Four Seasons (Evedale) Limited

The Willows

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
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?	**Requires Improvement**

Overall summary

An unannounced inspection took place on 20 April 2015. Our previous inspection of 17 September 2014 found the provider was not meeting three regulations at that time. These were in relation to care and welfare, management of medicines and assessing and monitoring the quality of service provision. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found that the actions we required had been completed and these regulations were now met.

The Willows provides care and support for up to 60 older adults with a variety of needs including people who require nursing care. At the time of our inspection there were 25 people using the service. The home has two floors with a number of communal areas and a garden available for people to use.

The registered manager was no longer 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 person's. Registered persons have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The provider had tried to recruit a new registered manager and been unsuccessful. The home had been managed by four different managers within the last 12 months.

People and their relatives were satisfied with the care and support provided and all felt their individual needs and wishes were known and understood. Staff had a good rapport with people and were kind and gentle in their approaches. People felt involved in the planning and delivery of their care and had opportunities to be involved in the development of the service. People were confident approaching staff and were comfortable raising any concerns or issues they may have.

We saw that people were well supported by a staff team that understood their individual needs. We observed that staff treated people with respect and promoted people's dignity and independence. Staff we spoke with had a good understanding of people's needs and were clear about the care and support people required.

Staff recruitment procedures were robust and ensured that appropriate checks were carried out before staff started work. Staff told us they had received appropriate training. Nursing staff had sufficient support for their continuing professional development. Some people felt staffing levels were insufficient but staff we spoke with told us they were able to meet people's needs appropriately. We observed this to be the case on the day of our inspection.

Staff were aware of how to protect people from avoidable harm and were aware of safeguarding procedures to ensure that any allegations of abuse were reported and referred to the appropriate authority. This meant that systems were in place to ensure care was provided with regard to people's safety.

People had been asked for their consent to care and treatment and their wishes and decisions respected. The requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards were known but there were inconsistencies with how they had been applied.

Medicines were safely stored and administered and people received their regular medicines as prescribed.

Improvements had been made in the planning and delivery of people's care and people had received the care and support they required. People's needs were assessed and plans were in place to meet those needs. Risks to people's health and well-being were identified and plans were in place to manage those risks. However, we found concerns with regard to the management of two people's health conditions which the acting manager and nurse on duty agreed to review on the day of our inspection.

People were supported to access additional healthcare professionals whenever they needed to and their advice and guidance had been incorporated into people's care plans. People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was provided.

The home had been well maintained and offered a pleasant environment for the people living there. People's bedrooms had been personalised and people were encouraged to spend their time where they pleased.

There were effective systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided. People's complaints and issues of concern had been responded to promptly and appropriately.

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.

Improvements had been made to medicine management and people's medicines were managed safely.

The home was well maintained and safe for the people who lived there.

There were robust systems in place to protect people from avoidable harm and to respond to allegations of abuse. Staff had been appropriately recruited and sufficient numbers of staff were available to meet the needs of people who lived there.

Good

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

People's health had been monitored and responded to but we found concerns with the management of two people's healthcare needs. People were provided with a balanced diet and had sufficient food and drink.

Staff had received appropriate support and training but had not always received formal supervision.

Principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were known but had not been consistently followed.

Requires Improvement

Is the service caring?
The service was caring.

People told us care staff supported them appropriately and were kind and respectful.

Our observations showed staff considered people's individual needs and provided care and support in a way that promoted people's dignity and respected their privacy.

Good

Is the service responsive?
The service was responsive.

Improvements had been made to the planning and delivery of people's care.

People's preferences and what was important to them was known and understood. People received opportunities to share their experience about the service including how to make a complaint.

Good

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

Requires Improvement

Summary of findings

The registered manager was no longer in post. The provider had not yet recruited a new registered manager.

Improvements had been made to the quality assurance system in the assessment and monitoring of service provision. Staff were clear about their roles and responsibilities. People had been involved in the development of the service.

The Willows

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

Before the inspection the provider completed 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 PIR and additional information we held about the service, including its inspection history and the notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We also contacted the local authority and who had funding responsibility for people who used the service.

This inspection took place on 20 April 2015 and was unannounced. The inspection was completed by one inspector, a specialist advisor who was a qualified nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using services or caring for someone who requires this type of service.

