

Anchor Hanover Group

Willow Gardens Care Home

Inspection report

Hampshire Lakes
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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

Willow Gardens Care Home is a residential care home located in Hampshire Lakes, which is a retirement village, consisting of houses, flats and communal facilities. The care home was providing accommodation and personal care to 32 people at the time of the inspection but can support up to 36 people. The home was on the second floor of the building and was accessed by a lift or stairs.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse. Risk assessments were in place which identified possible risks to people living at the home. The provider had processes in place to reduce the risk of the spread of infection. People's needs were met by suitable numbers of staff who had appropriate training.

People's needs were assessed before they were offered a room in the home. People were supported to eat and drink enough to meet their needs. Staff ensured people had access to healthcare professionals when necessary. People received their medicines as prescribed.

People, relatives and visitors told us the staff who supported people were kind and caring. People expressed their views and were involved in making everyday decisions about their care. Staff respected people's privacy and dignity and promoted independence.

People had care plans in place which detailed their needs, preferences, interests and social histories. People and visitors told us there were a lot of activities offered. The provider had a complaints procedure in place. Where people received end of life care, this was based on best practice and personal preferences.

The registered manager and provider ensured there was a person-centred, open and inclusive environment for people to live and staff to work. There was a clear leadership structure in place which included the registered manager and senior staff team. The registered manager had a quality assurance system in place

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Willow Gardens 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Willow Gardens Care Home is a 'care home'. 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, such as the previous inspection report.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people living at Willow Gardens Care Home, six relatives, four staff and the registered manager.

We spent time sitting with people in communal areas and observed how staff interacted with them.

We looked at a range of records, including care plans for three people, medicines records, recruitment records for five staff and audits.

After the inspection

We received written feedback from eight further visitors who were relatives or volunteers.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse.
- Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how and when to contact the local authority safeguarding team as necessary.
- Relatives told us people were safe at Willow Gardens Care Home. Comments from relatives included, "It is a safe and happy home" and "[My relative] was very comfortable in their room, enjoying a safe, familiar environment."

Assessing risk, safety monitoring and management

- Risk assessments were in place which identified possible risks to people living at the home. These included risk assessments for equipment used to support people to move around.
- There were personal evacuation plans in place should there be an emergency which meant people needed to leave the home suddenly.
- Systems were in place to ensure equipment was maintained and checked regularly, for example, the boiler, water systems and bath hoists. A fire risk assessment was in place and staff had received fire training.

Staffing and recruitment

- People's needs were met by suitable numbers of staff.
- Staffing levels were based on how many people were living in the home as well as their individual needs. More staff were rostered on shift when necessary or people's needs changed.
- One person told us staff responded to them using the call bell system at night, "within minutes" and a relative told us, "There are lots of staff around and I have seen them sit and chat with people."
- Recruitment procedures were in place, which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- A regular visitor told us, "[The registered manager] is very astute in her staff selection and has good teams."

Using medicines safely

- People received their medicines as prescribed.
- Medicines were stored safely and securely, and records were completed appropriately.

- Staff were trained in administering medicines and their competency was assessed by the registered manager.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection. Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection. This included the completion of cleaning schedules and audits. Staff had access to personal protective equipment such as aprons and gloves.
- A named staff member was designated as the infection control 'champion'. The staff member was also responsible for some auditing of infection control processes and observed staff washing their hands to ensure this was done correctly.
- A visiting professional told us, "The residents are always beautifully clean, as are the facilities."

Learning lessons when things go wrong

- The registered manager had systems in place to audit incidents or changes in people's needs. The registered manager was open to learning and development should anything go wrong.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they were offered a room in the home. The registered manager visited the person in their current environment to ensure they could meet their needs and people could visit the home before they made a decision.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills.
- All staff completed training which the provider considered mandatory, which included moving and handling, supporting people living with dementia, equality and diversity, and fire safety. Staff who were new to care completed the Care Certificate. The Care Certificate is a nationally recognised qualification relevant to staff working in social care settings.
- Staff were further supported in their work through regular supervision sessions where they could discuss issues about their work.

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

- People were supported to eat and drink enough to meet their needs. Strategies were put in place to encourage people to eat when they might otherwise be reluctant. For example, staff sat at the dining table and ate a meal with people.
- People were offered a choice of food at mealtimes. Staff showed people two plates of food at the table so people could see and smell the meal, which helped them to make an informed choice. If people wanted something different, there was a 'call order' system in place which meant staff called the kitchen and asked for specific food to be prepared.
- We observed staff supporting people at mealtimes in a kind, patient, chatty and friendly way. There were three dining rooms in the home and staff served food from trolleys in each room. We heard staff ask if everyone had had enough food before they cleared away.
- One person told us, "The food is very nice, there is a choice, or they will fix you up with something else." A relative told us, "The food always looks absolutely delicious and I can vouch for that as at the last residents and family meeting we were given tasters."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked with other agencies to improve people's quality of life.
- For example, they liaised with and sought advice from GPs, community nurses and dieticians.

