Mark Jonathan Gilbert and Luke William Gilbert

Willows Nursing Home

Inspection report

10 Weld Road
Southport
Merseyside
PR8 2AZ

Tel: 01704560303

Date of inspection visit:
08 February 2016

Date of publication:
19 April 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection of The Willows Nursing Home on 8 February 2016.

The Willows is a nursing home that has been converted from a large three storey house in Birkdale, near Southport. All rooms are for one person and seven rooms have an en suite toilet and wash basin. The home can accommodate up to 30 people with a variety of nursing needs. There is a passenger lift and there is only one first floor room that is not accessible using the lift. There is a landscaped garden to the rear of the property and a small car park at the front of the home.

At the time of the inspection a registered manager was not in post. The registered manager had resigned from their post shortly before the inspection.

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.

We found a breach of regulation in relation to the training of new staff.

You can see what action we told the provider to take at the back of the full version of the report.

We have recommended the service consider best practice guidance regarding the storage and administration of medicines.

We have recommended the service consider best practice guidance regarding the development of the environment for people living with dementia.

All of the people that we spoke with told us that they felt safe living at the home. However, we saw that a sluice room door was unlocked throughout the inspection giving access to dangerous chemicals. We also saw that a sharps bin was stored in a communal area which presented an avoidable risk to people living at the home.

Staff understood the different types of abuse and what signs to look out for. They also understood what to do if they suspected that abuse had taken place.

The home had processes in place to assess and review risk. Risks were assessed when people first came to live at the home and were reviewed regularly.

The home operated in accordance with the principles of the Mental Capacity Act (2005). The home had assessed people's capacity, submitted applications to the local authority and notified the commission as

authorisations were processed.

People living at the home told us that they enjoyed the meals and were offered a choice. The food provided was of a high standard and drinks were readily available.

The design of the building meant that it was initially difficult to navigate and signage was limited. In addition, the building had not been decorated or adapted to meet the specific needs of people living with dementia.

Everyone that we spoke with told us that the staff were caring and kind. Staff knew what was expected of them and were motivated to provide good quality, safe care.

The managers that we spoke with were aware of the day-to-day culture within the home and recognised the issues and priorities.

The home operated processes to monitor safety and quality in a number of areas. We saw that audits had been completed in accordance with a monthly schedule and had identified areas for improvement, however they had been ineffective in identifying other issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always stored safely.

The door to a sluice room was not locked and provided access to dangerous chemicals.

There were sufficient staff deployed to safely meet people's needs.

Risk was appropriately assessed and reviewed on a regular basis.

Is the service effective?

Requires Improvement

The service was not always effective.

Not all staff had been adequately trained or supported to complete their duties.

The building had not been decorated or adapted to meet the specific needs of people living with dementia.

The home operated in accordance with the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.

People were supported to maintain their health and wellbeing through regular contact with healthcare professionals.

Is the service caring?

Good

The service was caring.

Everyone that we spoke with told us that the staff were caring and respectful.

Staff took time to explain to people what they were doing when delivering care. People were given the option to refuse or postpone care tasks.

People's privacy and dignity were promoted by staff at all times. All of the people that we spoke with told us that they were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

The home had a process in place to receive and act on complaints.

People's preferences and wishes were recorded in care records which were reviewed regularly.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A registered manager was not in post, but the provider had appointed an experienced in-house manager efficiently.

The home operated processes to monitor safety and quality in a number of areas. We saw that audits had been completed in accordance with a monthly schedule, however they had been ineffective in identifying some issues.

Willows Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 8 February 2016 and was unannounced.

The inspection team included an adult social care inspector, a specialist advisor in nursing care and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with six people living at the home. We also spent time looking at records, including five care records, six staff files, staff training plans, complaints and other records relating to the management of the service. We observed the delivery of care and sampled the lunchtime menu. We contacted social care professionals who have involvement with the service to ask for their views. None of the professionals raised concerns about the home.

During our inspection we spoke with three relatives. We also spoke with the incoming manager, the deputy manager, a nurse, the activities coordinator, the cook, three visiting professionals and three care staff.

Requires Improvement

Is the service safe?

Our findings

We looked at the service's arrangements for the storage and administration of medicines. There was a secure treatment room at the rear of the building which was used to store dressings and a medical refrigerator. The medicines trolley was located in the entrance hall and secured to a wall. There was no effective way to monitor the temperature in this area and no records to indicate that temperatures had been monitored. Some drugs are adversely affected by high temperatures and may become less effective. This meant that the home could not be certain that all of the medicines remained effective. The trolley was used to store the majority of medicines and associated records. A sharps bin (for safe storage of used syringes and other medical equipment) was placed on top of the medicine's trolley throughout the inspection. Sharps bins contain contaminated waste and should be stored in a locked room or cupboard when not in use. Controlled drugs (CD) were stored in a locked medicine's cabinet in a separate room. We asked about arrangements for storage and were told by the incoming manager that a new treatment room was being equipped on the first floor and that all medicines, equipment and records would be stored there once it was completed.