We spoke with 11 people who used the service and three visiting relatives about their views of the service. We also spoke with the acting manager, deputy manager who was the nurse on duty at the time and three care workers.

We reviewed a range of records about people's care and how the home was managed. This included four people's plans of care, four staff records and records in relation to the management of the service such as audits, checks, policies and procedures.

Good

Is the service safe?

Our findings

Our previous inspection found people's medicines were not always being managed safely. This was a breach of Regulation 13 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. Following this inspection the provider sent us an action plan detailing the changes they would make. During this inspection we saw that improvements had been made to the management of people's medicines and found this regulation had now been met.

We found that people were receiving their medicines as prescribed. We looked at the medicines and records of a number of people living at the home and observed a medication round. We found people's medicines were being managed safely and our observations showed that medicines were being administered to people in accordance with best practice guidance.

Staff responsible for the administration of medicines told us they had received appropriate training about the safe handling of medicines. We saw their competency to continue to administer people's medicines safely had recently been assessed by one of the providers 'quality nurses'. Medicines were being stored securely, and at the correct temperatures, for the protection of people living at the home. People had a medication care plan which clearly set out people's medicine regime and how they liked to take their medicines. Records showed people had consistently received their medicines at the correct time however, there were occasional gaps in records of when people's topical creams had been applied. We spoke with the management team about this and they agreed to review the records for topical medicines.

People consistently told us they felt safe living at The Willows. For example, one person said, "I feel perfectly safe in the hands of the workers…I rely on them". Relatives were equally confident their loved one was cared for safely by the staff team. During our visit we observed people's care being delivered to them and found this was done safely. For example, moving and handling procedures were carried out carefully and in accordance with best practice.

Staff we spoke with had a good understanding of the different types of abuse and were aware of how to report any safeguarding concerns. The provider had policies and procedures in place to protect people from harm and abuse and staff were aware of these. For example, staff told us there was a whistleblowing policy in place and knew how they were able to escalate any concerns they may have. Staff were confident that any safeguarding concerns they raised would be dealt with appropriately by the provider. The acting manager was aware of local safeguarding procedures and we found evidence they had worked collaboratively with the local authority to investigate and respond to any safeguarding concerns.

We looked at people's care records and found they included individual risk assessments which identified potential risks to people's health or welfare. Risk assessments recorded these risks and any action that should be taken to minimise the risk. For example, we found that risk assessments were in place where people were at risk of falls or developing pressure sores and these detailed action staff should take. Staff had a good understanding of people's needs, including any individual risks and so were aware of how to provide care and support in the safest way. However, we found one person's risk assessment deemed they were at high risk of choking but no action had been taken to respond to this risk, such as referral to an appropriate health professional. Staff we spoke with did not consider this person to be at risk of choking. We spoke with the manager and nurse on duty and they agreed to review this and take any necessary action.

Any accidents or incidents that had had occurred, such as falls, had been recorded by staff. These were then entered onto the provider's electronic system where the action taken and response were monitored. Staff we spoke with were clear about the action they should take if someone were to have a fall or injure themselves.

We found the home had been well maintained and provided a pleasant environment for the people who lived there. Records showed that the acting manager had undertaken checks and audits in relation to health and safety which ensured the premises were safe and appropriately maintained. Equipment used at the home, such as hoists and slings had been regularly checked to ensure they remained for purpose and safe.

We looked at staff records and found that appropriate checks were undertaken before staff began working at the home. This meant people using the service could be

Good

Is the service safe?

confident that staff had been screened as to their suitability to care for the people who lived there. The provider also ensured that nursing staff were appropriately qualified and had maintained their professional registration.

We asked people about the staffing levels at the home. Some people we spoke with were concerned that staffing levels were not adequate. For example, one person said, "There are certain times of the day when it is worse than others – particularly afternoons". One person's relative also told us that sometimes there were insufficient staff.

All staff we spoke with thought staffing levels at the home were sufficient. For example one care worker said, "I think there's enough staff. . .we're meeting people's needs". We discussed people's comments about staffing levels with the acting manager and they told us that ratios had been determined using a tool. This took into account the number of people using the service and their dependency needs. We saw that staffing levels at the home were higher than the tool suggested they should be.

