

Green Willow Care Limited

Green Willow Care Home

Inspection report

21/23 Vicarage Lane
East Preston
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Tel: 01903775009

Date of inspection visit:
19 February 2019

Date of publication:
21 March 2019

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

About the service: Green Willow is a residential care home for up to 31 people that was providing personal care to 21 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People told us they were happy at the service. They felt safe and well-cared for by kind and caring staff. People's relatives confirmed they were confident their loved ones received safe and kind care.

People were complimentary about the food. They had a choice of meals and were always able to have an alternative. Staff made sure people had enough to drink and received any support necessary to eat their meals. The kitchen staff were aware of any special dietary needs.

The environment was bright, well-maintained and clean throughout. People had access to different communal spaces, one of which was TV free. There was a range of activities including exercises, games and puzzles, trips out and visits from entertainers. People told us they could participate or just watch. There were ample pictures around the service to remind people of activities they had enjoyed.

Care was provided by staff who were suitably trained and supervised. Staff had undergone recruitment checks before being employed by the service. Staff morale was good and we observed staff interacting with people in a way they preferred.

People's care needs were assessed and their care provided in the way they preferred. Any risks to people were assessed and plans put in place to reduce risks. People's emotional and social needs were included in their plans of care. Relatives were involved in planning and reviews of people's care and were able to discuss any change in needs. They were informed of any incidents, such as falls.

However, people's capacity to consent to their care and treatment had not always been recorded in line with legislation. We have made a recommendation about this.

The provider sought feedback about the service from people and their families. A satisfaction survey had recently been carried out which scored highly. There was a complaints procedure and any complaints were received openly and responded to with transparency. The provider apologised for any shortfalls and took action to address the complaint. The service had received a high number of compliments; many relatives expressed how satisfied they were with the care their loved ones received.

The registered manager demonstrated good leadership and staff morale was high. Staff told us they were well-supported and confident they would be listened to if they raised any concerns or had ideas for improving the service. The provider operated a clear governance system to identify and rectify any shortfalls. Rating at last inspection: Good (September 2016)

Why we inspected: This was a planned inspection based on the previous rating. The service's rating remained Good.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Green Willow Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The 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.

Service and service type: Green Willow is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in September 2016. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection we spoke with eight people living at the service, four relatives and six members of staff, including the manager and regional manager. We reviewed three people's care and support records, nine medicine administration records and six staff files. We also looked at records relating to the

management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits, compliments and complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe at the service, "It's very, very pleasant. I didn't feel safe at home. I was frightened of falling and I was frightened at night." Relatives told us their loved ones were safe, "Yes, definitely."
- ☐ Staff received training in safeguarding adults and knew how to identify and report any concerns.
- ☐ The registered manager alerted the relevant authorities when there were any concerns
- ☐ The registered manager sent us notifications when they identified any risk or allegation of abuse.

Assessing risk, safety monitoring and management

- ☐ Staff carried out comprehensive assessments of any risks to people.
- ☐ Where risks were identified support plans were in place. When risks changed staff updated people's care plans to reflect this.
- ☐ People were supported to take risks safely; for example one person liked to go for walks but risked getting lost. Staff had worked with them on carrying identification and the contact details of the service.
- ☐ We identified an environmental risk where some upstairs windows did not have restrictions on opening; there was a potential risk that people could lean out and fall. Immediate action was taken by the provider who locked these windows until restrictors could be fitted.
- ☐ Regular safety checks of equipment such as hoists and fire alarm systems were undertaken. Any maintenance identified was carried out.

Staffing and recruitment

- ☐ People told us there were enough staff available and they attended quickly if needed.
- ☐ Rotas demonstrated that shifts were filled with the required number of staff.
- ☐ The registered manager was able to adjust staffing levels depending on occupancy and people's care needs.
- ☐ Staff were safely recruited. The provider checked each new employee's history and sought references before employing them.

Using medicines safely

- ☐ Medicines were managed safely by competent staff. Staff had their competency checked before they were able to administer medicines.
- ☐ The service had arrangements in place for the safe storage, administration and disposal of medicines.
- ☐ People had body maps to show staff where to apply any topical (external) medicines. Topical medicines were applied by care staff and records showed these were applied as directed by the prescriber.

- Any medicine errors were investigated and learnt from.
- One person had been supported to look after their own medicines for as long as they were able.
- One person could, on occasion, need to receive their medicines covertly in food or drink. This decision had been arrived at and documented in line with legislation and best practice.

Preventing and controlling infection

- People told us, "It's spotless," and visitors said, "Yes, very clean."
- The service was visibly clean throughout and smelt fresh.
- Staff had received training in preventing the spread of infection. They had access to disposable protective aprons and gloves to help reduce the risk of infection.
- One member of staff was an infection control champion with a special interest in maintaining good standards of hygiene.
- The kitchen had a programme of cleaning both after each meal and regular deep cleaning took place.
- Housekeeping staff had the equipment they needed and cleaning equipment was colour-coded to reduce the risk of cross contamination.

Learning lessons when things go wrong

- Staff at the service learnt from accidents and incidents; for example any falls were analysed, any trends identified, and a referral made to the Falls Team if needed..
- Accidents and incidents were discussed at staff meetings and in supervision meetings.
- Investigations were carried out and outcomes shared with staff to prevent recurrence.
- The provider had introduced a more detailed reporting form as they did not receive enough information on the previous forms.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 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 checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- ☐ People's capacity had been assessed but the paperwork had not always been completed fully. Some capacity assessments were contradictory and did not record evidence where the person was deemed to lack capacity. The provider had identified some of these shortfalls and had a plan in place to rectify this by the end of the month.
- ☐ People with sensor mats, to alert staff they had moved, did not always have capacity assessments or best interests recorded. One person who had a sensor mat had previously been assessed as lacking capacity to make decisions about care and treatment. We recommend the provider check all assessments and decisions are fully recorded in line with published guidance.
- ☐ People told us, "There's no problem. They don't do anything you don't agree with." For example one person at risk of falls had declined a sensor mat and alarm pendant. The decision was clearly documented and their choice was respected.
- ☐ One person could have their medicines administered covertly. This decision was fully documented and the appropriate professionals as well as their family had been involved.
- ☐ Staff understood the principles of the Mental Capacity Act (2005) and were able to explain how they sought consent or when a best interest decision was needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People's needs were assessed before they moved into the service to ensure the provider could meet their needs.
- ☐ The provider continued to assess people's needs whilst they lived at the service to ensure their needs could still be met.

Staff support: induction, training, skills and experience

- ☐ People told us, "Yes. They know exactly what they're doing." Relatives commented, "The care is phenomenal."
- ☐ Staff received an induction before commencing work at the service.
- ☐ During induction the registered manager conducted competency checks; new staff always worked with more experienced members of the care team.
- ☐ Staff received regular training and were supported to progress at the service.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ People were supported to eat and drink enough and were very positive about the food, "It's excellent, absolutely excellent. It's freshly cooked. The vegetables are well cooked and the meat's lovely. The cook comes round to everyone to see if they've liked it."
- ☐ Kitchen staff knew people's preferences and nutritional needs. One person told us, "I've got dietary problems. I can't eat onions or some other vegetables. They will do me one without onions or mushrooms or whatever."
- ☐ Kitchen staff had undertaken dysphagia training and understood the importance of soft or pureed diets.
- ☐ Staff used the Malnutrition Universal Screening Tool (MUST) tool and people were weighed monthly or more frequently as needed.

Staff working with other agencies to provide consistent, effective, timely care; access healthcare services and support

- ☐ One relative told us their loved one had continuity of healthcare, "They've kept their old doctor they had at home. They go to the dentist, that's their old dentist. "
- ☐ People had healthcare needs met in a timely way. The GP and district nurses visited regularly. Members of other health disciplines were contacted as needed, for example the falls team and continence nurses.

Adapting service, design, decoration to meet people's needs

- ☐ The service was adapted to meet people's needs. All areas of the home were well-lit, homely, organised and un-cluttered.
- ☐ People had access to a lift if they could not manage stairs.
- ☐ There was a choice of communal areas, including a quiet lounge for people who did not want to watch TV.
- ☐ Information on notice-boards was attractively presented and legible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ Everybody was complimentary about the way they were treated, "Oh yes, very kind. I silently congratulate the owner for choosing such nice staff."
- ☐ Another person told us, "They are very kind and they call you nice names. It sounds a silly thing, but they call you 'Darling'. It has a nice feeling to it." However, we observed staff addressed different people in ways they preferred; some people liked to joke with staff whereas others wanted a gentle and supportive approach.
- ☐ Staff were attentive and respectful in their approach and manner. A member of staff said "The residents are like our family and we try and have fun together".
- ☐ Staff knew people and their families well and knew people's histories.
- ☐ People told us, "The staff have the patience of Job, for young girls. The staff are all helpful. They always help you if you need help. The girls are really great, nothing is too much trouble for them."
- ☐ Staff treated people as individuals. Each person had an 'emotional well-being' care plan, this directed staff how to support people if they became distressed. Plans included information about what may upset people, for example lots of noise.
- ☐ People who did not like to leave their rooms received 'companion visits' from staff daily; staff spent one to one time with people in their rooms.
- ☐ Couples were supported to have a shared room and maintain their relationship.

Supporting people to express their views and be involved in making decisions about their care

- ☐ Staff said they wanted to provide a high quality service for people who were living at the service. They said personalised care was discussed at staff meetings including the use of everyday language and "Words we don't use at Green Willow"; these were words that were potentially disrespectful.
- ☐ The service had a key worker system in place which provided continuity for people, part of the key worker role was to liaise with the person's family and support good communications.
- ☐ People said, "They are very good. The young girls, despite their youth, seem to have empathy and what's more, they listen."
- ☐ People's care records contained clear and detailed information about their preferences.
- ☐ Staff were calm and unhurried; they had time to spend with people. One member of staff said, ""We have tea together and we have plenty of staff to spend time with people and make sure they are not rushed."

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff promoted independence. Care plans identified what people were able to do for themselves. One person told us, "I'm not very independent because I can't walk, but I want to be. I can't put my trousers on at

night, but I can put my top on and they give me time to do that."

- ☐ People said their privacy and dignity was always maintained, "They do that. I say don't bother closing the curtains and the door, I don't care. But they always do do it."
- ☐ Staff knocked on doors before entering people's rooms and were discreet in offering opportunities for personal care during the day.
- ☐ Visitors were welcomed at the service, "Friends come and they're made welcome. They say they come to the door and the girls are so kind."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ Each person's care plan contained a document entitled, "What makes me who I am." This had been completed for each person.
- ☐ Family members had been involved in developing people's care plans.
- ☐ Care plans were personalised and tailored to individual needs. Some people said they had been involved in their care plans, others said, "They have done it and filled in certain things. I haven't seen it, but I'm sure they sorted it all out."
- ☐ The service offered a wide range of activities; effort had been put into improving and expanding what was on offer both within the service and outside visitors such as a wildlife experience with snakes and spiders; we were told people were delighted by these.
- ☐ People told us, "They have exercises virtually every day. There's a young lady who's going to do massage and aromatherapy. We said we'd like that; I've got a back problem so it may help with that. It's going to start in March and the home will bear the cost of it. They have singers come in and church services each month. It's very varied and you can pick and choose. There's no pressure on you to take part."
- ☐ A relative said, "There's more things going on than when they first came here. They certainly don't just put them in the lounge to just sit there. They're always doing hangman and throwing balls and playing skittles. They have ballroom dancers who come in. They take them out quite a lot in the mini bus. They've been to the theatre and to the Wetland Wildfowl Trust."
- ☐ There were pictures displayed around the service of activities people had undertaken. There had been trips out to a Glen Miller evening and the Sound of Music where people dressed up.
- ☐ Visitors brought in pets and the registered manager planned to bring in her dog regularly; one person had regular visits from their cat.
- ☐ A local mother and baby group took place in the service which was enjoyed by both people at the service and the mothers.

Improving care quality in response to complaints or concerns

- ☐ The service took complaints seriously. An apology was made immediately and actions were put in place to prevent recurrence. Records were kept of all complaints and responses.
- ☐ People knew about how to complain and had information about how to do this. One person said, "It's in the room. Every room has got one." Relatives told us, "I would have no problem complaining if necessary." A member of staff told us, "I am aware of the complaints policy and know how to deal with a complaint and who to contact."
- ☐ The service had received numerous compliments. Families and visitors had submitted very positive feedback to a website, awarding the service 9.8 out of 10 over 38 reviews.
- ☐ Relatives had sent thank you cards to the staff at the service which commented on the kindness and

caring at the service.

End of life care and support

- ☐ Where people or families wished to discuss, plans were in place for end of life.
- ☐ The service was able to work with the local GP and district nurses to support people at the end of their lives.
- ☐ Feedback about end of life care included, "It was so comforting that you were able to make the end of [Name's] life there as pain free as possible."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ There was good leadership at the service. The registered manager had clear oversight of the culture of the service and its operation over the 24 hour period.
- ☐ People told us, "It's a happy atmosphere, light hearted. The girls are little saints. There's a feeling of careness. You have the feeling people really do care."
- ☐ The registered manager understood the vision and direction of the service. They intended the service to focus on promoting and maintaining independence and to be a 'home from home'.
- ☐ Staff told us, "The management are very supportive and communicate well." Staff told us they were encouraged to undertake additional training and there were opportunities to progress to more senior roles if they wished.
- ☐ Staff morale was high and all the staff we spoke with felt able to approach senior staff with concerns. Staff received regular supervision which they found supportive.
- ☐ The registered manager conducted regular night visits to ensure they knew the night staff and were able to observe staff culture and care delivery.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The provider had a comprehensive governance system in place. There was a system of audits in place to monitor staff training and supervision, medicines administration, infection control and other areas related to the safe running of the service.
- ☐ We found minimal shortfalls in the running of the service which demonstrated effective governance.
- ☐ The provider carried out visits on a three-monthly basis. Where they identified shortfalls a plan was developed. Specific staff were identified to address the shortfalls and a timescale for completion put in place.
- ☐ The provider undertook quality visits and reported on their findings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ Staff were encouraged to be involved in the running of the service. Staff were able to comment on the running of the service. They told us, "I am encouraged to make suggestions and share experiences."
- ☐ Families and friends of people using the service had their feedback sought both informally and through surveys. There had been a recent survey and the majority of responses were 'very satisfied' with 'satisfied' as

the second highest category.

- ☐ People had made comments which included, "The staff are so friendly and caring and so good at keeping me informed."
- ☐ Staff had recently undertaken Diversity training to help prevent discrimination in the service.

Continuous learning and improving care

- ☐ We spoke with the operations manager who told us that care at the service had improved.
- ☐ The service had improved the activities provision.
- ☐ Companion visits had been introduced to improve the social experience of people who did not leave their rooms.
- ☐ The provider had expanded the accident and incident forms to improve their understanding and analysis of this.
- ☐ There was active work underway to improve community links.

Working in partnership with others

- ☐ The registered manager met managers from the provider's other services regularly. They said this enabled services to learn from each other.
- ☐ The service had discussed a regular GP 'round' but the local GP said they felt it was unnecessary as they had no concerns about the service.
- ☐ The service had invited some clients from a local care at home service in to take part in activities.