

## The Willows Care Home (Worcester) Limited

# 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 19 February 2016 and was unannounced. The provider of The Willows is registered to provide accommodation and personal care for up to 16 older people. At the time of this inspection 14 people lived at the home.

The provider is required to have a registered manager in post. The former registered manager deregistered with us in November 2015. The provider had taken action and a new manager was appointed in January 2016 and is currently in the process of submitting an application to be registered with us. 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 were kept safe from harm or potential abuse by staff who had been trained and knew how to recognise and report concerns. Information about the risks to people's safety were communicated and equipment was in place to meet their needs safely.

Staff were recruited in a safe way and who had received induction and training. Additional training was needed and had been planned to ensure they met people's needs and kept them safe. Staff felt they were well supported in their roles.

The health and welfare needs of people were met because the manager assessed the numbers of staff with the relevant skills and experience who needed to be on duty. This included staff with the knowledge so people's care and support their needs in the least restrictive way. The manager had plans to review the applications which had been sent to the local authority where people's freedom was potentially restricted to make sure these continued to hold up to date information.

People were supported to access healthcare services to maintain and promote their health and well-being. People were also helped to take their medicines by staff who knew how to manage these in line with safe principles of practice in order to meet people's health needs.

People were provided with appropriate food and drink to meet their health needs. People were happy with the food they were provided with and staff helped people to make their own choices so people's personal preferences could be met.

Staff were caring and respectful towards people with consideration for people's individual needs when chatting with people. We saw staff were attentive, polite and sought consent before providing care and support so people were included in their chosen lifestyles as much as possible.

The manager told us further work was in hand to improve the regularity of fun and interesting things for

people to do which were personalised to meet their individual recreational interests. This included exploring people's life histories with them to make sure care and support was personalised.

People knew how to make a complaint and felt able to speak with staff or the manager about any issues they wanted to raise. People were involved in providing their views about their care directly to the manager and staff. Meetings had been held with people in the past but had not happened since the manager came into post. The manager was committed to gaining people's views and visitors to the home so would be arranging meetings as one way to gain people's suggestions.

Since the new manager had been in post they had and were continuing to introduce a range of checks to make sure the quality of the services people received were of a good standard. From carrying out these checks the manager was working towards making key improvements such as strengthening staff practices. We saw the manager had identified and was taking action to drive through improvements which had had a positive impact upon reducing risks of people becoming malnourished by strengthening their staff teams monitoring practices.

## 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. People felt safe living at the home and staff knew how to recognise signs of potential abuse and how to report any concerns. Staff had time to meet people's care and support needs, without rushing. People's prescribed medicines were administered by staff who had the knowledge to do this safely.

### Is the service effective?

Good ●

The service was effective. Staff had received training and where gaps in their training were identified plans were in place so staff had the knowledge and skills to people's individual needs. People were supported to make their own decisions and to consent to their care and support. People had a choice of what to eat and liked the food provided. Staff worked closely with local healthcare services and people had prompt access to any specialist support they needed.

### Is the service caring?

Good ●

The service was caring. People described staff as kind and they had positive relationships where laughter was shared. People were treated with dignity and respect and their diverse needs were met. People's right to spend time alone and be with their visitors as they chose was respected.

### Is the service responsive?

Good ●

The service was responsive. People received support as and when they needed it and in line with their care plans which had been reviewed by the manager so they accurately described people's needs. People described the group activities they had recently enjoyed. Further work was in hand to ensure people had consistent recreation and leisure activities which met their individual interests. People and their relatives knew how to raise concerns and make a complaint if they needed to.

### Is the service well-led?

Good ●

The service was well led. People felt the manager was approachable and listened to them so their needs were promoted. Staff felt supported by the manager and were

motivated to provide quality care. People benefited from a manager who was taking action to strengthen practices so people enjoyed a good standard of care.

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# 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 2 February 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had knowledge and experience of care for older people.

We looked at the information we held about the provider and the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any concerns of abuse. We asked the local authority who commission services from the registered provider for information in order to obtain their views about the quality of care provided at the home. We also contacted Healthwatch to obtain information about the service. Healthwatch are an independent consumer champion who promotes the views and experiences of people who use health and social care. We used this information to help us plan our inspection of the home.

We spoke with five people who lived at the home and one relative. We also spoke with the home manager and four staff members which included the cook who we contacted by telephone as they were not working on the day of our inspection. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time looking at the care people received in the communal areas of the home where people were happy to share their experiences of life at the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living at the home.