On the day of inspection we found there were sufficient numbers of staff available to meet the needs of people who lived there. Staff responded to people promptly and people's needs were met appropriately. We also looked at rotas and found there were appropriate staff numbers allocated to work on each shift and that a qualified nurse was always scheduled to work across the 24 hour period.

Requires Improvement

Is the service effective?

Our findings

People were confident their health needs were being met and they told us they had been supported to see relevant health professionals when it was appropriate. Records confirmed that staff monitored and responded to people's changing health needs when required and showed that the service readily involved other agencies to assist in the provision of appropriate care. For example, tissue viability nurses and speech and language therapists.

However, we found concerns in how two individual people's healthcare needs were being met by the home. One person had recently been discharged from hospital with a changed plan for the management of their diabetes. Although staff at the home had followed the guidance from the hospital, this had not been incorporated into the written plan of their care. This meant that agency nurses may not have been aware of the changes made and risks with the new management plan had not been considered. Another person was being appropriately treated for chronic kidney disease but the fluid balance charts in place were only partially completed by staff. This was not in line with best practice guidance and meant that staff could not monitor the person's health effectively as it placed the person at risk of dehydration. We spoke with the nurse on duty and the acting manager about both of these matters and they agreed to review and make immediate improvements.

People we spoke with were confident their needs were being met by appropriately trained and experienced staff. Comments included, "[The care workers] know what they're doing" and "Nothing is too much trouble for them. You just have to ask and they'll try their best". One person told us the care they received was 'outstanding'. They explained that they had lots of complex health needs but felt staff were all aware of these and managed them well. People's relatives were also confident that care workers and nurses were knowledgeable and skilled at providing effective care to people.

All staff we spoke with told us they had received sufficient training and support and told us about recent courses and training opportunities they had received. Records showed that staff had access to a variety of training that supported them to meet people's needs. Nursing staff also told us they received support to enable their professional development and clinical practice.

The acting manager had identified that some staff had been without formal supervision for a number of months due to several changes in management in the preceding months. Supervision session had been scheduled for all staff. Staff we spoke with felt supported by the acting manager and told us they had raised any issues or concerns they'd had informally and all were confident in approaching them. Staff also told us they received support through team meetings and records we looked at confirmed this.

People we spoke with told us that staff sought their consent to care and treatment on a day to day basis. Our observations showed that people were consulted with about their care and support needs and that staff acted in accordance with their wishes.

Records we looked at showed people's consent to their care and treatment had been considered and sought and their decisions respected. Staff we spoke with understood that people had a right to refuse care if they had capacity to make this decision.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Staff had received training in this area but some were confused about the MCA and how this should be implemented within the home. We found examples of where the MCA had been followed appropriately where people lacked capacity to make a decision about their care or support. This included carrying out a mental capacity assessment in consultation with relevant individuals and professionals and then making a best interest decision.

However, we also found an example of where the MCA had not been properly considered by the service. A decision the person had made to act against medical advice had been documented and followed by staff but the person's capacity to make the decision had not been considered. Although a key principle of the MCA is that a person must be assumed to have capacity unless it is established that they lack capacity, records showed that they had been deemed to lack capacity to make a decision about another aspect of their care. There was therefore inconsistency in how the principles of the MCA had been followed and applied for this person. We spoke with the acting manager about this matter and they agreed to carry out a capacity assessment in collaboration with relevant individuals.

Requires Improvement

Is the service effective?

The Deprivation of Liberty Safeguards (DoLS) were known and understood by the provider. The DoLS are legal protections which require assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The acting manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty and they had liaised with the supervisory body when it was appropriate to do so. However, we found there had been an unacceptable delay in the provider taking action to renew a DoLS authorisation that had expired. Although the appropriate action had been taken by the service at the time of our inspection, this gap meant the person had been unlawfully deprived of their liberty in the interim period.

People we spoke with said they enjoyed the food offered at the home. They told us they were offered choices for each meal and there was a good variety of food and drink available. People were also satisfied with the quality of food provided. We observed the chef asking people for their views about the lunchtime meal and people we spoke with confirmed this often happened. However, one person expressed a concern that the chef was not always receptive to any criticism of meals.

We look at the food and drink people were offered during our inspection and observed the lunchtime meal. We saw the meal was freshly prepared, nutritious and nicely presented. People were provided with appropriate support to eat their meal whilst remaining as independent as possible. People were provided with a choice of both hot and cold drinks throughout our visit.

