Willows Care Home (Romford) Limited

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

About the service:
Willows Care Home is a residential care home registered to provide accommodation and personal care to 72 people. At the time of the inspection, 54 people were living in the home.

People's experience of using this service:
•People were safe in the home and there were procedures to protect them from abuse.
•Risks associated with people's needs were assessed to mitigate them and keep people safe.
•People were provided their medicines as prescribed.
•People were supported with their nutritional needs and had choices with meals. People had access to health care professionals such as GPs when required.
•People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
•People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. People's independence was promoted.
•Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them.
•Care plans were person centred and detailed people's support needs.
•People and relatives were supported with complaints they wished to make.
•Staff were recruited safely and were supported with the necessary training and development to increase their skills.
•Staff felt supported by the management team and told us there was a positive culture.
•There was a system in place to monitor the home and ensure consistent and good quality care was provided to people.
•The registered manager was committed to make continual improvements to the home.
•For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:
At the last inspection on 15 February 2018 (report published 6 April 2018), the service was rated 'Requires Improvement' because the service was not always caring, responsive or well-led. At this inspection, we found these issues were addressed and the rating for the service has now improved to 'Good'.

Why we inspected:
This was a planned inspection based on the rating of the last inspection.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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.

Willows 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 inspection was carried out by 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. The expert by experience at this inspection was a family carer of an older person with dementia.

Service and service type:
This service is a care home for elderly people primarily with dementia and is registered to accommodate up to 72 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 carried out on 11 April 2019 and was unannounced, which means the provider did not know we were coming to inspect the home.

What we did:
•Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law.
•We also checked the last inspection report and spoke with local authority commissioners.
•The provider completed a Provider Information Return (PIR), which we viewed. A PIR is a form that asks the

provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection:
•We spoke with the registered manager, a training and quality manager, a regional manager, six care staff, domestic and laundry staff, six relatives and six people using the service.
•We looked at the care records of eight people, the management of medicines, staff training records and recruitment records.
•We also reviewed quality audits, premises safety checks, complaints and accident and incident records.

Good

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 and relatives told us the home was safe. One person said, "I feel safe and I can't think of anything that makes me feel unsafe." Another person told us, "Yes I am very safe."
• People were protected from the risk of abuse. There were systems in place to safeguard people. Staff understood their responsibilities to protect people from abuse and knew how to report concerns.
• One member of staff said, "If I see abuse, I will report it to my manager. If my manager is not taking it seriously, I will report to social services or the police or CQC."

Assessing risk, safety monitoring and management:
•Risks were identified and monitored by staff. Risks included those related to people's personal care, any specific health conditions, their mobility, continence, nutrition and weight.
•Risks to people were assessed and regularly reviewed. Plans and guidance for staff were put in place to mitigate these risks. For example, people at risk of developing pressure ulcers had two hourly plans for repositioning them in bed. Records showed this was carried out by staff.
•Emergency procedures were in place in the event of a fire or other type of emergency within the building staff had guidance on what to do if there was a fire incident.
•The registered manager had completed personal emergency evacuation plans to support people to leave the building if there was a fire.
•The safety of the premises was maintained through regular maintenance and servicing checks of gas, electrics, water and equipment.

Using medicines safely:
•People told staff supported them with their medicines. One person told us, "I get medicine four times a day. They give me the tablets and I take them myself." Another person told us, "I know what they are, but I let the nurse help me."
• Medicines were managed and administered safely by staff. Each unit contained its own medicine unit that was managed by senior staff such as registered nurses.
•Medicines were stored safely in secured trolleys within the unit and were kept at the recommended temperatures.
•Controlled drugs, which are medicines that are at risk of being misused, were stored securely, logged and managed safely.
•Staff recorded medicines that were administered to in Medicine Administration Records (MAR). We saw these were accurate.
•Some medicines taken as needed or as required are known as 'PRN' medicines, such as paracetamol. The provider had procedures for staff to follow for PRN medicines. Records showed that PRN medicines were administered when needed.

