

Willow Care Homes Limited

Willow Care Homes Limited

- 116 Ashurst Road

Inspection report

North Finchley
London
N12 9AB

Tel: 02084920363
Website: www.willowcarehomes.com

Date of inspection visit:
26 September 2017

Date of publication:
24 November 2017

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

This inspection took place on 26 September 2017 and was unannounced. At our previous inspection of this service in March 2016 we found five breaches of legal requirements. These were because improvements were needed in medicines management, managing risks for people, managing people's money. There was a lack of staff supervision and lack of effective monitoring of the service. We checked these breaches at this inspection and found there had been some improvements.

We found medicines were being managed appropriately, risk assessments had improved and there were improvements in managing people's money. However, we did find that although staff had received an appraisal, they were still not all receiving regular supervision.

This care home is registered to accommodate six people who have a learning disability. At the time of this inspection there were five people living in the home.

There was no 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. The previous manager had recently left and the provider informed us that the deputy manager had been promoted to manager but she had not yet applied for registration with the Care Quality Commission.

The manager had a good understanding of safeguarding people and shared her knowledge with staff.

People had up to date care plans reflecting their needs and wishes. Staff knew their needs well. People and their relatives said they were happy living in the home. They had lived together for several years and got on well with each other and with staff. Staff were kind and caring. People enjoyed their weekly routines of attending their respective day services and following their individual interests. They went out regularly, both as a group, and individually with staff to places they chose to go. People enjoyed a balanced diet. Staff followed good food hygiene practices.

Staff had to complete online training for the role in their own time so some were not up to date with all training, but they felt supported by the manager and said the team worked well together.

The manager carried out internal audits and checked money and medicines daily to ensure no errors were made.

At this inspection there were four legal requirements not being met. There was a risk to people's safety as the fire procedure to follow at night was not clear. Substances harmful to health if swallowed were in unlocked cupboards. There was a lack of oversight of staff supervision and training due to the change of manager. Some of the carpets were in a poor unhygienic condition and the overall monitoring of the home had not addressed these concerns.

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

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 consistently safe. The written procedure for staff to follow if there was a fire at night was not satisfactory. The staff didn't understand it and this left people at risk in the event of a fire.

People had risk assessments addressing risks to their individual health and safety but some substances which posed a risk to people were not stored securely. People received their medicines safely as prescribed.

Staff recruitment was safe to ensure staff were suitable to work with vulnerable people.

The carpet in the hallways, lounge and some bedrooms was dirty, stained and unhygienic.

Is the service effective?

Requires Improvement 

The service was not consistently effective. The provider and manager did not keep a central record of staff training so were unable to ensure staff were up to date with mandatory training. Staff were expected to complete online training at home in their own time.

Although staff appraisals had taken place there was a lack of regular supervision despite this being raised at the last inspection.

Staff supported people with their health needs.

Is the service caring?

Good 

The service was caring. People had good relationships with staff and felt comfortable with them. Staff interacted positively and kindly with people.

Is the service responsive?

Good ●

The service was responsive. The provider employed a staff member who could drive and the service had a car so people were able to go out and take part in activities they enjoyed. Each person had their preferred lifestyle recorded in their care plan and staff supported them to do what they wanted.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led. There was a lack of evidence of the provider overseeing the service by carrying out quality monitoring. The provider had not identified the concerns we found.

The new manager was carrying out regular audits and had made some improvements in the areas of medicines management and managing people's money.

Willow Care Homes Limited - 116 Ashurst Road

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 checked 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 26 September 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about this provider including previous inspection reports, notifications and safeguarding information.

We met the five people living in the home. We were able to speak to three of them individually and we spent time with everyone observing how staff interacted with them in the home, including at a mealtime.

We met with the manager and two care staff. We carried out pathway tracking for two people. This is where we read the risk assessments and care plans for the person then checked the daily records to see if the care plan and risk assessments were being followed. We also spent time observing those people and read their health and financial records.

We asked the manager to contact us with the details of relatives who were willing to speak with us to give their views on the care provided at the home. We were able to get feedback from two people's relatives. We also contacted three health and social care professionals to request feedback on the home and received feedback from one of them.

We inspected all communal areas and two bedrooms with the residents' consent. We also looked at a number of records; staff recruitment, training, supervision and appraisal records for two staff members, and staff rotas. We looked at fire records, medicines records, health and safety records, menus and guidelines for supporting people to eat safely.

Is the service safe?

