. We observed medication being administered and saw it was completed in a safe way. People had clear medication care plans which informed staff how people liked to take their medication dependent on their personal preferences.

Good

Is the service effective?

Our findings

A person who used the service told us: "The staff are very good at what they do". Staff told us that they received support and training to be able to fulfil their roles effectively. When staff required further training to enhance their skills this was made available to them, for example one staff member had recently been recruited into a management role and was being supported to undertake management training. We saw there was an on-going programme of training specific to the needs of people who used the service.

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. Some people who used the service required support to make decisions and to consent to their care, treatment and support. We saw that people's capacity to consent had been assessed. Some people had signed their own care plans consenting to their care other people were supported by their relatives or representatives to consent to their care.

We saw that most people had been referred to the local authority for a Deprivation of Liberty Safeguards (DoLS) authorisation as they were at times being restricted of their liberty. For example, not being able to go out alone. The Deprivation of Liberty Safeguards is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw the registered manager had followed the process correctly.

People we spoke with told us they liked the food. We saw that some people had been assessed as requiring a soft diet and this was made available to them. People were offered a choice of food and drinks throughout the day, fruit and snacks were available at all times in the lounge areas. People were regularly weighed and weight loss was discussed with the person's GP or dietician. One person had been prescribed food supplements as they were often refusing all the food offered to them. We observed lunch time and saw that staff encouraged the person to eat as much as they could and offered them several of their preferred alternatives when they refused. The person was offered and encouraged to drink their food supplement following the meal.

People were supported to attend health care appointments with professionals such as their GP, opticians and community nurses. The registered manager and staff worked closely with other health agencies to ensure people's health care needs were met. We saw that people had access to a wide range of health care facilities. When people became unwell we saw that action was taken to seek the appropriate medical advice.

Good

Is the service caring?

Our findings

People were treated with dignity and respect. The registered manager and staff demonstrated a passion for caring and supporting the people who used the service through their words and actions. We saw that the registered manager had recorded in the staff communication book 'I am driven by making a difference to people's lives that live here' and encouraged the staff to think and act the same way. We observed staff and the registered manager interact with people and saw they were kind, caring and patient when supporting them. One person often became distressed and confused, we saw staff and the registered manager offered them comfort and reassurance at these times and the person responded positively.

The registered manager had ensured that there was attention to detail in the way service looked and how care was being delivered. The environment was homely and welcoming, with boxes of tissues and snacks available in the lounge areas for people to help themselves. Information leaflets and contact numbers for external agencies who may offer other services were clearly visible for people and their visitors.

Relatives and friends were free to visit people at any time. Relatives we spoke with told us they were happy with the care their relative received. One relative told us: "It's like home from home here; I wouldn't want them to be anywhere else". Another relative told us: "It's the only place I want my relative to be, I knew I wanted them to come here and I wouldn't put them anywhere else". They told us they were kept fully informed of their relative's welfare.

The registered manager involved people in decisions relating to their home. We saw that they had discussed with people about purchasing a fish tank for one of the lounges and that people had agreed to it. Some people had advocates who supported people to make decisions and be involved in their care and they visited them regularly. The registered manager and staff ensured that people were supported to be involved in their care and support. We saw one person had returned from a stay at the hospital following a short illness. Whist in the hospital a Do Not Attempt Resuscitation order (DNAR) had been put in place and this had returned home with them. The registered manager told us that they could not see that the person had been involved in the decision about the order and spoke with the person who said they did not want the DNAR and wanted resuscitating in the event of a cardiac arrest. The registered manager contacted the persons GP who came and reviewed and removed the DNAR at the person's request. This showed that the registered manager was advocating for and ensuring that this person was involved in making decisions about their care.

People were encouraged to be as independent as they were able to be and were free to come and go within their home as they liked. A relative told us: "My relative is not made to do anything, if he doesn't want his lunch at lunchtime then he can have it later, nothing is a problem". People were supported to maintain their privacy and dignity. One person had their own key to their bedroom and another person helped with the washing up in the kitchen, they told us they enjoyed doing this. Everyone had their own private bedroom and we observed that staff knocked prior to entering any of the rooms. Signs reminding staff and visitors to knock before entering were on every door.

We saw people had an end of life plan which people and their representatives had completed. Details of how they wished to be cared for during this time and after were available to ensure that people's last wishes were respected.

Everyone had a plan of care which was kept securely. People's confidential information was respected and only available to people who were required to see it. Where able to people had signed their own care plans as they had been involved in their own planning meetings.

Good

Is the service responsive?

Our findings

People received care that met their needs and individual preferences. A relative told us: "The care is personalised, there is good care, good food, it's like home from home". Prior to admission, people's needs were assessed to ensure that the service could meet them. Relatives told us that they had been involved in the assessment process and had been asked to complete a booklet called 'This is me' which would help inform staff of people's past interests, likes, dislikes and preferences. Attention to detail was evident throughout people's care plans. We saw that people's bathing preferences and food preferences to people's shoe size were recorded to ensure that every detail about people's personal needs were recorded. We observed that people were dressed smartly in clothes and jewellery which they had chosen or liked to wear and saw this was recorded in their care plans as one of their preferences.