•We noted that where a daily topical cream was applied to a person, staff did not record it on a MAR sheet because there was not one available for the current week. In the meantime, staff recorded they had administered the cream on a daily record.
•We discussed this with the registered nurse who explained that a new MAR sheet would be created to record the medicine. This was actioned immediately.
•However the management team told us they would look into reviewing this procedure and ensure that the new MAR sheet is created earlier in the week, as it had been four days since the end of the previous MAR sheet. This would ensure medicine records were more up to date and accurate.
•Some people received medicines covertly, meaning they took them without realising, for example mixed into their food. Appropriate authorisation to do this from a health professional was in place. A relative said, "We discovered that [family member] was not taking their tablets, and wasn't swallowing them. We asked and they agreed that [family member] should get their medication in their food."
•Staff were trained. The competency of staff on medicines management was reviewed to check their knowledge and practice of administering medicines.
•The registered manager carried out audits of medicine management to ensure medicines were used safely in the home.

Staffing and recruitment:
•We received mixed feedback from people, relatives and staff about staffing levels. One person said, "100% not enough staff on this ward. Has a lot of demanding people on it." However, another person told us, "Yeah there is plenty of staff doing the tasks" and a comment from a relative was, "Yeah I think there is enough. A couple of weeks ago they were struggling with staff."
•However, the management team assessed staffing requirements for the home both during the day and at night. Dependency assessments were carried out to determine the number of staff required throughout the home.
•Agency staff were employed when necessary to fill any gaps on staffing rotas and records showed that the required numbers of staff were on duty.
•A member of staff said, "When we are short, agency staff are found so we are never short of staff. It's only for an hour or so."
•We checked responses to call bells, which people pressed when they required assistance. Records confirmed that staff always responded within three minutes, as required and showed that staffing levels were sufficient in the home.
•Pre-employment checks such as criminal record checks, references and ID checks were carried out before employing staff.

Preventing and controlling infection:
•We observed the home to be clean and well maintained. A relative told us, "The home is very clean."
•Systems were in place to reduce the risk and spread of infection. There were sufficient numbers of hand washing facilities in the home.
•Staff had received training and told us they knew how to prevent the spread of infections. They used PPE such as aprons and gloves when providing personal care.

Learning lessons when things go wrong:
•Accidents and incidents, such as falls or injuries to people, were recorded and analysed for trends to consider if lessons could be learnt.
•The registered manager was able to ensure accidents or incidents were minimised to prevent re-occurrence. For example following recent incidents, people at risk of pressure sores, were reviewed more frequently to prevent the breakdown of their skin.
•Enhanced monitoring was now in place for people and staff referred them to the GP as early as possible to

ensure they remained safe.

Good

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.

Staff support: induction, training, skills and experience:
•People and relatives told us that staff had the necessary skills and knowledge to support people. One person told us, "Yes. The staff here are good and newcomers are shown the ropes by the older staff." A relative commented, "Yeah the staff seem that they have been well trained."
•Staff told us that they were happy with the training they received. A staff member told us, "We receive regular training. It is very good and we are up to date."
•Records showed that staff had completed essential training on adult safeguarding, moving and handling, medicine administration and fire safety. Specialised training was also provided such as catheter care, dementia awareness, wound care and end of life care.
•New staff received an induction and completed training prior to starting work.
•Staff we spoke with told us agency staff, as well as new staff, were provided a briefing on policies and training on how to use handheld devices to record care tasks and notes. They also shadowed permanent staff and met people in the home. This ensured any agency or newly recruited staff were able to fulfil their roles effectively as possible.
•Staff received regular supervision and appraisals to review their work and discuss any concerns or issues they had.
•Staff felt supported in their roles. A member of staff said, "I like working here. We have a great team and manager."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
•Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the home was able to support them.
•Assessments identified specific outcomes for people while they were in the care of the home for each element of their care. For example, one person's goal was to 'maintain healthy skin as much as possible' and included how this would be achieved.
•The service assessed people's needs and choices through monthly reviews. Where changes had been identified, this was then updated on the care plan.
•This meant that people's needs and choices were being assessed for continuity of care.