Our findings

People were at risk in the event of a fire at night as the fire procedure was not satisfactory and staff did not understand it. The written procedure referred to a protocol that neither the manager nor two staff on duty were able to explain. There was only one staff on duty at night which made it essential that they knew exactly what to do to safeguard people in the event of a fire. Fire safety checks did not include checking fire doors were closed safely. The dining room door was blocked open with three wicker boxes which was a fire risk. The manager removed these when we pointed this out. We asked the manager to contact the fire brigade urgently to seek advice on a suitable fire evacuation procedure for this home at night which they did after the inspection.

One person's risk assessment said they were at risk of taking and drinking harmful liquids. We found that the cupboard in the kitchen where cleaning fluids were stored was not locked. There were also other items in unlocked cupboards such as vegetable oil and thickener powder for drinks. The manager said that this posed no risk to people as they would not go into the kitchen unsupervised. However, three people went into the kitchen to take their plates after dinner and everybody could access the kitchen if they wanted to so there was a risk that people could have access to harmful substances. The manager told us that these items had been locked away immediately while we were at the home.

At the time of the last inspection there had been one waking night staff and another sleeping in the home on call if the night staff needed help. This second staff member was removed when a person with high support needs was no longer in the home. There was a lone working policy in place the fire procedure did not address how one staff should evacuate five people safely in the night.

The above were a breach of Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

One of the two bedrooms we visited had a stained carpet which was also a trip hazard as it was not lying flat in one place. When we asked this person if they liked their room they told us they wanted a new carpet as it was, "very old, tatty and not very nice at all." We saw that the carpet in that person's room was not in good condition. The lounge carpet and carpet in corridors were very dirty and stained and not suitable for a home.

This was a breach of Regulation 15 of the HSCA 2008 (Regulated Activities) Regulations 2014.

People had personal emergency evacuation plans. The fire alarm system and fire equipment was checked regularly and fire drills were carried out. If there was a fire during the day staff knew what to do and the fire procedure were easy to follow. The manager told us that they were on call and could reach the home in ten minutes if there was an emergency and the director would also be contactable and attend the home to assist in any emergency.

The home had not raised any safeguarding alerts since the last inspection and the manager said there had been no safeguarding concerns. They had a good understanding of safeguarding procedures. At the last

inspection there was a breach of regulation about safeguarding people from risk of financial abuse. There had been some improvements since that inspection. Expenditure was clearly recorded and receipts for people's purchases were stored securely. We checked a sample of receipts and found they matched the written records about what they had bought so there were no concerns. Finance records for people living in the home were checked every day. The provider was appointee for four of the five people. This meant staff had access to their bank accounts via their debit cards. There was no evidence to suggest any financial abuse but this method of managing people's money did carry risk. We saw that the provider had written to London borough of Barnet to request that these four people be given appointees who were not connected with the home. They had not yet received a response but the manager was overseeing finance management in the meantime.

The usual staffing level in the home was three staff during the day and two in the evening. One person's needs had increased recently and this person was supported on a one to one basis during the day and evening. The manager stayed later in the evening on the day of the inspection but said their normal hours were 8.45am to 5pm. In the evening one staff member supported the person who had one to one staffing needs and one supported the other four people. At night there was only one member of staff on duty to support people. The manager said the current level of staffing was safe and met people's needs but they had applied for funding to provide extra staff so that one to one staffing could be provided in addition to the regular staff on duty and to have another staff member at night.

At the last inspection we found a breach of legal requirements about the way the home managed people's medicines. We found at this inspection that there had been a number of improvements. We checked medicines administration charts and these had been signed correctly by staff indicating that they had given the medicines on time. There were no gaps in the records. The GP had suggested in writing for one person that their medicines were crushed as they had difficulty swallowing. The manager said that this person had their medicines covertly disguised in food as they were not able to take it unless in food. There was no agreement in place for the person to take their medicines covertly but the manager had made an appointment with a pharmacist and the GP to address this issue the week after the inspection. Where people were prescribed topical creams these were recorded on the charts so that the manager could check that staff were helping them to apply the cream as prescribed. The manager checked the medicines administration charts regularly. There were written protocols in place for medicines which were only to be given as and when required, for example painkillers. Medicines were stored at a safe temperature and the temperature was monitored regularly. There were clear systems in place to order medicines and controlled drugs were managed appropriately. People had safe and effective support with their medicines.

We checked one staff member's file and saw that they had attended training in giving medicines and had been assessed as being competent to do so. We observed a member of staff giving medicine to one person and had no concerns about their practice.