We saw that everyone had an equality and diversity care plan which recorded people's cultural, religious or sexual. The registered manager told us and we saw that this was kept under constant review through a regular equality and diversity audit to ensure people's preferences hadn't changed. Several people attended a visiting church service at their request. The registered manager told us that if anyone required any other identified diverse need being met they would research it for them and arrange for it to be implemented.

People who used the service had dementia and required support of different levels to negotiate around their home and help them orientate to time and place. We saw that the registered manager had followed good practise guidelines in caring for people with dementia. The environment was 'dementia friendly' with clear signage, doors painted block colours to show they were doors, bright toilet seats to enable people to see them. There were items of memorabilia and reminiscence around the home such as clothes from people's era, records, handbags and hats. We saw one person happily sitting in a hat they had taken from the wall. Other people were enjoying holding dolls, this is called 'doll therapy'. This is a recognised therapy for people with dementia and offers them comfort. Every effort had been made to personalise and adapt the service to meet people's needs in relation to their dementia.

Each person had a memory box on their bedroom door with items within them that would remind them of where their room was. One person told us: "That's my room, there is my golden retriever". We saw there was a photo of a golden retriever on the door. People's rooms were decorated and personalised to meet people's individual preferences. A relative told us: "My relative has a lovely room, overlooking the garden and I can bring our dog to visit".

People had choices and these were respected. A relative told us: "No one is made to do anything, if my relative wants to stay in bed, they let them or if they want their meal later they can". We observed lunchtime and saw people were offered choices of what to eat, drink and where to sit based on people's preferences. Staff knew people well and knew what people liked. They didn't assume they knew what people would want but still offered the choices in case a person wanted something different. Staff asked people if they would like clothes protectors on and if people refused this was respected. We saw one person drop some of their food down their front and staff encouraged them to change following their meal. Some people enjoyed a glass of wine or baileys with their meal, others preferred juice. A menu and other visual prompts were

available in the dining area to support people to know what was on offer. Staff responded to people's body language when they were unable to verbally communicate and people were offered second helpings if they appeared to have enjoyed their meal and alternatives if they seemed to not being enjoying what they had.

We saw some people enjoy a game of dominoes and other people relaxing in the lounge areas with their preferred newspapers which had been delivered at their request. The hairdresser attended in the morning and the chiropodist in the afternoon, people were offered the opportunity to visit them. People were encouraged to engage in hobbies and activities but we observed if they refused their choice was respected. If people chose to they were supported to go out. We saw in one person's care plan that their favourite food was 'curry'. The registered manager told us that they had provided a curry but the other people who used the service hadn't particularly enjoyed it, so they took the person out with a friend they had made since being at the service to have a curry at the local Indian restaurant. We saw that other people were also offered the opportunity to go out. A relative told us: "The registered manager has taken my relative to the local pub, they really enjoyed it".

People we spoke with and their relatives told us that they had no complaints. They told us if they did they would have no hesitation in approaching the registered manager and they were sure that they would be dealt with. The provider had a complaints procedure and we saw it was clearly visible for people and their visitors. The registered manager told us they had no recent complaints. Annual quality surveys were given to people who used the service and their relatives. We saw the results of last years were visible on the information board. No action had been necessary following the survey, however the registered manager told us they were always looking for new ideas and ways to improve the service for people.

Good

Is the service well-led?

Our findings

People who used the service, staff and relatives spoke well of the registered manager. Staff told us that they were approachable and supportive. Staff knew the whistle blowing policy and told us they were confident that the registered manager would support and respond to them if they had to use it.

People who used the service were seen to be relaxed in their home and comfortable in the company of the registered manager. The registered manager demonstrated a passion for caring for people and informed us they were always looking to improve the service.

Staff received regular supervision and support through meetings and training. Staff performance was managed if necessary following advice and support from human resources to ensure people who used the service were safe and receiving quality care. The registered manager told us that they valued their staff and that they held 'Thankyou' evenings where they took staff out for a meal to thank them for their hard work and commitment to the service.

People's care needs and individual preferences were met through regular reviews and assessments. The registered manager liaised with other professionals to ensure that they did not work in isolation and support and decisions were made with people's consent or in people's best interests. Attention to detail was evident within the environment and in people's care records. Every aspect of a person's needs had been covered and considered to ensure that people's individual care needs were met.

There were audits and systems in place to monitor the quality of the service, we saw these were undertaken regularly and any action to improve was taken promptly. The registered manager responded to our discussions on the day of the inspection and implemented new systems to record the administration of 'PRN' medicines and a new weight loss policy on the day following the inspection.

The views of people who used the service and their relatives were regularly sort. The registered manager discussed and involved people in any plans or ideas they had to improve the service. This took place through surveys and recorded discussions, for example, the plan for a fish tank was discussed with people prior to it being purchased.

The registered manager kept themselves up to date with current legislation and followed policies and procedures in relation to safeguarding, the MCA 2005 and DoLS. They had notified us (CQC) of any significant events as they are required to do.