We also saw that two copies of the British National Formulary (BNF) were stored close to the medicines trolley. Both copies of the BNF were out of date by over a year. This meant that people administering medicines might not have access to information about new drugs or that some of the information may have been updated. We spoke with the provider about this and the copies of the BNF were removed. Nurses were given access to information about drugs on-line to ensure that the information was up to date.

We checked the records and stock levels for medicines and found that they were correct. We also checked the Medicine's Administration Records (MAR) and found that these had been completed to a high standard. Each MAR included a photograph of the person to reduce the risk of medicines being administered to the wrong person. Regular audits were completed to ensure that records had been completed correctly and stock levels were accurate.

We recommend the service considers current best practice guidance regarding the storage and administration of medicines.

We asked people if they felt safe living at the home. All of the people that we spoke with told us that they felt safe. Comments included, "I suppose I do [feel safe] because I'm looked after." And [relative feels safe because] they get reassurance from the staff."

Staff understood the different types of abuse and what signs to look out for. They also understood what to do if they suspected that abuse had taken place. One member of staff said, "I know what the different types of abuse are. I've been trained in adult safeguarding." The deputy manager told us, "[People are kept safe because] staff are trained in safeguarding and moving and handling." Staff told us that they would have no hesitation in reporting concerns and were aware that they could report outside of the organisation if they had to.

Risks were assessed when people came to live at the home and were reviewed regularly. We received mixed feedback as to whether people were actively involved in the risk assessment process, but we saw that each assessment had been reviewed monthly. Changes in risk were reflected in the relevant care plans and were sufficiently detailed.

Accidents and incidents were logged and evaluated. The records that we saw showed a good level of detail and were signed by senior staff to indicate where changes had been made to reduce risk.

The home had a series of regular checks and audits in place to monitor essential safety equipment and processes. We saw that these checks had been completed according to the home's schedule and included, testing of the fire alarm, fire doors, water temperatures and lifting equipment. Maintenance of equipment was completed by external contractors. Certificates were in place for gas safety, electrical safety and legionella testing. The home had an emergency grab file that contained important information about the building and the people living at the home in case an evacuation was required.

On our tour of the building we saw that the door to a sluice room was not properly closed and that potentially dangerous chemicals were stored in the room. On closer inspection it became apparent that they door did not close fully and as a result could not be locked. We reported this to the new manager. Action was taken to secure the room and a permanent repair was completed within 24 hours.

We asked people about the suitability of staffing levels at the home and observed staff providing care. People generally told us that there were enough staff on duty to meet their needs although two people expressed concern about the availability of staff first thing in the morning and at night. Staffing levels were assessed using a recognised process that took people's care needs into account. The records that we saw showed that the home was providing more care hours than the minimum indicated by the assessment. During the inspection we saw that there were sufficient staff to meet people's needs throughout the day.

We looked at the home's recruitment processes and staff records. We saw that each of the records contained evidence of two satisfactory references and a completed Disclosure and Barring Service (DBS) check. A DBS check helps employers to establish if staff are suited to working with vulnerable adults. Some DBS checks were over five years old. This meant that the home could not be sure that people's DBS status and suitability remained the same. Each record also contained a completed application form and interview questions. The records of nursing staff included evidence that they had maintained their registration to practice.

Requires Improvement

Is the service effective?

Our findings

The majority of staff had the knowledge and skills to meet people's needs. They were trained in a number of relevant topics including, health and safety, moving and handling and adult safeguarding. According to the training record provided by the home some staff had not completed all of the required training. For example, of the ten care staff, only five had completed training in adult safeguarding. None of the ten had completed training in person-centred care. We asked people living at the home and their relatives if they thought that staff had the skills and knowledge to meet people's needs. They were positive about the skills of the staff. One person told us, "They're very good." A visiting relative said, "From what I've seen [they have the right skills]." A visiting professional told us, "I'm satisfied with the care the home is providing. [Resident] is well looked after and the staff are always helpful." Staff were given access to supervision, but we saw that the frequency of supervision varied. Each of the staff that we spoke with told us that they felt well supported by the provider and able to access informal supervision if they needed it. Of the six staff files that we looked at only three contained evidence of recent supervision.

New staff were given an induction which included shadow shifts (working alongside an experienced colleague) and a programme of training. One member of staff told us, "Induction was very good." From October 2015 it was a requirement that new staff were inducted in accordance with the principles of the Care Certificate (CC). The CC requires staff to complete a programme of training, be observed by a senior colleague and be assessed as competent within 12 weeks of starting. We saw that people's induction was not accurately recorded and that their competency was not assessed. We also saw that some people were not scheduled to complete their mandatory (required) training within 12 weeks.

This was a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 found that the home was operating in accordance with the principles of the MCA and DoLS. The home had assessed people's capacity, submitted applications to the local authority and notified the commission as authorisations were processed. None of the six staff records that we saw contained evidence that staff had received training in the MCA or DoLS.

We sampled the food at lunchtime and observed the provision of care and support. We also spoke with people about the food and drinks available to them. People told us that they enjoyed the food. One person said, "It's perfect. I get a choice and you get too much." Another person told us, "It's very good. I enjoy the food. I get enough to eat." We found that the food was prepared and presented to a high standard and that people were offered choice. We saw that people were given a choice of cold drinks with their meal. We were

told that tea and coffee were served at various points throughout the day. The dining room was well presented and bright. We saw that some people were served their food in the adjoining lounge. Two of these people had fallen asleep and were not woken or prompted to eat their meals for over ten minutes. Care staff did not initially appear to recognise the need to provide intervention, prompting or support for people who required it.

People were supported to maintain good health by staff. Health checks were undertaken on a regular basis and staff were vigilant in monitoring general health and indications of pain. All of the people that we spoke with told us that they were supported to see a doctor if they felt unwell. Appointments were made with the involvement and consent of the person and staff accompanied them where appropriate. Staff effectively monitored people's health and wellbeing and gained advice from relevant health care professionals to help to maintain their wellbeing. Staff worked effectively in partnership with external professionals for the benefit of people living at the home. With regards to short-term care, a visiting professional said, "We are working with the home to get these residents better and return them to their own homes." They also said, "We never have any problems with the home. If we suggest something the home staff go out of their way to provide it."

The home was in good decorative order, but the design of the building meant that it was initially difficult to navigate and signage was limited. This meant that people who were new to the service or were living with dementia would have difficulty finding their way around. There was evidence that bedrooms had been personalised by the introduction of personal items and equipment. The building had not been decorated or adapted to meet the specific needs of people living with dementia.

We recommend the service considers best practice regarding the environment to ensure it is meets people's needs by the adaption, design & decoration of the service.

Good

Is the service caring?

Our findings

We observed staff interacting with people and providing care. We also spoke with people living at the home, their relatives and visiting professionals. Everyone that we spoke with told us that the staff were caring and kind. One person living at the home said, "They [staff] are so helpful and friendly." Another said, "They [staff] help you with things and get things for you." A visiting professional told us, "I cannot fault the level of care that is given." We saw that staff spoke to people in a manner that was gentle and kind. They listened attentively and acted on what people told them. We observed that staff became more task-led in preparation for lunch, but at other times they were generally attentive and caring in their approach. Although some of the staff were relatively new to the home, they knew each person and were able to explain their care needs.

Staff took time to explain to people what they were doing when delivering care. People were given the option to refuse or postpone care tasks. One member of staff said, "I talk to people and explain [what care I am going to give] and come back if necessary." Another member of staff said, "If residents don't want care at that time that's okay."

People gave us mixed views about their involvement in care planning. One person told us, "Yes [I am involved] there's never any bother." While another person said, "I don't think there's any need to do that."

Each of the people that lived at the home who were able told us that they were encouraged to be as independent as possible. The home was working with external professionals to support two people to return to live independently in their own homes. The deputy manager told us, "[Working in this way] is a new venture for the home. It's nice to work with residents and then see them get better and go home. Also it's training and learning for the staff."

The majority of people that we spoke with were able to represent themselves or had a family member to advocate on their behalf. One of the people currently living at the home made use of an independent advocate.

People's privacy and dignity were promoted by staff at all times. All of the people that we spoke with told us that they were treated with dignity and respect. We saw that people were supported to maintain their appearance throughout inspection. Some people used aprons while eating to protect their clothes. These were removed as soon as they had finished their food. People were dressed in freshly laundered clothes and had been supported to style their hair as part of a morning routine. The need to maintain privacy and dignity at the end of a person's life was understood by staff. One of the staff that we spoke with had received training to help people manage their pain through the use of specialist equipment. They explained how pain management was important in preserving people's dignity.

Relatives and friends were free to visit at any time. One relative said, "There's no visiting hours. [The manager] said come whenever you want."

Good

Is the service responsive?

