

Sanctuary Care (Wellcare) 2 Limited

Willow Gardens Residential and Nursing 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

Willow Gardens is a residential and nursing care service which offers support for older adults. It is a spacious purpose-built facility set over two floors. The service also supports some people under the age of 65 with physical disabilities. There is a large dining area situated on the ground floor and a spacious lounge on each floor. Outside is a large garden and patio area. The service is conveniently situated near to local amenities and transport links. At the time our inspection there were 39 people living at the service.

Willow Gardens is a 'care home'. People in 'care homes' receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager in post who was in the process of applying to CQC to become registered. A registered manager is a person who has registered with CQC 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.

This was an unannounced inspection which took place on 11 and 12 February 2019. The last inspection was in July 2016 when the service was rated as 'Good'. At this inspection we found the evidence continued to support the rating of 'Good'. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe living at Willow Gardens. People's care records contained detailed information about their healthcare needs and risk assessments which helped to keep them safe.

Appropriate arrangements were in place for checking the environment was safe. For example, health and safety audits were completed on a regular basis and accidents and incidents were reported and recorded appropriately.

Medication was managed safely and was administered by staff who were competent to do so. People told us they received their medicines on time.

We found that staff's suitability to work with vulnerable adults at the service had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken.

People told us they felt staff cared for and supported them well. Staff had received training which equipped them with the knowledge and skills to ensure people received adequate support. Most staff had completed National Vocation Qualifications (NVQs).

Staff sought consent from people before providing support. Staff spoken to understood the principles of the Mental Capacity Act 2005 (MCA) to ensure people consented to the care they received. The MCA is legislation which protects the rights of people to make their own decisions.

People were involved in their care and there was evidence in their care records to show that they had been consulted about decisions. Care records contained information about people's preferences in relation to their care. People were referred to external health professionals appropriately, this helped to promote people's well-being.

There was no set daily routine at the service and people had a choice in what activities they participated in each day. We saw evidence that people's hobbies and interests were recorded and catered for. The service had its own mini bus and people had a say in the places they wished to visit.

Quality assurance processes were in place to seek the views of people using the service and their relatives. People were involved in how the service was run.

We asked people about how they thought the service was managed and their feedback was positive.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

Willow Gardens Residential and 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 checked 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 and 12 February 2019 and was unannounced. The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information we held about both the service and the service provider. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law. A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also invited the local authority commissioners to provide us with any information they held about the service. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the manager, a regional manager, two members of care staff, a nurse, the chef, four people who lived at the service and three relatives.

We looked at care records belonging to four of the people living at the service, four staff recruitment files, a sample of medication administration records, policies and procedures and other documents relevant to the management of the service.

We also undertook a tour of the premises and observed the delivery of care at various points throughout the day.

Is the service safe?

Our findings

People we spoke with during the inspection told us they felt safe at the service. One person told us, "I feel safe here, the building is secure and there's lots of staff around."

We checked to see how the service recruited their staff. We looked at recruitment records for four members of staff. We found that appropriate pre-employment checks such as disclosure and barring service (DBS) checks were carried out and references were obtained. This helped to ensure that staff members were safe to work with vulnerable people.

We looked at how the service was staffed and found there was enough staff to meet people's needs. The service used a staff dependency tool. This helped align enough staff to meet people's care needs.

We looked at the systems in place for managing medication. We saw that a medicine policy was in place to advise staff on the provider's medication procedures. Medication was administered by registered nurses whose competency was assessed regularly. Medication administration recording charts (MARs) were completed appropriately.

We saw that PRN (as and when required medication) protocols were in place to help ensure people received their medication when needed, for example pain relief.

We looked at how controlled drugs were handled. Controlled drugs are subject to the Misuse of Drugs Act and associated legislation and so require extra checks. Controlled drugs were kept securely in a locked cupboard. We checked the stock balances of a selection of controlled drugs and found them to be correct. The service performed a daily stock balance of controlled drugs, this was good practice as it reduced the risk of medication errors.

A safeguarding policy was in place for staff to follow should a safeguarding incident occur. The policy also referenced the Local Authority's own safeguarding guidance which helped ensure staff were kept up to date with best practice. Staff we spoke with were knowledgeable about how to recognise the different types of abuse and how to report any concerns.

Audits were in place for checking the environment to ensure it was safe. External contracts were in place for gas, electric and fire safety. Regular internal checks were also completed. A fire risk assessment of the building was in place and people who lived at the home had a PEEP (personal emergency evacuation plan). This meant that staff and emergency personnel had important information on people's needs and the support they required to evacuate in the event of an emergency.

The service was clean and well maintained.

Is the service effective?

Our findings

We saw that staff knew the needs and preferences of the people they supported well. One person told us, "Staff are genuine, they know me well and know just how to look after me."

We looked at the care records for four people living at the service. We saw evidence of both the person and their relative's involvement in the collating of information. This helped staff to implement person centred care.

Care records contained a record of people's preferred daily routines and preferences. People were assigned a key-worker. This helped staff to build good relationships with the people they supported and ensured that people received personalised support dependent upon their needs and preferences.

Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person so that any changes in support needs could be implemented.