We looked at the records of four people, which included their plans of care, risk assessments and medicine records for all people who lived at the home. We also looked at three staff recruitment records, incident and

accident reports, meetings for people who lived at the home and staff. Records were viewed about the running of the services people received which included how the manager and assessed, managed and monitored the quality of the services people received.

# Is the service safe?

## Our findings

People told us that they felt safe living at the home. One person spoken with told us, "They (staff) come round to see you to make sure you're safe (at night) and to make sure you don't roll over." Another person said, "Yes, I do feel safe. I don't worry at all." We saw staff chatted with people who lived at the home and people were comfortable in the presence of staff.

We spoke to staff about how they keep people safe. Staff told us about the weekly checks which are carried out on people's mattresses, stair lifts, call bells and temperature checks of the communal baths and showers, in addition to the monthly wheelchair checks. We saw these checks are completed and that any maintenance issues are addressed.

One member of staff said, "The people here are safe and we (staff) are supported to keep them safe." Staff were aware that incidents of potential abuse, neglect or harm should be reported to the local authority. They told us that they would report any concerns to the manager. In the event that staff were concerned about the manager, including her handling of any concerns, they told us they would contact external agencies, such as, the local authority and the Care Quality Commission [CQC].

During the course of our inspection, we observed the manager speaking on the phone to the local authority about a concern she had recently raised. The registered manager had a system in place to monitor all reports made to the local authority, and the recommended course of action.

People had their needs assessed and risks identified. For example, we saw that nutrition risk assessments were in place and where there were concerns around weight loss, appropriate medical input had been sought. The manager told us that all risk assessments were currently being reviewed by her. We saw that people were given the option of taking part in the risk assessment process.

We saw that a new incident and accident reporting system had been introduced where the manager is now informed of all incidents and accidents. The manager reviewed these to analyse any patterns and to identify any appropriate follow-up action. For example, we saw that one person had had an increase in falls in the previous month. This had been explored, and had been found to be as a result of a combination of the person's breathing difficulties, and their chair being too far away from the lounge door. As a result of the chair being moved, the amount of falls has reduced. One person told us, "I was having falls at home, but not since I've been here."

Staff told us, and we saw that, their training was up to date in health and safety; first aid; and safeguarding people from abuse. We saw that up to date fire safety training had been arranged for all staff.

People we spoke with told us staff were available to assist them. One person told us, "They (staff) got me up at seven this morning. Then I had a nice bath so I feel all clean and lovely." Another person said, "I wouldn't say the staffing is adequate but nothing goes short. I've used the buzzer. They tell me to. Oh yes, they're quick." One relative said, "It always seems well-staffed. We're very chuffed." Throughout our inspection visit



we saw staff had time to meet people's care and support needs, without rushing. For example, we saw one member of staff helping people move from the lounge through to the dining room. Staff took the time to support people patiently, chatting as they helped people, enabling them to walk wherever possible and or supported with equipment, such as, wheelchairs. The manager told us staffing levels were determined by the level of support needed by people. We saw that all staff hours were covered by existing staff and the manager, and the home does not use agency staff. We saw that when the amount of people living at the home increased, an extra shift was put in place to meet the needs of everyone living there. The manager told us that in the event the number of people living there increases again, the extra shift, or further additional shifts, will be put back in place.

We saw that the appropriate pre-employment checks had been completed before new staff members were permitted to start work at the home. The registered manager told us that new staff shadow as many shifts of experienced staff members as they need in able to feel confident to safely carry out their role. It is only when the new staff member says they feel confident that he or she will be on duty working independently.

People we spoke with did not share with us any concerns around how they were supported with their medicines. One person told us, "The staff give me my tablets at six thirty in the morning. I get up. That's my choice." Another person said, "I have medicines at night and two lots of painkillers. The staff give me the tablets." We looked at how people were supported with their medicines. All medicines checked showed that people received their medicines as prescribed by their doctor. We saw that staff had information with the medication records regarding possible side-effects of all medicines prescribed. We saw that only staff with the appropriate medication training and knowledge administered medicines and that a senior member of staff carries out monthly medication audits, in addition to the audit by the pharmacy every six months. We saw suitable storage of medicines and suitable disposal, with no overstock of medicines.

## Is the service effective?

### Our findings

People we spoke with thought staff had the right skills and knew how to meet their needs. One person said, "They're skilled enough to do what we need. This is a care home, not a nursing home." Another person told us, "I think they're pretty well trained."

We spoke with one staff member about their induction programme when they started to work at the home. They told us to help them to get to know people who they supported they worked with other staff as part of their induction programme. This experience provided them with the confidence to support people with their individual needs.