Our findings

We saw evidence that people had been involved in the assessment and planning of care. Elements of care plans were written in the first person to promote a person-centred approach. Pre-admission information was detailed and included reference to, the reason for admission, medical conditions, correspondence from medical practitioners and personal information. The care plans were sufficiently detailed for a new carer to follow and included information about preferences for personal care, mobility, use of equipment, likes and dislike and food preferences. We saw from care records that plans were reviewed monthly. Outcomes were reviewed and amended as part of this process. Records included detailed plans of how outcomes were to be met. The records that we saw were all up to date.

People had choice over the gender of care staff. One person said, "I think I told them in the first place that I'd prefer a lady." Another person said, "It's usually two ladies. If a man came to shower me I'd ask for a lady."

People were supported to follow interests by the recently appointed activities coordinator. We discussed their plans for the development of activities within the home. They told us that they were facilitating a range of practical activities like board games and painting, but they were also in the process of developing activities which were more suited to people living with dementia. They said, "I don't like seeing residents sitting around watching the telly. I'd like to do displays and do things for special events. The home also provided trips out. On the day of the inspection six people were supported on a short trip in the home's minibus.

The home had a process in place to receive and act on complaints. We looked at the records and saw that the last complaint was received in June 2015. We saw that this had been recorded and acted on appropriately. The complaints procedure was displayed in the reception area. We spoke with people to establish their understanding of the complaints procedure. None of the people that we spoke with had made a formal complaint, but one person told us about a concern that they had raised about using the toilet at night. They said, "They [the home] sorted it quite quickly though." Other people said that they would approach the manager if they needed to complain. None of the relatives that we spoke with were able to tell us who they would approach with a complaint. Staff told us that they would refer any concerns or complaints directly to the manager.

People's views of the service were sought, but we received conflicting information about resident and relative meetings. One person living at the home said, "[Resident's meetings] I've not come across any." Another person told us, "My son has been to one and taken me with him." People had also been given questionnaires about the home. We were told by one person that these were distributed twice each year. We looked at the most recent surveys which had been completed in January 2016. The feedback was primarily good or very good. We asked the deputy manager about these processes. They told us that the resident and relative's meetings were poorly attended and as a result people were invited to speak with the manager on an individual basis. We saw evidence that these meetings took place in some records.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had resigned from their post shortly before the inspection took place. A new manager had been appointed from within the organisation and was due to take up their post in the following week. The incoming manager and deputy manager were available during the inspection.

People living at the home, their relatives and staff told us that they had been involved in developing the home. One person told us, "They ask me about activities." A relative said they were asked about developments, "A couple of times a year." A member of staff said, "The registered manager talked through everything. They were constantly communicating with us [staff]." Staff also told us that they felt comfortable to question practice. One member of staff said, "I would go straight to the manager or higher [if I saw abuse or bad practice]."

The managers that we spoke with were aware of the day to day culture within the home and recognised the issues and priorities. The deputy manager told us that staffing had been an issue for the home and outlined how the use of agency staff would be reduced. The home had recruited qualified nurses from Europe and was supporting them to apply for nursing registration in the UK. These nurses were working as care staff while the process was completed. The deputy manager said, "Staffing was a problem, but we're getting there." We spoke with one member of staff about the transition. They told us that they felt, "Very well supported [by the managers]."

We saw that the incoming manager and the deputy manager were visible and accessible to staff throughout the inspection. Neither was originally scheduled to be on-duty, but attended to, "Support the team." Staff told us that this was the norm and that the previous registered manager was, "Very visible at all times." We saw evidence that the incoming manager had written to people living at the home and their relatives to introduce themselves and invite people to a meeting.

Staff knew what was expected of them and were motivated to provide good quality, safe care. One member of staff said, "I love it here." The deputy manager gave an example where staff had come into the home in their own time to support people with activities. They also told us, "I love working here. It took me a while to settle-in to being a deputy, but I can always ring another manager for help."

The home had an extensive set of policies and procedures that were used to establish expectations and standards in the home. We saw that these documents had been reviewed in August 2015. We also saw that new policies had been introduced in response to issues.

The home operated processes to monitor safety and quality in a number of areas. We saw that audits had been completed in accordance with a monthly schedule and had identified areas for improvement. For example, the hand-hygiene audit in January 2016 highlighted staff wearing nail varnish. It detailed how staff had been challenged and reminded of good practice. Other audits included those for mealtimes, kitchens, laundry and mattresses. Each audit record contained a good level of detail and action points where required. However, the audit processes had failed to identify issues relating to the storage of medicines and

the induction of new staff. The home was also subject to quality monitoring from senior managers employed by the provider. Evidence of these processes was not available during the inspection. The home maintained a notification file which detailed events which had been notified to CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing New staff were not trained in accordance with the requirements of the care certificate.