Feedback about the food was positive. Comments from people included, "I have a diabetic diet and the home caters for that well" and "The food is excellent and there is good choice." We spent time talking with the chef who was knowledgeable about people's dietary needs and preferences. All meals were home cooked on the premises. There was a choice of two menu options for the main meal, people could have an alternative if they did not want either of the two options for that day.

The manager provided us with information on staff training. We saw that training was based on the Care Certificate and covered a range of health care topics such as health and safety, medication, safeguarding, whistleblowing, infection control and food hygiene. This is a set of standards that social care and health workers comply with in their daily working life. In addition, some staff had received specialised training for people living with dementia. The service also supported staff to complete formal qualifications in care such as NVQs. NVQs are nationally recognised qualifications achieved through training and assessment which help to ensure that staff are competent to carry out their job role to the required standard.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We looked at peoples care records and saw evidence that people's capacity to consent was assessed appropriately. For example, people had consented to the provision of care and support and management of their medication.

The layout of the environment was easy for people to navigate around.

Is the service caring?

Our findings

People told us staff were care caring and supportive, people living at the service told us, "The staff here are very good, there's a nice atmosphere, it's a happy home" and "Staff are lovely, there's enough of them and they treat me with respect." Comments from relatives included, "The staff are caring and empathetic, they are in tune with [relative's] needs and always keep me well informed," "[Relative] is well looked after, I feel happy when I leave that they are in safe hands" and "Staff are just brilliant, they have [relative] well sussed out, they know just what they want and when they want it."

We observed positive and warm interactions between staff and the people they were supporting. It was clear that staff knew the people they supported well.

People had a choice regarding how they spent their day. There was an activity co-ordinator who was employed to develop and facilitate a range of daily activities such as singing, pamper days, music and movement and trips out on the mini bus. Past trips included the Southport Flower Show, Blackpool, pub lunches, Llandudno and Port Sunlight.

The service also ran a 'resident of the day' scheme. The 'resident of the day' was treated to a meal and activities of their choice for the day. One relative told us, "The scheme is brilliant, [relative] is treated like royalty!"

We asked staff what equality and diversity meant to them. One member of staff explained, "It's about getting to know the person and building up a relationship, us adapting to them, we want it to feel like their home and not an institution."

Care records provided guidance for staff to communicate with people the most effectively. For example, one person's care record detailed instructions to staff 'to ensure the person understood the information being given and to repeat if necessary.' For another, staff supported the person using a tablet to access the internet.

Is the service responsive?

Our findings

During this inspection we looked at people's care records. We saw that care plans contained information about people's preferences in relation to their support and treatment. For example, people could specify what time they wanted to get up and how they liked to spend their day.

Care plans also contained a pre-admission assessment which helped to ensure people's support needs could be met from the day of their admission. A re-assessment of needs was regularly undertaken to ensure that any changes in people's health and support were identified.

We saw evidence that people's individual characteristics were recorded such as their religion, culture and disability. This helped ensure that people's rights were protected under the Equality Act. People were supported to attend religious services if they wished. A minister also attended the service weekly. People were supported by staff with non-verbal forms of communication such as sign and body language.

Risk assessments were carried out in relation to needs such as nutrition and mobility. This ensured that support from staff remained responsive to people's needs and that risk was managed appropriately.

Staff helped support people attend external healthcare appointments. This helped to ensure that the person's well-being was maintained.

People had access to a complaints procedure and people we spoke with knew how to make a complaint. One person told us, "If I had anything to say I could say so to any member of staff as I know they would listen."

At the time of our inspection there was no one receiving end of life care. Care records we looked at contained details of people's end of life wishes and some staff had completed training in 'Six Steps' which is an end of life care programme for care homes.

Is the service well-led?

Our findings

During this inspection we looked at how the manager and provider ensured the quality and safety of the service. We saw that audits were in place for health and safety, fire safety, infection control, medication, care plans and accidents and incidents. The audits we reviewed were up to date and identified where improvements were required. A regional manager also visited the service monthly to conduct a compliance visit. This helped to ensure standards were maintained.

We looked at how accidents and incidents were managed and found they were recorded appropriately. They were analysed for trends and patterns which helped to prevent re-occurrence.

The manager encouraged an open-door policy. This helped to ensure transparency in the running of the service. Staff spoken to described the manager as being, 'approachable,' 'fair,' 'organised' and 'supportive.' Comments from people and relatives included, "[Manager] is welcoming and reactive, nothing is too much bother" and "[Manager] is positive, confident and reliable."

We looked at processes in place to gather feedback from people living at the service and listen to their views. We saw that questionnaires were used to gather people's opinions and suggestions about the service. Feedback about the service was positive.

Regular meetings were held for people living at the service. The service was due to be refurbished with the emphasis on making the environment more dementia friendly. The manager discussed this at a residents' meeting and people had helped choose the new colour scheme for the home.

The manager held regular staff meetings so that staff could have their say. Staff we spoke to found meetings beneficial as it gave them an opportunity to learn from any past events and make suggestions for improving the service.

The manager had notified CQC of incidents that had occurred in the home in accordance with registration requirements. Ratings from the last inspection were displayed within the home as required. The provider's website also reflected the current rating for the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided.