

Willow Care Homes Limited

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- 116 Ashurst Road

Inspection report

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Date of inspection visit:
31 March 2016
04 April 2016

Date of publication:
24 June 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

Willows Care Home is a care home providing accommodation and care for up to six people, some of whom have learning disabilities or autistic spectrum disorder. The home is situated over two floors. At the time of the inspection six people lived at the home.

We carried out an unannounced inspection of this home on 31 March 2016 and 4 April 2016. The service was last inspected in May 2013 and there were no concerns.

There was a registered manager in post. 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.

At this inspection we found people were given individual support to take part in their preferred hobbies and interests. People told us and demonstrated that they were happy at the service by showing open affection to the staff who were supporting them. Staff were available throughout the day, and responded to people's requests for care. Staff communicated well with people, and supported them when they needed it. There were systems in place to obtain people's views about the service. These included reviews and individual meetings with people and their families.

We found that medicines were not always managed safely. We found gaps in medicine administration records (MAR).

Staff had been trained in how to protect people, and they knew the action to take in the event of any suspicion of abuse towards people. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

The provider and staff contacted other healthcare professionals for support and advice.

People were provided with a diet that met their needs. We observed that staff offered people drinks and snacks throughout the day.

Staffs had been subject to the necessary employment checks before working for the service. Risk assessments were not up to date and did not reflect people's individual risks. Systems to monitor the quality of the service were not always effective.

We found five breaches of regulations relating to safeguarding in respect of managing people's money, obtaining consent, safe care and treatment, staff supervision and quality assurance.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People told us they felt safe. Medicines were safely secured, however we found gaps in medicine administration records (MAR). Risk assessments were not always reviewed

Staff knew the signs to look for if someone was being abused. However, staff required a better understanding of what would constitute a broader safeguarding issue. Risk assessments did not demonstrate how risks should be mitigated.

Requires Improvement ●

Is the service effective?

The service was not always effective. Although staff understood the importance of asking consent before providing care, staff had not been trained in the Mental Capacity Act 2005 and how this might impact on people who lacked capacity. People's capacity to make decisions about their care was not assessed.

People were offered food of their choice, including culturally specific foods.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed

Requires Improvement ●

Is the service caring?

The service was caring. People were treated with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the home was welcoming and homely.

People told us that they were treated well by staff. People received personalised care and their independence was encouraged.

Good ●

Is the service responsive?

The service was responsive. Arrangements were in place to ensure that people received care which met their needs. We observed that people were able to approach staff with their concerns and staff responded to them

Good ●

People were supported to maintain their own interests and hobbies, including going out into the community.

Is the service well-led?

The service was not always well-led. Although systems were in place to monitor the quality of the service these were not always effective. Records were not always up to date and accurate.

Requires Improvement 

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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 31 March 2016 and 4 April 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed interactions between staff and people using the service and spoke with people and staff supporting them. We spent time looking at records including three people's care records, four staff personnel files, reviewed medicines administration record (MAR) sheets for three people using the service, staff training records and other records relating to the management of the service. On the day of our inspection, we met and spoke with four people living at the service. We spoke with the registered manager, director of operations, and three support workers. We also spoke with the local authority quality team.

Is the service safe?

Our findings

People told us that they were happy and felt safe living at the home. One person responded, "Yes," to the question of whether they felt safe living at the home.

Safeguarding policies and procedures were in place. Staff knew people well and were able to tell us the signs they would look for that would indicate someone may be suffering abuse. This would include some people becoming withdrawn and not wanting to participate in regular activities. Staff knew about whistleblowing and understood the importance of reporting any concerns of abuse. They were able to tell us the types of abuse and said that any concerns would be reported in the first instance to the registered manager.

We found that systems for managing people's money were not adequate. Policies and procedures were not in place and there was no written guidance for staff to follow. We saw that each person had a log of expenditure and cash withdrawals. However, this did not show the total amount of monies available at the start of each month. Therefore, we were unable to confirm the total amounts coming in for each person. We reviewed records for three people and saw that most receipts matched with money spent. Following previous issues with money management, the deputy manager told us that they had made improvements and each person had a standing order to pay their contribution. We saw records of these in people's care records. Staff told us that where cash withdrawals were made with people these were signed by two staff and would involve two staff members attending with each person. However, we found no evidence of this in records reviewed. Therefore we could not be confident that people's monies were correctly managed.

