

Mrs L Woodstock and M Duke

The Willow

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The Willow is a care home located in Chesham. It provides care and accommodation for up to eleven people who are elderly and physically frail. It does not provide nursing care. At the time of our inspection 10 people were receiving a service and one person was in hospital.

The Willow had a registered manager in place. 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.

The care provided was personalised to meet people's individual needs. Staff understood the needs of the people living in the home and provided care and support with kindness and compassion.

Risks to people using the service were identified and incorporated into their care plans to enable staff to manage any such risks appropriately and keep people safe.

The registered manager assessed people's dependency levels regularly to ensure there were enough staff on duty

Summary of findings

to meet people's needs appropriately both during the day and night. People we spoke with told us they felt there was always enough staff to meet their needs appropriately.

Staff understood the needs of the people living in the home and were knowledgeable about how to keep them safe. Staff knew how to identify any suspected abuse and how to escalate it further to the correct people. People told us they felt safe in the home and staff knew who to speak to if they had any concerns.

There was a varied choice of activities people could take part in if they wished to. These included activities arranged both within the home and within the wider community

The service maintained good links with health professionals such as Doctors, District Nurses, Dietitians and Chiropodists and referrals were made when required to ensure people remained healthy and well.

Whilst staff had received medication training and there was a policy and procedure in place, we found one occasion where the providers medication policy was not followed. This was rectified and the person was not placed at risk.

The registered manager and the management team were not following the principles of the Mental capacity Act 2005: Code of Practice. They had misinterpreted and misapplied the statutory principles of the Act and failed to assume people had capacity, which did not work in people's best interests.

Staff told us they were provided with a good level of training to assist them in their roles and felt well supported. They received regular supervision and an annual appraisal which enabled them to discuss their work with their line manager, raise any areas of concern and discuss any personal development needs.

The registered manager and the management team were committed to provide a high quality of care in which people's needs and preferences remained the focus on care delivery. They had an open door policy and were available to meet with people and/or relatives and staff when they required.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Robust recruitment procedures were followed to ensure relevant checks had been undertaken and staff were suitably skilled and qualified to undertake their role competently and safely.

There were sufficient numbers of appropriately trained staff to meet people's individual needs.

Good



Is the service effective?

The service was not always effective

People's rights were not always protected because the Mental Capacity Act 2005: Code of Practice were not always followed when decisions were made on people's behalf.

Staff were provided with induction and training opportunities to equip them with the knowledge and skills to carry out their job.

Staff supervision and appraisal systems were in place to monitor their work and identify any personal development needs.

Requires improvement



Is the service caring?

The service was caring

Staff supported people in a caring, compassionate manner. They were familiar with people's needs and supported people according to their wishes and preferences.

People were treated with respect and their privacy and dignity were upheld and promoted. People and their families were consulted with and included in making decisions about their care and support.

Good



Is the service responsive?

The service was responsive

Records were maintained of appointments with visiting healthcare professionals to ensure people's health care needs were being met appropriately.

People were provided with activities and entertainment to ensure their social needs were met and to ensure they were not socially isolated.

Good



Is the service well-led?

The service was well led

Good



Summary of findings

There was an open culture within the home and the provider encouraged people to provide feedback on the care and services people received. This enabled them to make improvements to areas which mattered to people living in the home.

Staff felt well supported by the management team and were confident that any issues raised would be dealt with.

The Willow

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.’

The inspection took place over one day on 11 August 2015 and was carried out by two inspectors. This was an unannounced inspection which meant staff and the provider did not know we would be visiting.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We checked the

information that we held about the service and the service provider. We looked at previous inspection reports and notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We spoke with eight people, one relative and a representative who had power of attorney for a person living in the home. We also spoke with a visiting healthcare professional, the registered manager and their deputy, the activities co-ordinator, the cook and four care workers.

We reviewed a range of records about people’s care and how the home was managed. These included care records for four people, four staff personnel files, medicine administration record (MAR) sheets and other records relating to the management of the home. For example minutes of meetings, findings from questionnaires, menus, health and safety documentation and accident and incident reports.