The kitchen was clean and suitable for food preparation. Staff cooking the evening meal wore suitable protective clothing for hygiene purposes. The freezers and fridge were iced up and although they were working safely they needed defrosting. The manager said that the provider was buying a new fridge and freezer. We checked bathrooms and toilets which were also kept clean. We checked two bedrooms and these were cleaned by staff and had suitable safety measures in place such as thermostatic mixing valves on the taps in the en-suite bathroom to prevent scalding, radiator covers and window restrictors. One person told us they felt safe in their room and also that staff helped them to feel safe at all times.

Is the service effective?

Our findings

We were not able to confirm on the day of the inspection that staff were properly trained to provide effective care. The provider used a company to provide online training but did not monitor whether staff had completed the training or whether it was overdue. We saw one staff member's file where certificates of their online training were printed out and we could confirm that this staff member was up to date with mandatory training and also had a relevant qualification for working in social care. No central record of staff training was kept. Staff attended training organised by Barnet but all other mandatory training was completed online by staff in their own time. After the inspection we asked the provider and manager to email us this training information which they did nine days later. The information provided showed most staff had completed online training in mandatory topics but some staff were not up to date with mandatory training. A failure to keep a central record of staff training leaves people at risk of being cared for by staff who may not be properly trained to meet their needs.

Since the last inspection in March 2016 staff had received an appraisal in July 2017 which they had been fully involved in. They had not received regular supervision. We selected the files of the two care staff on duty on the day of the inspection. Their last two supervision sessions recorded were July 2016 and January 2017 for one staff member and October 2016 and January 2017 for the second. The registered manager had recently left and the current manager said they would be addressing the lack of supervision straightaway.

The above were a breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff received informal support from the manager and they said that they felt well supported.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. People in the home had DoLS in place but these had expired in May 2017. The manager had applied to Barnet to renew DoLS and was waiting for the assessments to take place. The manager was able to show evidence of a best interest decision that had been recorded.

There was a breach of regulations at the last inspection as there had been no best interest assessments about the provider managing people's finances. As a result the provider asked London borough of Barnet to identify suitable appointees for four people and were waiting for a response.

The manager was committed to ensuring people had choices in their day to day life. She gave examples of how staff supported people to make decisions for themselves where possible. A relative said, "He's respected, he won't do things he doesn't want to, and they know his preferences and moods."

Staff supported people with their health needs and escorted them to all medical appointments. Staff consulted specialist healthcare professionals when needed. At the time of the inspection the manager was working with a social worker to reassess one person's needs as their needs had changed. They said that the staff team had good relationships with local professionals.

People had food that they liked to eat and staff supported them to have a balanced diet. Those who liked takeaway food were able to have this regularly when they chose to. People were involved in choosing the menu which was planned a week in advance. If somebody didn't like the meal or if it wasn't a suitable texture for them to eat they had a separate suitable meal for their taste. We saw people enjoying their evening meal on the day of the inspection. A staff member had cooked tuna pasta bake with vegetables and one person had a different meal which was easier for them to swallow and they enjoyed. There was dessert for those who wanted it and a choice of drinks. We asked two people what they thought of the food. Both said they liked it. One person told us their favourite food was Chinese food and we saw that they had this type of food regularly. Another person said the food was, "good" and "I like it." Other people weren't able to tell us if they liked the food due to communication issues but we observed them enjoying their meal.

Two people had detailed guidelines from a Speech and Language Therapist (SALT) to support them with eating and drinking. We observed a mealtime and noted that the staff did not follow the guidelines exactly for one person as they did three things differently to how the guidelines stated it should be done. When we asked the manager about the differences in the guidelines and the actual practice they said they thought the person was being safely and effectively supported. We asked them to contact the SALT urgently to get their specialist advice on whether the current practice was safe, as the person was at risk of aspirating. The manager did contact the SALT a week later who agreed to review the person's support. A SALT professional told us that they had a good working relationship with the home and that staff had been good at implementing their recommendations. They also said that managers had been proactive in ensuring eating and drinking guidelines were followed and asking for specialist advice when needed.

Is the service caring?

Our findings

A relative told us that staff were, "caring" and "they look after [person] quite well." Another relative said, "He seems quite happy there."

The people living in the home had lived together for a number of years, some had lived together in previous homes. They had good relationships with each other and with staff.

Some people used some signs and pictures to help communicate and staff had a good understanding of the range of communication tools people used. Two people had limited communication skills but we saw that staff talked to them and encouraged them to be involved in what was happening and understood their communication methods. Staff were able to help when we wanted to ask a person some questions and they helped us communicate with the person more effectively.

We observed that people felt very comfortable with the staff and manager and there was a calm atmosphere. People were able to tell staff how they were feeling and staff responded in a supportive way. Two people told us they were happy in the home and told us the things they liked to do there. A relative also told us that their relative living in the home was happy. One person told us how staff were planning to help him have a birthday party. They were fully involved in the plan for the party.