We saw staff put their training and knowledge into practice while they met people's needs. For example, staff supported people to move safely and knew how to use any equipment or aids which were needed to effectively meet people's health and physical needs. We also heard from the manager and staff how their knowledge had developed around the signs which could indicate a person's mental health was declining so appropriate support could be provided.

The manager was aware of any gaps in staff training and refresher courses and was addressing these. The manager told us since they had come into post they had become aware staff needed more guidance and training. They told us this was specifically around changing staff practices from being centred around tasks to a more personalised approach to supporting people. They were working on plans to make sure all staff effectively used their skills and knowledge to support people with dementia care needs. Some of these plans had already been recently implemented such as, providing opportunities for staff to discuss their roles and the manager working alongside staff to promote positive examples of effective care to people.

Staff we spoke with confirmed to us the current manager had planned staff one to one meetings since they came into post and group staff meetings. One staff member told us they felt these would be supportive as they could share any issues about their work and identify any training needs they had. We saw the minutes from a group staff meeting held recently where the manager discussed with staff their observations of where staff practices needed to be improved so people received consistent effective staff support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People were supported by staff who had an understanding of the MCA and how they supported people with decision making in their best

interests. We saw staff showed they understood the importance of establishing proper consent before providing care or support. One staff member told us, "Everyone has capacity to some extent. Even if they can't make the bigger decisions we still support them to make everyday choices such as what to wear, when to get up and what to eat and drink." Another member of staff said, "It's so important not to take people's independence away. We encourage people to do whatever they are capable of."

At the time of our inspection, DoLS applications at been made and sent to the local authority for some people who lived at the home. The manager told us they had plans to review these applications to make sure all the information contained within them continued to be accurate in representing people's care and support needs. We saw staff supported people with their needs and their daily routines in the least restrictive way as possible. One person told us their freedom was never restricted by staff and we saw this was the case as they spent periods outside of the main front door which they told us they liked to do.

People told us they enjoyed the food and drink provided at the home. One person told us, "'The food's good. If you don't like what's on, you just tell them. So on Friday, I don't like fish so I have a fishcake. I always say, 'you've got a mouth. Use it. Tell people what you want!'" Another person said, "You have plenty to eat. The food is always nice." People told us staff informed them what was on the menu in advance of their daily meals, to enable them to make their choices. We saw there was information displayed so people had the opportunity to look at the menus which had been planned. However, if people didn't want the main meal option the cook told us they were happy to prepare alternatives which was also confirmed by a staff member we spoke with. Kitchen staff maintained detailed information of people's likes and preferences. They were also aware of the particular needs of people with diabetes and allergies and those who were following vegetarian diets. The cook also told us they were made aware of people's feedback about meals and used this to introduce new food in their menu planning.

People were supported by staff to access local healthcare services so people received effective care and treatment whenever necessary. From talking with people who lived at the home, staff and looking at their care plans, we could see people's healthcare needs were monitored and supported through the involvement of a broad range of professionals. This included doctors, district nurses, chiropodists and opticians. One person told us, "I see the doctor and the chiropodist. My foot was bad. I'd got a lump on it and they got the doctor straight away." Another person said, "The chiropodist comes every now and then and I've seen the doctor." In the staff handover meeting we heard one person had received care and treatment from a district nurse on the day of our inspection.

# Is the service caring?

## Our findings

People told us that staff were caring. One person said, "We joke and have a laugh together. They're all lovely." Another person told us, "They're lovely. They always talk to us and can't do enough for us. They help you as much as they can." People who lived at the home told us visitors were made welcome. One relative told us, "The staff are very friendly and I can visit whenever I like." We saw positive conversations between staff and people who lived at the home and saw people were relaxed with staff and confident to approach them for support.

People were treated with kindness and respect. We saw staff knew how to support people with their changing needs across the day and staff showed they cared. For example, one person started to remove their clothes. Staff responded promptly so that this person's dignity and privacy were maintained. One person told us, "They (staff) care for me with respect and dignity." Staff knew people well and understood and had learnt their likes and dislikes. For example, one person enjoyed conversations with staff where there was a mutual respect between them. We saw there was lots of laughter as the person enjoyed banter with staff who during the conversation showed they knew the person well. The person told us, "it is home from home here. Staff are friendly. As you can see we have banter between us." Another person needed support and reassurance from staff during the day. We saw a staff member provided comfort to the person in a warm and caring way as they did this the person's body and facial expressions showed they were relaxed and comforted.

Staff had the knowledge to meet people's needs whilst ensuring people had every opportunity to remain as independent as possible. One person told us, "I do something's by myself." We saw a staff member supported someone to stand. They made sure that the person understood what was about to happen. They gave the person gentle support, and encouraged them to do as much as possible without assistance. This was also the case at meal times as people's independence was promoted by staff making sure people had the right cutlery and crockery to aid and meet their individual needs.

We saw there were some arrangements in place for people to be involved in making decisions. For example, people's preferences were discussed before and when they came to live at the home. This was confirmed by one person who told us, "When I first came in, it was new to me that a man would be in attendance (to give personal care). They said 'do you prefer a man or a woman?' I said woman. But he's so nice (staff) that it wouldn't matter." Another person told us how they were involved in their choices by commenting on the food. They said staff, "Come and ask what you want for breakfast. A proper cooked breakfast if you want. I like to have two rounds.

We saw staff supported people in ways that took account of their individual needs, choices and helped maintain their privacy and dignity. Staff were seen to discreetly assist people with their toileting needs and closed doors to ensure people's privacy was protected. One staff member told us, "I keep people covered and dignified at all times." We saw staff were polite to people and used people's preferred names when speaking with them. People told us they were supported to follow their diverse spiritual needs. One person told us, "Religion is very important. I used to go to mass every day. They do visit me and bring me holy

communion here. The priest came to see me the other day and I attend the Anglican service here which is once a month. I think it's enough." Another person said, "Yes, I am religious. I go to the service every month."

## Is the service responsive?

### Our findings

People told us that staff met their needs in the way they wanted them to and at time they needed support. One person told us, "They really get to know you. They come and talk to you when you first come in and find out what your likes and dislikes are." Another person said, "Nobody could do anything more. They try to make things light hearted. If they think you're down in the dumps, they'll come and sit down and talk you out of it." A further person told us, "They're so kind and attentive all the time. Its home and its family. I don't think I could be in a better place."

We heard from people how staff responded to their individual needs. One person told us, "In the morning I have orange juice, [name of cereal brand] and a boiled egg. But I couldn't see the egg because of my macular degeneration so they now do me scrambled egg and they cut the toast for me." Another person said, "I'm an awkward customer. I cannot drink strong tea. They are getting round to learning how I like it. There's always a jug of water in my room." We saw people were supported appropriately at different times and by different staff. For example, when people were identified as requiring staff to support them when moving around the home this was provided. We saw people were offered hot and cold drinks throughout the day to respond to people's needs and combat the risk of dehydration. Staff had also contacted external health and social care professionals to obtain advice and support to respond to people's care needs. We heard from the manager how this had happened recently when advice and guidance was sought from external professions so a person's behaviour could be supported and responded to appropriately.

Staff told us they discussed people's needs on a daily basis, between changes of shifts and had access to people's care plans which helped them meet people's identified care and support needs. The manager had reviewed people's care plans since they came into post to ensure these accurately described people's needs so staff had the guidance they needed to be able to effectively respond to people's needs. The wellbeing of each person was documented in a daily record. These recorded the person's activities, their behaviours and communication and provided an overall picture of the person's wellbeing. As part of our inspection we sat in on a staff handover meeting. Staff showed they had a detailed knowledge of the health and emotional needs of people and ensured information was shared. These practices ensured people's choices and needs were responded to consistently. For example, staff discussed how one person had declined to get dressed on the day and chose to wear their dressing gown.

Although people told us they were verbally involved in the care and support they received and were happy with how staff responded to their needs, they told us they had not seen their care plans. One person told us, "I haven't been involved in a care plan. I would like to know what's in it." Another person said, "No, I don't think I know what a care plan is." However, one relative we spoke with told us, "[The manager's name] sat down with us and went through everything. My brothers dealt with the care plan. I'm sure they (staff) respect her wishes."

People told us about the things they did for fun and interest. One person told us, "We had a singer come in and she was very good. And she made everybody laugh, I laughed till I had to ask her to stop." Another person said, "They arranged an outing to the cricket club. A few of us went." A further person told us, "When

the weather's better, they'll take us out. We'll go into the garden. They told me we'd be going to the seaside."

We saw there was lots of information about different recreational and leisure activities which could be arranged for people to participate in and we saw a range of activity materials in the lounge. During the morning of our inspection there were not many opportunities created by staff to encourage and support people with things to do. One person said, "They could do with one more (staff member) so we could go for a walk in the park or something." There was no planned programme of activities and the staff member who facilitated activities was not at work on the day of our inspection. We saw some people sat in the lounge and chatted to each other and some people had visitors. We also saw staff spoke with people at different times but they were busy in supporting people with their care needs. We saw a staff member supported people in the afternoon in a spontaneous game which was enjoyed by all who chose to participate. Staff we spoke with told us people were supported with fun and interesting things to do, such as, baking cakes, quizzes, game of cards and chess. One staff member confirmed with us they supported people to go for walks but acknowledged further improvements could always be made.