Is the service safe?

Our findings

People told us they felt safe living in the home. Comments included “I feel very safe here, I have no qualms” and “I could not speak highly enough of them [staff], they are all marvellous.” People told us they knew who to speak to if they had any concerns about their safety although they did not feel this was an area of concern. They told us they had a call bell system which they could use to call staff if they needed them, which people said were answered quickly. A visiting healthcare professional was positive in their feedback and told us they felt people living in the home were “all safe.”

Medicines were managed safely within the service. We found one occasion where the provider had not followed their policy in regards to changes for a person's medicine. We found the risk and impact to the person was low and the provider took steps to ensure the error was rectified.

Following the inspection the provider confirmed they had immediately contacted the GP surgery and the pharmacy which prescribed the medicine. Further to contacting the Doctor's surgery, they had also contacted the pharmacist to request a visit be arranged to discuss the findings and systems in place regarding changes to people's prescribed medications. We were informed a visit has been arranged for 25 August 2015. We were provided with evidence to demonstrate that learning and actions had been put in place.

Safe procedures were in place for recruiting new staff. The recruitment files for staff showed recruitment checks had been carried out to ensure only suitable people were employed to work in the home. These included gaining references, full employment histories and checking

criminal records to make sure they were of good character and safe to work with the people living at The Willow. Any gaps in the person's employment history was followed up and documented.

Care and support was planned in a way to ensure people's safety and welfare both within the home and in the wider community. Risks to people's safety were appropriately assessed,

managed and reviewed to ensure their safety and welfare. Each of the care records we saw contained an up-to-date risk assessment with guidelines in place for staff to follow.

These included assessing any risks in relation to moving and handling, the risk of malnutrition and dehydration, pressure area care and medication. These were supported by clear guidelines for staff to follow. This ensured people could choose to take reasonable risks within a risk management process which ensured their safety in the least restrictive way possible. These were regularly reviewed and updated to reflect any changes to people's circumstances. People had been provided with the equipment they needed to meet their needs. These included hoists, profiling beds, pressure relieving equipment, walking frames, wheelchairs and grab rails.

Accidents and incidents were recorded and documented appropriately. We read a sample of accident/incident reports which showed staff had taken appropriate action in response to them, such as calling for an ambulance, gaining advice from the GP and other healthcare professionals and informing the next of kin.

Staff understood their duty of care and responsibilities in relation to safeguarding people from harm. Through discussions with them, it was evident they were knowledgeable about what constituted abuse and were able to provide examples of different types of abuse. They

were familiar with the whistle blowing policy, and knew they were to report any allegations or incidents of abuse to their line manager. They told us they had access to policies

and procedures to guide them on how to deal with any allegations or suspicions of abuse. We saw these were freely available to staff in the home should they need to contact outside agencies in the absence of the registered manager or the deputy manager. They were familiar with the provider's whistle blowing policy and were confident they would be protected if they raised any allegations of poor practice to their line manager.

The registered manager informed us the staffing levels were worked out according to people's needs and individual dependency levels which were reviewed each month. Documentation within people's care files to verify this. The night shift consisted of one awake carer and three on call senior staff who they could contact for assistance if required. This meant the service was covered in the event of an emergency. The registered manager also advised that a contingency plan was in place for three nights a week in case there was a breakdown of normal staffing levels. We observed there were sufficient staff to meet people's needs

Is the service safe?

throughout our inspection. People we spoke with told us they felt there were always enough staff available to meet their needs both during the day and night and had no concerns in this area.

Arrangements were in place for responding to emergencies. For example, personal emergency evacuation plans (PEEP)

had been completed for each person who lived in the home. These informed staff how people were to be evacuated in the case of an emergency such as fire. People's PEEP's were reviewed regularly to ensure any changes to a persons circumstances had been taken into consideration and they remained up to date

Is the service effective?

Our findings

There was a policy and procedure in place in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS) and staff had received training in these areas. The MCA is a law about making decisions on what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict or deprive them of their freedom. It ensures the service only deprives someone of their liberty in a safe and correct way and this is only done when it is in the best interest of the person and there is no other way to look after them.