Records we looked at identified whether people were at nutritional risk and detailed action staff should take to mitigate these risks. Where people were at risk in relation to eating or drinking we found that appropriate action had been taken to protect them from risks in relation to eating and drinking.

Good

Is the service caring?

Our findings

People told us the staff team were caring. One person told us, "All the workers are lovely…there's not a bad one amongst them". Another said, "They must enjoy their work and have dedication…their care shows through". People told us about care workers they had developed positive relationships with and singled them out for specific praise. For example, one person gestured to a specific care worker and said, "She'll do anything for you…she's wonderful".

Relatives told us that care workers were kind and caring. One family member told us they had been made to feel very welcome whenever they visited the home and said, "This [care home] is the best by far. The staff, more often than not, are good".

We found staff interactions with people to be professional, helpful and friendly in manner. Staff took the time to ask people if they needed anything and ensured people were comfortable. There was an easy familiarity in conversations and staff were calm and confident in their engagement with people. Staff spoke in a positive manner about the people they supported and cared for and had taken the time to get to know people's personal histories and what was important to them.

People we spoke with told us that staff respected their privacy and treated them with dignity. One person gave an example of how staff covered them with a towel when they were assisting them with bathing which promoted their dignity and made them feel comfortable.

Staff we spoke with had a good understanding of how they were able to promote people's independence and respect their privacy and dignity. They provided examples of how they were able to do this while supporting someone with their personal care, for example by ensuring the doors were closed. One staff member told us, "I treat people how I would wish to be treated".

Our observations confirmed that staff respected and promoted people's privacy and dignity. People's doors had signs on them which requested staff knock before entering and we saw these were being used when staff were carrying out personal care. We observed that staff were discrete and sensitive when speaking with people about their needs. We also observed that staff supported people with their meals in a sensitive and encouraging way, always supporting people at their own pace and engaging them as much as possible in the process.

People's privacy was respected at the service and people had space to be able to spend time alone with relatives. People were able to go to their bedrooms whenever they chose and some people chose to spend much of their time in their rooms. The rooms we looked at were comfortable and filled with people's personal possessions.

People were involved and encouraged to make decisions about their care. Records supported this and showed that people's individual needs, wishes and preferences had been sought and recorded. Staff we spoke with had developed a good understanding of the people they care cared for and were familiar with this information. Relatives told us they were also involved in care planning and that the service was good at communicating with them about any relevant issues.

Good

Is the service responsive?

Our findings

Our previous inspection found the provider had not taken appropriate steps to make sure that the delivery of care ensured the welfare and safety of people using the service. This was a breach of Regulation 9 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. Following this inspection the provider sent us an action plan detailing the changes they would make. During this inspection we saw that improvements had been made to and found this regulation had now been met as people were receiving effective care.

People we spoke with felt their needs were being met and were satisfied with the care and support they received. We were told that staff understood their requirements and encouraged people to maintain their independence. For example, one person said, "They let me do as much as I can…they don't take over. I really do appreciate this". Relatives we spoke with were equally confident their family member was receiving the individual care they required. One relative described the care as 'second to none'.

Staff had a good understanding of, and were knowledgeable about people's individual needs. They were able to tell us about people's health, care and support needs, preferences and likes and dislikes. Staff told us about how they changed their approach according to the person they were supporting and gave us examples of how they did this. For example, one staff member told us they had to slow their communication down for one person and then ensure they gave them plenty of time to respond. We found that staff were clear about the importance of treating people as individuals.

People's care plans had been reviewed and evaluated and the information was sufficient to enhance staffs' understanding of how people's care should be delivered. Records we looked at were clear about what people's health and support needs were and gave adequate guidance for staff to follow. Our observations confirmed that people's care and support was being delivered appropriately by the staff team.

People we spoke with said they were positively involved with their care and when appropriate people's family members were also involved. All relatives we spoke with told us they felt fully involved in the care and support being delivered and gave us examples of when the home had contacted them to discuss an issue or inform them of an event. Records we looked at detailed decisions people had made about their care and recorded people's likes, dislikes and personal preferences. They also detailed that people had been asked if they wanted to see their care plan and had been informed that they could at any time.