The manager knew people's families as she had worked with the people for a few years as deputy manager. She kept in touch with families by phone or email to let them know how their relative was. Staff supported people to maintain their relationships with their families.

Staff knew people's cultural and religious backgrounds. They supported one person to attend a culturally appropriate service two days a week and a place of worship. One person had been brought up in India and staff supported them to go out and eat Indian food in a restaurant that they liked.

People's rooms were personalised with their own belongings and reflected their interests. People told us they liked the home and we could see that they were very comfortable with the staff and felt well cared for.

People's privacy was respected. Personal care was carried out in private and discreetly. Staff encouraged people to be as independent as they were able to be in daily living activities. We saw people went to bed when they wished and staff responded when people asked for support such as to have bath or a drink.

The manager had been out to buy one person a new chair on the day of the inspection so that they could relax comfortably as people liked to have their own space and did not necessarily like to sit next to each other on a sofa.

Is the service responsive?

Our findings

Care plans reflected people's preferences as well as their support needs. We read two people's care plans and saw they were last reviewed in June 2017 and they were an up to date record of people's support needs. One person's needs had changed in recent months and the manager had been proactive in contacting social services so the person's needs were in the process of being reassessed. Staff were responding to the person's changed needs appropriately. At the time of this inspection, staff were supporting one person on a one to one basis. They had requested extra staffing for this person. People had regular reviews undertaken by the London borough of Barnet.

People got on well as a group but also lived their own individual lifestyle. Each person had a weekly programme of activities to suit their needs and interests. People attended different day services and groups and staff supported them to follow their chosen interests.

The provider supplied a car for the home so that staff could drive people to day services and to other places when they wanted to go. Each person attended day services four days a week and on the weekday that they were at home staff supported them to do what they liked. One person liked to go out to buy a takeaway from a local restaurant and a newspaper every week. Staff supported another person to go to a local park where they liked to walk and to a café. Another person said they liked to go to an art club and swimming which staff supported them to do.

One person recently enjoyed going with staff to Southend. Staff supported one person to attend an employment project twice a week. There was a plan for four people to go out as a group to Woburn Safari Park two weeks after the inspection. A relative told us that their relative in the home loved shopping and day trips to places such as Southend and that these happened regularly.

At the weekends when there was no driver, people went out locally to parks, shops, café or pubs or relaxed at home.

One person liked to be involved in the daily running of the home and to go food shopping with staff, furniture shopping and to help with meal preparation. Others were encouraged to take part in daily chores such as clear the table after meals when they were able to and willing.

There were children's toys and building bricks in the home which staff said two people liked to use. Their care plans also confirmed that they liked these items. There was also accessible equipment for art left out on a table for those who wanted it.

There had been no complaints since the last inspection. There was a complaints procedure for people to follow. Relatives said they would be able to raise concerns and that they would be addressed.

Is the service well-led?

Our findings

There was no registered manager in place. The previous registered manager had left and the current manager had not yet applied for registration though the provider had told us this was planned. The nominated individual who was the director of care had also left since the last inspection and a new nominated individual had recently been identified.

This change of management personnel meant that some areas had not improved and staff were not receiving regular supervision, there had been no management or provider oversight of training in recent months and the monthly audits carried out by the previous nominated individual had ceased.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was checking care records, medicines and finances records very regularly and carrying out internal audits. There was no written evidence of audits at provider level.

There had been a quality monitoring visit by London borough of Barnet in 2016 and the provider had responded by making the recommended improvements.

The management structure in the home included one manager supported by two seniors. We met the manager and one senior who were both very knowledgeable about people's needs and were fully involved in the day to day support of people. They had a good working relationship with each other and helped to provide support for other staff. Staff said they felt well supported and had regular meetings. The manager showed us positive feedback from stakeholders about the service and said that questionnaires were shortly to be sent to families and professionals for up to date feedback about the quality of service provided.

Care files contained all the relevant information about a person's needs but also included old out of date information, some of which was five years old. The manager said they would request staff to archive out of date information so that files contained up to date information.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk due to the lack of a clear night time fire procedure and hazardous substances not being stored securely. 12(1)(2)(a)(b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure all areas of the premises were clean and well maintained. Carpets were dirty, stained and unhygienic. 15(1)(a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to monitored or assess the quality of the service. They had not identified the concerns we found at this inspection 17(2)(a)(b)7(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were at risk of being supported by staff who were not up to date with mandatory training and did not receive regular supervision. 18(2)(a).