We were informed by the registered manager that there were no restrictions placed on people who lived in the home. No applications to deprive people of their liberty had been required. However, the documentation within people's care files showed mental capacity assessments had been undertaken in relation to them choosing to live at the home but the provider was not following the principles of the MCA. For example, the Act is intended to be enabling and supportive of people who lack capacity and a person must be assumed to have capacity, unless it is established that they lack capacity. It became apparent that the management team were not following this principle in assuming people had capacity but rather everyone in the home had a mental capacity assessment in relation to them making the decision to move into the home. This meant the management had misinterpreted and misapplied the statutory principles of the Act.

We saw consent forms within people's care files for them to sign to show they consented to the care detailed in their care plan and to give permission for their next of kin to read their care plan. Whilst we noted some of these had been signed by the individual themselves, there were instances in which people's next of kin had signed them on their behalf. We were informed this was because the individuals' families had lasting powers of attorney (LPA). Upon further enquiry, the provider was unable to tell us if they covered personal welfare or just property and affairs and whether the LPA had been registered with the Public Guardian and therefore active. There was no evidence of a copy of people's LPA or any evidence to show their LPA had been

seen to ascertain what they covered. The provider informed us they would speak to the families at the weekend following our visit to ask them to bring in their LPA certificate.

This was a breach of Regulation 11 of the HSCA 2008 (Regulated Activities) Regulations 2014. This was because people's rights were not always protected because evidence of consent had not been sought from people with the correct powers to do so.

People told us they were happy with the care and support they received. One person who lived at The Willow told us "It's a lovely place, they have some good staff, we're very fortunate really." A visitor we spoke with told us their friend had always known they wanted to come to The Willows. They told us their friend was in the home on a trial period and had settled in very quickly. They said "X has gone from asking why am I here, to saying this is my home" which they said was a positive change. Further comments included "The food is good, we get plenty of choice" and "I am so happy to be here, everything is nice, the garden is nice and everything is cared for."

People were supported to have sufficient amounts to eat and drink throughout the day and to maintain a healthy well balanced diet. The care plans we viewed contained nutritional screening assessments and records to show people were generally weighed monthly to ensure they received adequate nutrition and maintained a healthy weight. Where people were showing signs of losing weight or having eating issues they were weighed on a weekly basis. This enabled staff to closely monitor any changes in their weight so an appropriate referral could be made to the GP and dietitian. We saw documentation in one person's care file to show appropriate referrals were made. This informed us that they had received dietitian input because they were underweight. They had also been prescribed protein drinks by their GP and monitoring charts had been completed.

We spoke with the cook who was familiar with people's likes and dislikes and was knowledgeable about any allergies people had. These had been documented in the kitchen for staff to refer to if required. We were informed all the meals were home cooked and we saw plenty of fresh fruit and vegetables were used. Menus were displayed in the dining room and where people had sight problems, the cook took time to discuss with people what the meal of the day was. People could choose to have something different

Is the service effective?

if they did not wish to have the meal of the day. This was verified by people we spoke with. The cook informed us people were able to choose from a variety of choices for breakfast which included a full cooked breakfast if they wished. They were enabled to have their breakfast in their rooms if they wished or could take it in the dining room.

The provider informed us they tried to make mealtimes a pleasant social experience and staff were encouraged to sit and eat with those who lived in the home. We saw staff sitting with people during the lunchtime. We noted the meal time was not rushed and people were given the time to enjoy their meals at their own pace.