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

- The home was purpose built as a care home. The provider and registered manager had considered how the environment met the needs of people living with dementia and had completed assessments and audits of the building to ensure people's needs could be met. For example, staff had used a nationally recognised assessment tool which looked at the positive use of colours, signage and sensory items. Staff had attended in-house workshop training about creating meaningful environments to better support people living with dementia.
- People were consulted about the environment and were involved in making changes. For example, the home is on the second floor of the building and people had discussed the creation of a rooftop terrace to enable people to access outdoors safely. The rooftop terrace was created with fencing, seating and plants. People had gone to the garden centre to choose ornaments and plants. The terrace was used all year round and hats and umbrellas were kept by the door so people could see them and use them if necessary.
- Each person had a 'memory box' outside their room. The memory boxes were large, had lighting inside and contained personal items and photographs. A relative told us, "He was involved in making [the box], it was important to him, he looked at it and it brought back memories. It is personalised to his interests."

Supporting people to live healthier lives, access healthcare services and support

- Staff ensured people had access to healthcare professionals when necessary.
- One relative told us, "Appropriate and timely referrals were made to the GP and the older persons' mental health team." Another relative told us, "[My relative] had many visits from district nurses, paramedics and doctors organised by the staff."

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware of the importance of seeking people's consent in everyday decision making, for example, whether they wished to have a shower or where to spend their time in the home.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, relatives and visitors told us the staff who supported people were kind and caring. One person told us, "I am very well cared for."
- Comments from relatives included, "I am full of admiration for the care [my relative] gets from all the staff", "I cannot fault the care [my relative] is receiving at all. They are taking care of all physical needs and at the same time caring for her dementia", "The staff are kind, courteous and helpful" and "[My relative] was well cared for by the kind and helpful staff."
- There were a number of regular visitors who went to the home as a volunteer or as part of the community. One visitor told us, "The staff are lovely and genuinely care about the residents. People appear very well cared for and happy. We have been very happy to bring our children here over the years and they are welcomed with the same love and care as their older friends receive." Another visitor said, "I have only seen positive and caring interactions between staff and residents. Privacy, dignity and respect are paramount in the care I have witnessed. Personal care is just that, personal. [My relatives who previously lived here] liked the staff and the care that they received."
- During the inspection we saw staff interacting with people in a kind, patient and caring way.

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

- People expressed their views and were involved in making everyday decisions about their care. For example, people chose when they got up and went to bed. One staff member told us, "We know who doesn't like to get up early, it's always their choice, some people have breakfast in their room."
- People also made choices about their personal care, for example, whether they liked a bath or shower as well as what time of day they preferred this to happen.
- People were involved in the way the home was run. For example, people were consulted about the menus. The registered manager told us people had complained about having liver on the menu, so this was taken off and replaced with something else.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted independence.
- Staff told us how they ensured they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "We explain what we are doing, do it as quickly and comfortably as possible, so people are not left lying around too long." Another staff member told us, "I respect their wishes, ask them what they would like, explain what we're doing, for example, the hoist, we talk through the controls. We get down to their level, we don't talk over them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place which detailed their needs, preferences, interests and social histories. Care plans were reviewed regularly and updated when necessary.
- Where people's needs changed considerably, relatives and professionals were involved in discussing the person's changing needs and how these could be met. The registered manager and staff were committed to continuing to support people to stay in the home where possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in a format they understood. People had a communication care plan in place which identified the support they needed to communicate their thoughts and wishes.
- Staff received training on how to communicate with people who had specific communication needs. The training used devices designed to show staff how it might feel to experience sight or hearing loss.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and visitors told us there were a lot of activities offered. One person told us, "There is plenty of entertainment." A visitor told us, "The activity programme is varied and engaging and a real family atmosphere exists."
- The home was in a retirement village, which included a 'wellness centre'. Some people living in the home accessed the wellness centre, for example, to swim and to join in an exercise class which was for the whole village community. The registered manager told us people felt they had gone out, rather than staying at home and joining a class in the lounge, for example.
- A relative told us, "[My relative] used all the facilities, I like the fact it is a community [the village] and I have been on trips out with him. There are lots of activities which keep him engaged."
- The registered manager had noticed that people enjoyed the company of dogs when visitors brought dogs to the home. In response to this, the registered manager had bought a puppy which spent a lot of time at the home. People liked to spend time with the dog and were encouraged to go for walks with him around the village.
- There was a 'magic table' in the main hallway. Interactive images were projected onto the table and there were several different games and moving images. People could spend as little or as much time as they

wished sitting there and would be joined by staff and children who were visiting. This was a good way of different generations interacting with each other, especially where people were living with dementia.