Supporting people to eat and drink enough to maintain a balanced diet:
• At our last inspection in February 2018, we made a recommendation for the provider to look into guidance on maintaining good quality catering standards in the home. This was because people told us they were not always satisfied with the quality and variety of their meals.
•We saw that this had been addressed at this inspection and the registered manager told us changes had been made to menus and the catering services for the home.

•People told us they were provided choices for their meals and there had been improvements. One person said, "It is better than it used to be. For me, it was failing for at least a year. Lately it has got a lot better, certainly within the last six months. Still could be improved a bit more." Another person told us, "I wouldn't complain about the food."
•We observed staff supporting people before the lunch time service in three units. Staff showed people two meal choices and asked them which they preferred. People engaged in conversation with each other and staff.
•Music was playing in two of the units while lunch was served and we noticed some people enjoying the music and singing along to it. However, the other unit was quiet and there was less interaction between people and staff. This meant there was not always a consistent or similar meal time experience for all people in the home.
•We also noted that menu cards did not offer an accurate representation of the meal that what was served to them. For example, one menu showed a picture of particular vegetables but these were not served to people. This meant people may not always be served meals that met their expectations.
•We discussed these observations with the registered manager who told us they would look into these areas to ensure there was a more consistent approach at meal times.
•People that required particular types of meals such as soft food or had specific allergies were provided meals to suit these dietary needs. The chef and kitchen staff were aware of people's dietary requirements and there was a system in place to ensure they received these.
•People's weights and nutritional intake were monitored. They were referred to health professionals where there was concern.

Supporting people to live healthier lives, access healthcare services and support:
•Where people required repositioning or turning to decrease the risk of pressure ulcers they were monitored and turned when required. Turning charts were completed by staff to confirm this.
•Staff worked with other agencies to provide consistent, effective, timely care to people, such as end of life care teams and health and social care professionals.
•People had access to the healthcare services they required, such as GPs, nurses and chiropodists.
•Records showed people were seen by health professionals and their health needs were reviewed. On the day of our inspection, we saw the local GP visiting the home to check on people's health.
•Staff were knowledgeable of people's health needs and were confident they could respond to a person in an emergency. A staff member said, "I have had training in CPR (cardio pulmonary resuscitation) so I would know what to do in an emergency if someone needed resuscitation. I would also call an ambulance immediately."

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 to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and professionals. For example, where bedrails were in

place to keep people safe, their consent was sought.
•People subject to DoLs authorisations were supported and the registered manager ensured these were renewed in a timely manner when required.
•Some people received one to one care and we saw staff with them at all times to make sure they were safe.
•Staff requested people's consent before carrying out tasks. A staff member told us, "Yes we always ask for our resident's consent and make sure that what we do is in the best interest of the resident."
•Staff confirmed they had received training in the MCA and DoLS and were able to explain its principles.

Adapting service, design, decoration to meet people's needs:
•The premises and environment met the needs of people who used the service and were accessible.
•The home was bright and colourful. There was appropriate signage and murals on display in the home to assist people to get around, especially for people with dementia.
•There were communal areas, dining rooms, lounges for people to socialise and take part in activities. There was a garden for people to sit outside in suitable weather.

Good

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:
•At our last inspection people told us they did not feel respected or cared for in a dignified way. Some people told us staff were not always friendly and did not respond to their needs in a timely manner.
•At this inspection people and relatives told us staff were kind and caring. Comments were more positive about the way staff treated them. One person said, "The staff are kind yes." Another person said, "Yeah they are caring and sensitive. We all need to get to know each other."
•We observed staff to be polite and patient towards people. They approached them in a way that was considerate of their needs. A relative said, "The staff are caring. They are lovely. I have recommended the service to others." Another relative told us, "Previously some staff were not great but at the moment they are very caring and respectful to us."
•We observed a calm and relaxed atmosphere in the home where people enjoyed the company of others and of staff. People were suitably dressed and ready for the day.
•People, relatives and staff told us there was a more positive and caring environment within the home and that this had improved over the past 12 months.
•Staff told us they spent time getting to know people and listened to them so that they could provide support that was suited to their needs and wishes.
•Equality and diversity policies and training for staff ensured all people were treated equally and their human rights were respected, regardless of their religion, race, sexuality or gender. A staff member told us, "We treat everyone equally. We do not discriminate people because of differences such as age, religion, gender or sexuality."