Staff told us they were provided with effective training which provided them with the skills and knowledge to undertake their roles. Newly appointed staff undertook a five day induction training course covering areas such as moving and handling skills, safeguarding people from abuse, first aid and medication training. They confirmed after they had completed the induction they shadowed experienced staff until they felt comfortable and had been assessed as competent to undertake their role safely. The induction covered areas relevant to the needs of the people who used the service and covered subjects which the provider deemed as mandatory. These included safeguarding, moving and handling, medication, health and safety, nutrition and hydration, equality and diversity and fire safety. Training records confirmed this. The registered manager informed us all new staff were completing the new care certificate and this was offered to existing staff too. The Care Certificate is the benchmark that has been set for the induction of new healthcare assistants and social care support workers which was launched from April 2015, replacing the current Common Induction Standards (in social care). We were informed six staff were

completing their care certificate training on 19 August 2015 and their competencies were to be assessed on 25 August 2015. The registered manager told us by the end of August eight staff would have completed the training and this would leave a further four care staff to undertake and complete it. The registered manager informed us further training dates would be booked so they too could undertake the training.

Staff told us they felt well supported in their roles. They told us they felt they were given enough training opportunities so they could undertake their roles competently and safely. Staff meetings were held regularly where they were kept informed of any changes to people's needs or the service, any planned trips and where they could discuss any concerns. Documentation within staff personnel files confirmed to us that staff were provided with one to one supervisions with their line manager. These enabled them to meet with their line manager to discuss aspects of their work. This included discussions in relation to their performance, any areas of concern and further learning and development needs. Similarly they received an annual appraisal of their work during which there was a two way discussion to develop a personal development plan for them to work towards.

People had access to healthcare as required. Care records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. For example, we saw documentation in one person's care files to show they had input from the community psychiatric nurse who undertook a dementia screening assessment. We also spoke with a visiting health care professional who told us the service always worked with them effectively and followed any advice given to ensure people's needs were met appropriately.

Is the service caring?

Our findings

People we spoke with felt the staff were kind and caring. One told us “They are very caring, I like the staff and I have no concerns” another told us “They have some good staff, we’re very fortunate really.” We spoke with a visiting healthcare professional who told us they felt the staff working at The Willow were all very caring and said “If a member of my family needed to be looked after, I would be happy for them to be here.”

People told us staff respected their privacy by knocking on their doors and waited to be invited in before they entered their rooms. Where personal care was provided or visits from healthcare professionals such as the GP or District Nurses, they were undertaken in their bedrooms to ensure privacy and dignity was respected. Similarly people were addressed by their chosen preferred name and given time.

In discussions with staff and the management team it was evident they were very compassionate about the people they cared for. Our observations throughout the day showed us they had built up a good rapport with the people living in the home in an extremely caring way, which extended to their family and friends too. It was evident staff took the time to really get to know the people living at the home, this was evidenced by staff who spoke fondly of people and through quality one to one time spent with them they had tailored activities to people choices. For instance one person was supported to attend church on a weekly basis while another person was supported to go shopping in the local area, something that they enjoyed before moving into the home.

People told us their visitors were always made to feel welcome and were offered a drink when they arrived. We spoke with one relative and another person’s representative, both of who told us they were made to feel welcome. One added that they found the home’s atmosphere to have a homely feel and one of an extended family. We were informed of some families who were involved in various aspects of the home; this included helping with the gardening, planting hanging baskets and assisting with organised events for people living in the home and their families. One such event was that in which people living in the home were looking forward to a boat trip the day after our visit and a garden party had been arranged for the weekend after our visit which their families had been invited too. We were informed entertainment was to be provided and entertainment for the children too. One person told us they were looking forward to seeing their family and said ‘The children love coming here; they can play in the garden.’ We spoke with one relative who confirmed this.

We saw documentation within some people’s files to show that end of life care had been discussed with them and/or their families. This was to ensure people were involved in making important decisions about their end of life care, treatment and support. This enabled staff to provide their care and support according to their last wishes. One member of staff had completed a specialised course in end of life care and were the nominated end of life champion who staff, relatives and people using the service could speak to if they had any concerns in relation to end of life care.

Is the service responsive?

Our findings

People and their relatives and/or representatives told us they were included in the planning of their care and the review process. This enabled them to have the opportunity to discuss their preferences about how they wanted their care and support needs to be provided. Records showed people met with the provider prior to moving to the home and an assessment of their needs was completed. From this assessment, a care plan and a risk assessment were written. They detailed people's likes and dislikes. For example in relation to the times they liked to get up and retire to bed, their preferred name and food choices. The care and support plans also detailed what people were able to do themselves and what they required help and support with and details on people's life histories had been documented and completed with them. These provided staff with a picture of the person's life history, their hobbies, interests and family connections.