We concluded that this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Medicines were securely stored. We saw that a temperature book was kept in the cupboard. This showed that the temperature had been checked once a day and recorded temperatures were below the recommended 25. Medicines received from the pharmacy were recorded in the medicines administration record (MAR) charts. There was a medicines policy in place. Staff confirmed that they had been trained in administering medicines. We saw evidence of this on staff personnel records, this included medicine competency assessments for staff responsible for administering medicine. Topical medicines such as creams were not managed well. We found gaps in the way medicines were recorded in people's MAR charts and the system for new stock and returns were unclear. For one person their prescribed cream for a skin condition did not have this recorded on their MAR chart. Therefore we were not assured that this person had received treatment as prescribed.

Risk assessments seen included areas such as risk of pressure ulcers, moving and handling, falls and risks when out in the community. Staff knew and understood people's risks and how these should be managed. One staff member told us of the actions they took to ensure the safety of one person at risk of scalding when using the bath. This involved close supervision and testing of the water temperature. However, risk assessments reviewed did not always reflect the actions to be taken to prevent the risk of chest infection.

Although staff were able to tell us about some the risk posed for this person, some staff were not aware of the actions identified to mitigate the risks posed. Therefore this put the person at risk of receiving care that was inappropriate and unsafe.

We concluded that the above amounted to a breach of Regulation 12 of the Health and Social Act 2008 (Regulated Activities) Regulation 2014.

The fire authority had assessed the service as satisfactory following a recent visit to the home. We saw that testing of the fire alarm and emergency lighting took place. Fire drills had taken place in June, August and November 2015.

Staff had been subjected to the necessary checks before being employed by the service, including Disclosure and Barring Service checks. We reviewed staff personnel files and found these contained proof of address and identity. This ensured that staff were safe to work with people. We found one file did not contain any references. The registered manager told us that this was dealt with by the care and development manager. We spoke with the care and development manager who told us that references are on file for all staff and she would need to look into this further.

Is the service effective?

Our findings

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We found the service did not always work within the principles of the MCA. We saw that people who lacked capacity to manage their own finances did not have a mental capacity assessment or best interest decision to ensure that any decisions about their care was in their best interest. The service also failed to approach an independent advocate to act on people's behalf where this may have been necessary. We saw inconsistencies in care plans relating to appointeeship documentation. In one care plan we saw documentation which indicated that the person had a power of attorney, yet the care plan stated that this was not yet in place. The deputy manager told us that mental capacity assessments for people unable to manage their finances and Court of Protection where it is identified that people lack capacity to manage their own finances. Mental capacity assessments were incomplete and there was conflicting information about people's capacity in care records reviewed. Therefore we could not be confident that people's human rights had been protected.

Although senior staff spoken with understood the principles of the MCA and DoLS, some staff had limited understanding of the MCA and the impact of this on the people they cared for. The care and development manager told us that senior staff had completed training in the MCA and DoLS and further training would be arranged with the local authority.

The above amounted to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff training records reviewed showed that staff had completed training in a number of areas. This included administering medicines, moving and handling with hoist, epilepsy, fire safety at work and dysphagia awareness. Staff also confirmed that they had received training in the areas detailed above.

Staff told us they felt well supported by their managers. Comments from staff about senior management included, "Very supportive," and "Supportive and helpful." Staff told us that they had received regular supervision, however, records showed that these were not carried out in line with the provider's supervision policy. We received conflicting information about the frequency of supervision which was either monthly or every three months. Records reviewed showed that staff had received recent supervision. Areas covered included training and development, people who used the service, delegated responsibilities and work performance. The care and development manager told us that supervision had not been held on a regular

basis due to issues with staff. She told us that they had completed supervision for half the staff team and had produced a supervision table with dates scheduled for 2016. We saw that staff had not received an appraisal since 2013.

The above issues amounted to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Each person had a nutritional care plan outlining their likes and dislikes. People told us they had choices about what they ate. One person told us what they liked was given to them.

People were referred to healthcare services that they needed. People's care records included notes of visits from healthcare professionals. This included visits to the dentist, opticians and speech and language therapist (SALT). Staff were able to tell us about people's different health needs and what actions they needed to take to ensure people's health was maintained. We spoke with a healthcare professional who told us that the service had been proactive in working with the service to ensure people's needs were met. We saw that people's nutritional needs were met by the service and people's food choices were taken into account. This demonstrated people were supported to maintain their health and access to appropriate health and social care professionals

Is the service caring?