Respecting and promoting people's privacy, dignity and independence:
•People's privacy and dignity was respected by staff. One person told us, "Yes, the staff always pop their heads in the door and ask if you are OK." Another person said, "Yes definitely respect my privacy."
•When people received personal care, a sign was placed on their front doors for them not to be disturbed.
•Relatives told us staff were respectful of their family members and one relative said, "The staff do what I would expect them to do when looking after my [family member]. They are friendly, respectful and always talk to me."
•People were encouraged to remain as independent as possible and do as much for themselves as they could.
•We saw people were able to have their meals independently without assistance. A staff member said, "I give people choice. I encourage them to cut their food for example, or encourage them to brush their teeth and button their clothes, rather than doing it for them. This helps give them their dignity and confidence."
•Staff understood that personal information should not be shared with others or misused in order to preserve and protect people's confidentiality.

Supporting people to express their views and be involved in making decisions about their care:
•People and their relatives were involved in making decisions about their individual care and support needs. A person told us, "My [relatives] are involved in anything here. Both are on the contact list."
•Staff respected people's choices and acted on their requests and decisions. A person told us, "Yes we get a choice. My room is kept a certain way but that is my choice, but the staff help keep it lovely."

Good

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.

Improving care quality in response to complaints or concerns:
•At our last inspection in February 2018, we found the home was not always responsive to people's needs or wishes. People told us their concerns were not adequately addressed and staff and managers did not always listen to them. We made a recommendation for the provider to review how the home deals all types of complaints.
•At this inspection, we saw that this had been addressed. People and relatives told us they were more confident that staff and managers would listen to them and try to address any concerns or issues.
•One person said, "I complained to the manager and he acted on our concerns." Another person told us, "I would speak to the manager if I had a complaint. He is good. The staff try to help as well." However, one relative told us that their family member's bed was damaged and had yet to be fixed, despite it being reported to the management team.
•We looked into this and brought it to the attention of the registered manager, who ensured that the maintenance staff repaired the bed straight away. The registered manager said they would also speak to the person and their relatives to check for any further concerns.
•There was a complaints procedure and we saw that all complaints were acknowledged and addressed by the registered manager. They investigated and responded to all complainants with an outcome.
•Where there were ongoing issues or complaints from people or relatives, the registered manager told us they took the time to speak with them personally to reassure them they were acting on their concerns.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
•People and relatives told us that staff understood people's preferences for their care and support. One relative said, "The staff check on my [family member] frequently and keep me up to date. They understand [family member] and their needs."
•People received person centred care that was tailored to their wishes. Care plans were personalised and contained comprehensive information on people's backgrounds, histories, likes and dislikes. One person's care plan described how they liked to 'listen to music, take part in activities such as throwing balls and chatting.'
•Care plans detailed their needs around their personal care, nutrition, mobility, mental health and continence.
•Care plans were available in digital and paper formats. They were reviewed when people's needs changed or at least monthly. We saw that care plans were up to date and accurate.
•Personal care was monitored electronically. Staff logged details of care task electronically on handheld devices, which automatically updated a central system. Staff received alerts to let them know which people required attention at certain times. This enabled them to monitor people and complete charts for turning, repositioning, weight records and fluid intake.
•All staff were able to view the information on their own devices so that information could be shared and