- There were white boards around the home which detailed the 'Daily Challenge', for example, how many different types of cake people could name. People could write on the boards as they passed, and we heard staff facilitating the challenge throughout the day so that everyone could be involved.
- Being part of the local community was an important part of the ethos of the home.
- The home had links with five schools and pre-schools, and children of different ages regularly visited the home. On the first day of the inspection, a pre-school group was in the home. They were learning about the 1920s and wore clothes from the era. People who wished to join in, were sitting with the children, looking at their workbooks and helping them with a craft project. People were active, involved, chatting and laughing.
- The registered manager had made links with another local care home, where people had different needs to those living at Willow Gardens. Some people from the other home had visited Willow Gardens, enjoyed afternoon tea and a sing-song and a return visit was planned. Both groups of people had enjoyed the interaction with people they had not met before.
- The home also organised fund raising for projects in the community and national charities.
- People were encouraged to maintain their religious beliefs and some people attended the local church.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- Where concerns had been raised by people, the registered manager ensured they were investigated, and action taken to rectify the situation. The registered manager told us, "I take [complaints] seriously."

End of life care and support

- Where people received end of life care, this was based on best practice and personal preferences. District nurses and GPs worked with staff to support people at this time, for example, with pain relief.
- The registered manager made a 'comfort basket' for families who were visiting someone who was at the end of their life. This included items to make their time as comfortable as possible and a booklet of frequently asked questions regarding end of life.
- Staff had received training in end of life care and staff told us how they supported people at this time of their life. This included making them comfortable, ensuring they received appropriate pain relief and respecting their religious preferences.
- A relative told us, "[My relative's] end of life care was excellent. Not only was she well looked after but we felt cared for as a family. At all times we were kept well informed of any changes in her condition." Another relative told us when their relative's health deteriorated, "the experience and knowledge of the staff was invaluable at a difficult time and nothing was too much trouble."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider ensured there was a person-centred, open and inclusive environment for people to live and staff to work.
- People, relatives, staff and professionals all spoke highly of the registered manager.
- Comments from visitors included, "[The registered manager] keeps us informed and is very empathetic", "The atmosphere in the home is very friendly and welcoming to us visitors, I am sure this is due to the good leadership of [the registered manager and deputy]" and "From the regular residents' and relatives' meetings, ideas have been taken on board for visits and facilities. This shows that the management are listening and open minded."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour.

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

- There was a clear leadership structure in place which included the registered manager and senior staff team. The registered manager was supported by the district manager, whose role was to oversee several services.
- The registered manager notified the Commission of any specific incidents or accidents.

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

- The provider sought the views of a percentage of people and their relatives each year. The results were collated and analysed and we saw the results were positive. A board was displayed in the home entitled, 'You said, we did.' This provided feedback to people about what action had been taken further to surveys and 'residents' meetings'.
- The provider also surveyed staff to seek their views on the service provided.
- A volunteer held weekly 'residents' meetings' where activities for the week were discussed and people could express any concerns. Another two volunteers held a relative's support group every two months and this was promoted by the registered manager.

Continuous learning and improving care

- The registered manager had a quality assurance system in place. This included a range of audits, such as care plans, medicines and health and safety. Any identified issues were addressed. For example, a health and safety audit identified an issue with some doors, so new parts were ordered and the doors were fixed.
- The registered manager also used a range of tools to monitor the quality of the service provided. Completion of these tools resulted in action plans where necessary and progress was followed up to ensure actions were completed.
- There were staff 'champions' for specific areas of care provision, for example, oral care. Champions have relevant training and overview of a topic and other staff can go to them with questions.
- The registered manager ensured they kept up to date with current good practice and attended local forums.

Working in partnership with others

- Staff worked in partnership with other professionals to improve outcomes for people.
- This included holding a monthly meeting with the community matron to discuss people's changing needs and to put a plan of care in place to ensure they could stay at the home for as long as possible.
- Another example was working with the Diabetic nurse, who also provided training for staff.