Our findings

People told us that they were treated with dignity and respect. We observed that staff interacted with people in a respectful manner. Staff gave us examples of how they ensured people were treated with dignity and respect. This included, knocking on people's doors before entering their room and giving people choice. One person told us that they were treated, "Very well," by staff.

People were treated with dignity and respect. Staff gave us examples of how they ensured that people's dignity was respected and privacy maintained. This included ensuring that the door was closed when providing personal care and knocking on people's doors before entering their rooms. We saw that staff encouraged people to make choices throughout the day and supported people in a patient manner and treated people with respect. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. Staff chatted to the people about how they felt and their day so far.

People had personalised their bedrooms according to their individual choice. For example, family photos and pictures on the wall. Staff told us about people's individual needs and preferences. People were supported as required but encouraged to be as independent as possible. For example, we saw that people were supported to go into the community with staff to purchase food shopping for the home. People told us that they sometimes helped staff to prepare meals of their choice. In this way people were receiving the care that met their needs and preferences. Staff told us that changes in care and treatment were discussed at the daily handovers of shifts. However, care plans were not always up to date and accurate. Following our inspection we were sent an updated care plan for one person.

Is the service responsive?

Our findings

People participated in activities of their choice. Each person had a leisure activities plan. One person showed us a copy of their daily activities programme. They told us about the activities they enjoyed including drama and swimming. We saw that people were supported to go out into the community. One person told us they liked going out in the community and enjoyed attending weekly drama sessions. This was confirmed by records reviewed. We observed that another person who enjoyed art was provided with a space in the communal living area where they were able to achieve their hobby.

Each person had an initial assessment of need. Care plans reviewed covered areas such as budgeting, nutrition, communication and documented people's hobbies and preferences. People's cultural and religious needs were met by the service. One person told us that staff supported them to attend their place of worship. Staff knew people well and how to care for them.

We saw that some people's rooms were personalised with family photos and pictures. One person gave us a tour of the building and told us that they were happy with their room.

The service had a complaints policy. The registered manager told us that they had not received any complaints. Staff and records showed that people were able to communicate their needs and give feedback during monthly keyworker sessions. Staff told us that this helped them to provide the care and support people wanted and needed. For people unable to communicate their needs staff used gestures and object of reference, as well as talking to family to gather information about how best to meet people's needs. We saw that suggestions made at meetings held with people who used the service, such as request to go to cinema and an Easter meal and hunt were accommodated by the service.

Is the service well-led?

Our findings

The registered manager was appointed in January 2015. The care and development manager is responsible for the overall management of the service and provides support to the registered manager who is responsible for the day to day running of the service. The registered manager told us that weekly meetings were held and involved input from staff, but these were not recorded. The registered manager told us that they had implemented a new rota structure in December 2015 to include management presence which we saw evidence of on the day of our inspection.

We saw that the service had an open door policy which allowed people to approach senior staff, including the registered manager at any time.

Staff felt supported by senior management and felt the home was well managed. They were confident in raising concerns about care or making suggestions to improve the service. One staff member commented that communication with senior management was, "Very open," and "Supportive and helpful." Other comments from staff included, "I feel I am well informed," and "As a small care home it is very well managed."

The environment was warm and inviting with a lounge area for people to sit and meet with their relatives or other visitors. We saw that people were able to approach staff throughout the day and staff responded positively in a calm and friendly manner. People chatted with staff and they were comfortable with staff.

There were systems in place to monitor the quality of the service. However, these were not effective in ensuring that people's care records were accurate and up to date. The registered manager told us that the care and development manager was responsible for audits. We spoke with the care and development manager on the second day of our visit who showed a copy of the last quality monitoring audit dated December 2014. Following our inspection the care and development manager sent improvement/action plans for April 2016 covering various aspects of the service with dates for these to be achieved. Including ensuring that care records such as monitoring of risk assessments and the completion of mental capacity assessments for five of the six people using the service.

We concluded that the above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to obtain consent to care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for people who used the service. Medicines were not always managed safely and assessing the risks to the health and safety of people who used the service receiving care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not safeguarded from abuse and improper treatment because monies owned by them were not always appropriately managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for monitoring the quality of the service were not effective. Records relating to the care and treatment of people who used the service were not accurate or up to date.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not receive regular supervision and appraisal to enable them to carry out the duties they are employed to perform.</p>