concerns responded to without delay, ensuring continuity of care.
•Staff told us they worked well together and communicated with each other to ensure people were supported. A staff member told us, "We work well together. There is good communication between staff."
•There was an activity programme in place run by a team of co-ordinators. The programme was person-centred and took into account the different needs of people in the home. For example, electronic devices were used to play music or interactive books for people that were less mobile.
•Each person also had a 'library book' which contained their life history or a 'famous faces' book to enable them to reminisce and interact with the coordinators.
•Activities included indoor and outdoor events. For example, arts, crafts, board games, group games and day trips using a minibus. People told us they enjoyed the activities but were able to express whether they wanted to participate in them. One person said, "Some don't interest me. We go out on some outings. Soon it is to be a steam train and that is bringing back memories for me and interests me greatly." Another person told us, "Yeah, I do a bit of bingo, exercise and listen to the singers that they bring in."
•People received information in accessible formats. Care plans detailed people's communication needs and abilities and explained how to best communicate with people.

End of life care and support:
•The home supported people with end of life care and discussed their wishes with them and their relatives. People's cultural requirements or religious beliefs in relation to end of life were taken into account.
•Support was received from end of life care health professionals. Staff received the appropriate training to support people with end of life care needs.
•Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were in place in people's care plans to detail people's specific wishes regarding their future care.

Good

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
•At our last inspection in February 2018, we rated the Well-Led domain as 'Requires Improvement' because the home did not have effective systems to ensure there was continuity of care and to identify shortfalls.
•At this inspection, we saw that improvements had been made and there was a more robust quality assurance system in place.
•The provider had made changes to the management team and the current registered manager was appointed in January 2019. They were supported by an operations manager, a deputy manager, a clinical manager and other senior staff.
•The registered manager told us they wanted to ensure there was more consistency and stability in the home because there had been many changes made to staff and management in recent years, which had affected the performance of the home. The registered manager said, "I am here to stay and I aim to listen to staff, residents and relatives and get their feedback. There are many challenges but I have got good support."
•The registered manager carried out weekly and monthly audits on areas such as medicines, care plans, call bells, equipment, incidents, wounds and infection control.
•Staff were clear about their roles and responsibilities. They were positive about the new registered manager and said the nurses and other senior staff were supportive and approachable. One staff member said, "The manager is trying his best and is doing a good job." Another staff member told us, "I like the management. I can talk to them about anything. They allow us even to work flexible shifts."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
•The registered manager understood their responsibilities and notified the relevant authorities, including the CQC of safeguarding concerns and serious incidents.
•Person-centred care was planned using technology that the provider had invested in. For example, people's personalised care plans were stored, reviewed and updated electronically.
•Staff had access to the care plans and people and relatives could view paper copies of people's care plans should they request them.

Continuous learning and improving care:
•Surveys and questionnaires were sent to people and relatives for them to provide their feedback and suggestions about the running of the home.
•We saw an analysis of the survey from January 2019, which showed that feedback was mostly positive.

•Areas for further action were identified to ensure there was a drive for continuous improvement in the home, such as making sure there was sufficient training for staff and a welcoming environment for people and visitors.
•The provider told us they welcomed and took on board feedback from commissioners, regulators, people and relatives to help them make changes and improvements.
•This meant that there was a culture of continuous improvement to ensure people always received high quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
•People and relatives told us they were satisfied with the home and were positive about the new registered manager. They told us the registered manager took time to meet and speak with them and listen to their views.
•One person told us, "[Registered manager] is a very straight forward person and has a lot of empathy and he laughs a lot." Another person said, "The new manager is a good one." One relative said, "The manager seems friendly and easy to approach."
•People and relatives were invited to meetings to discuss developments in the service and for them to air any concerns.
•Newsletters were planned to be distributed to staff and people to provide them with updates and information relating to the home and provider.
•Staff meetings were held in order to share information and any areas of concern or improvement were discussed as a team.
•Staff told us the meetings were helpful and informative. They said they felt comfortable about making suggestions and voicing any issues they had.

Working in partnership with others:
•The home worked in partnership with other services such as schools, colleges and charities. For example, students visited the home to meet people and help them engage in meaningful discussions and activities.
•The service had good working relationships with health and social care professionals.