The home held regular relatives and residents meetings where people were encouraged to share their views about the home or any improvements they would like. For example, people had been asked for ideas to help plan a new menu and we found these had been incorporated.

People told us about the activities offered by the home and we looked at records to confirm this. We found there was a programme of activities which included musical entertainment, pamper sessions and cookery. The home also had plans for summer events.

There was an activity co-ordinator employed by the home and a record of the activities offered to people. We found that people had been involved in making decisions about what activities they would like to take place during regular residents meetings. During our inspection we observed that people did not have much to occupy their time during the morning. The activity co-ordinator was not working on the day of our inspection but during the afternoon a group of people living at the home enjoyed a sing-a-long.

Staff we spoke with felt there was a range of activities offered at the home and that they were appealing to people. However, they also said that their used to be day trips which hadn't happened for a while. Although we found that the activity schedule did have time on it for local walks or trips to the local town there was limited evidence of how people were involved in their local community. People we spoke with said they were taken to hospital appointments but most community contact was when their families took them out.

We looked at how staff at the home listened to people's experiences, concerns and complaints. The majority of people and relatives we spoke with told us they would speak out if they had any complaints and were confident they would be listened to. However, one person had mixed views about their experience of making a complaint. They told us they were happy with the action that had been taken to respond to the issues but felt they had been made to feel as if they were fabricating an issue. We referred this issue to the acting manager who agreed to look into the

Good

Is the service responsive?

complaint that had been made and take any necessary action that might be required. We were told that the acting manager had made it clear to people that they would be listened to and have their views respected. Residents meeting minutes confirmed this and we found there was a copy of the complaints procedure displayed in the communal area of the home.

Requires Improvement

Is the service well-led?

Our findings

The previous registered manager was no longer working at the service and we were told they had left in July 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered person's. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The acting manager was the fourth manager in post within 12 months and told us they would be managing the service until a registered manager had been appointed by the provider. This meant the service had been without consistent t leadership. We were told that the provider had tried to recruit to this post but had been unsuccessful. This meant the provider was not meeting their legal requirement.

Staff felt supported by the acting manager and were keen for a permanent manager to be recruited. They all had confidence in the current leadership at the home but explained the difficulties they'd had with the numerous management changes they had experienced. For example, one staff member said, "[The acting manager] is a breath of fresh air. She knows what she's doing and you can go to her to discuss things. It has been difficult without a consistent manager". Another staff member told us, "The manager has sorted out things…it's been very difficult with the management changes and them wanting different ways of doing things".

People we spoke with were satisfied with the care and support they received at the home but were confused about the management arrangements and who was running the home. One person told us the home required a permanent manager to 'lick it into shape'.

Our previous inspection found people were being put at risk because the systems used for the regular assessment and monitoring of the service were not effective. This was a breach of Regulation 10 of the Health and Social Care Act 2008 and we asked the provider to make improvements. During this inspection we found sufficient improvements had been made to meet the regulation.

We found the acting manager had implemented a comprehensive and effective system to monitor the quality of service provided. This ensured risks to people were being assessed, monitored and responded to by the staff team and provider. These had included reviews and audits of people's care plans and risk assessments, audits of accidents and incidents in the home, environmental checks in relation to health and safety and a full medication audit. Where issues or concerns had been identified an action plan and responsible person had been named. This meant that people living at the home could be confident that the quality of service provided was being monitored and responded to effectively.

The acting manager had also taken action to improve the quality of service provided and was committed to making continuous improvements. For example, they had carried out a dining audit and taken action to improve the experiences of people with regard to food and drink. People living at the service and their relatives had been consulted with throughout. We also found the acting manager had made improvements to the environment of the home and they told us about their plans for further improvements to communal areas and the gardens.

Staff were clear about their roles and responsibilities and felt they were listened to by the current acting manager. Many described the improvements that had been made and felt the home was calmer and more organised as a result. Staff were clear about the aims of the service and consistently described it as "a home from home". All staff we spoke with were committed to their role and positive about the organisation. We observed that staff worked well as a team and communicated with each other effectively.

People and their relatives were encouraged to share their views about the service in residents meetings, through the use of questionnaires and through informal discussion with the staff team. We found that people's views, comments and concerns had been appropriately considered and responded to by provider.