We looked at people's daily records which indicated people did not have access to consistent stimulation through provision of suitable activities to meet their particular interests. We discussed this issue with the manager who told us this was an area which they had already identified as one that needed to be addressed to further improve the range of activities available on a consistent basis. This included making sure there were sufficient staff levels in the morning period to enable regular recreational activities to take place.

People told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. One person said, "I don't have any concerns but if I did, I'd speak to the manager." Another person said, "I'd tell them. Nobody's stopping my mouth from opening, but I've no concerns." One relative told us, "We've no real concerns, but I'd approach [the manager's name]."

The provider had complaints procedures and information for people on how to complain was displayed in the information which was provided to people who lived at the home and visitors so they had the knowledge about how they could make a complaint. We saw there was a system in place to record complaints received. The complaints records showed that when a complaint had been received an investigation had been completed. We looked at the complaints that had been received. The provider had acted on the complaints raised and people had been informed of the outcome and any actions taken.

## Is the service well-led?

### Our findings

A new manager had come in post since our last inspection and was in the process of applying to become the registered manager. People we spoke with knew who the manager was and were happy with the quality of the care they received. One person told us, "[The manager's name] is delightful. She's always on the ball. She's been so helpful. She helped me to get my phone moved here." Another person said, "I'm quite happy with my environment. It's a good home to be in."

We spoke to the manager of the home who showed they were clearly well known to people who lived in the home, relatives and staff. We saw the manager was visible to people who lived at the home, staff and visitors throughout our inspection. For example, one person was spending some time at the home to see if they would like to live there and the manager took time with them and their relative. While we chatted to a person we saw they had a good relationship with the manager as they shared banter with them. Throughout our inspection the manager showed they had a very open and accountable leadership style. For example, in the way they responded to the aspects of the services people received which they had identified which required to be improved since they came into post.

People told us they had attended meetings where they had opportunities to discuss any concerns or suggestions. One person told us, "We had a residents' meeting. There were complaints about the laundry, questions about food. Things like that. Everything has been dealt with." Another person said, "Yes, I've been to a residents' meeting. Waste of time. They ask us all about our ideas. We all had good ideas and nothing came of it. Nothing at all. I choose not to go now." A further person told us, "It gives you a chance to open your mouth if you want to. They take notice. We haven't had one since the new manager came. You can talk to her, that's the main thing. I don't care for people you can't reach." We saw that at a meeting people had asked for fish and chips from the local shop and this was provided.

Staff spoken with liked working at the home and were motivated to provide a good standard of care to people. We saw examples where staff worked as a team and communicated with each other and understood their roles and responsibilities. For example, we saw a staff member who made sure the home environment was clean which included people's rooms checked to people as they went about their daily duties. They had a sense of how they could contribute to the overall care people received. We saw that this staff member knew each person by their name and made sure people were happy for them to clean and tidy their rooms. One person told us, "She is very pleasant and brightens my day with a little chat."

Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home or the company, which could not be addressed internally.

The manager was improving support systems for staff and told us, "A lot of catching up to do, main things are training and activities. I want to support staff and I want the home to feel like a family home." Staff told us the manager was approachable and supportive. One member of staff told us, "Manager is approachable, trying to sort everything out, will listen to us." Another staff member said they felt the manager was supportive and trying to help staff by providing feedback about their work so that they knew what they were



good at and what needed to be improved. We also saw the manager was committed in using their own practice to show staff positive examples of how to effectively support people. They also wanted to invite the local community in to support MacMillan coffee mornings and fund raise to obtain a minibus for people to use.

The owners of the home visited regularly and were also well known to people and staff. One staff member told us, "[The owners] visit regularly and are very approachable. They go round the home chatting to the residents and asking them if they are happy with everything." This was also confirmed by one person who lived at the home. The manager also confirmed the provider would support them with anything they needed to be able to effectively manage the services provided to people.

We saw that since the manager came into post in January 2016 they had worked to drive through improvements for the benefit of people who lived at the home. For example, they were committed to further improving staff practices so people consistently received care which was centred on them. They also told us they were establishing quality checking procedures so all the improvements they made were effective in providing people with positive care and support outcomes. We saw and they shared with us how outcomes had improved in the practices of monitoring people's nutritional needs as this had not consistently been effective. However, the manager introduced improved arrangements in the monitoring of people's nutritional needs which included regular checks of people's weights and diets in order to reduce the risks to people's wellbeing.