Care plans we viewed had been regularly reviewed in consultation with the person, their representatives and their key worker to ensure it was up to date and met their needs accordingly. Where any changing care needs were identified they had been documented in their care and support files and communicated to the staff team. This meant people's care and support was planned and reviewed proactively with their involvement.

People were supported to follow their interests and take part in social activities both within the home and in the local community. People told us they were provided with a good range of activities, which they could take part in if they wished. These included reminiscence, card games, musical bingo, beetle drives, dominoes and art and crafts. Opportunities within the local community included going for walks, shopping trips and visiting places of interest.

There was a visiting hairdresser and podiatrist who people could make appointments with if they required such services. There was also a local vicar who visited the home to provide religious services for those who wanted to take part and opportunities were available for people to access the local church if they wished to do so.

A small shop was also onsite for people who were unable to go to their local community shops. This was regularly stocked with toiletries and items such as birthday cards, tights and chocolates. This provided people with the opportunity to purchase items themselves and maintain their independence if they did not want to not rely upon staff or family.

Resident meetings were held monthly which relatives were welcome to attend. These were a means for people to discuss and share their experiences within the home, any forthcoming activities and any changes or suggestions for improvements. We saw minutes of these meetings were posted in the home for people and their relatives to access if they wished.

People we spoke with knew how to raise any concerns or complaints but did not feel there was a need to. They knew who they would speak to if the need arose. Comments included "I have no concerns" and "we don't need to complain, there is no reason to."

There was a complaints procedure in place which people had all been provided with a copy of which detailed the process for raising a complaint and contact details including careline, CQC and the local authorities complaints service. There was also a leaflet available in the foyer of the home for people and their visitors to access if the need arose. We were informed people generally raised any concerns informally with the staff or at the monthly resident meetings and they were dealt with before they became an issue and subsequently a formal complaint. The registered manager advised they had not received any complaints with regards to care in the last twelve months. They had received one complaint from a neighbour in relation to pests. We saw documentation to show this had been responded to appropriately in that pest control officers were deployed to rectify the situation. We read documentation to show the situation was regularly reviewed to prevent a re-occurrence.

Is the service well-led?

Our findings

The management team were very much involved in the provision of the day to day care provided. This was through talking to people and their relatives, speaking with staff and observing their practices and spending time 'hands on' alongside staff. This meant any issues raised or observed could be dealt with immediately.

People we spoke with, including relatives and visitors to the home told us the registered managers were clearly visible within the home and both the management team and staff were very approachable. They said there was an 'open door' policy and they could speak to the registered manager or a member of the senior management team at any time, without the need to book an appointment.

Staff we spoke with told us they felt well supported by the management team and were confident that any issues raised would be dealt with. One member of staff told us "I am happy working here, if I have any problems I can go and talk to my line manager."

There was an open culture within the home and the provider was keen to receive feedback on the care and

services people received. These were sought on a day to day basis through general discussions and through regular monthly reviews of people's care. Questionnaires and monthly resident meetings were also another means which provided people with an opportunity to give feedback on the service they received and raise any suggestions where improvements could be made.

Systems were in place to ensure the quality and safety of the service was maintained. The management team undertook regular audits including auditing their business continuity plan. We saw regular health and safety checks were undertaken. These included regularly reviewing people's risk assessments to ensure they remained up to date, undertaking regular fire drills and weekly testing of the fire alarms and emergency lighting. However, whilst the home had systems in place audits in relation to medicines in the home were ineffective. This was evident since the provider's systems had not picked up issues we found during the inspection.

The local authority had recently undertaken a monitoring visit in November 2014. They were happy with the outcome and no actions were needed to be taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People's rights were not always protected because the Mental Capacity Act

2005 Code of Practice were not always followed in line with legislation.

Regulation 11(1)