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Willows Care Home

Inspection report

Nevin Road
Blacon
Chester
Cheshire
CH1 5RP

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Willows Care Home is registered to provide personal and nursing care to older people and specialises in supporting people living with dementia. The service accommodates up to 73 people over three separate units. At the time of our inspection there were 68 people using the service.

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

Prior to the inspection, the previous registered manager and deputy manager had resigned from their posts. They had remained at the service to help provide consistent support until the newly recruited manager came in to post. They both remained passionate about providing person-centred care and this was evident in the observations made during inspection.

Despite the uncertainty felt by the staff team due to the management changes, people continued to receive kind, caring and compassionate care. Staff told us people came first and were keen to implement the person-centred care managers had instilled in them. People told us they felt safe and well cared for.

Risks to people had been identified and assessed with guidance in place for staff to follow to ensure people did not come to harm. Where people displayed behaviours that may challenge, regular reviews were completed to help identify triggers and create support plans to enable staff to provide effective care. Staff knew how to recognise signs of abuse and were confident reporting any concerns they may have.

People's medicines were managed safely by trained staff and guidance was in place for people who received medicines 'as required'. Staff used effective methods and techniques to manage situations where people became distressed which had resulted in a reduced need for some 'as required' medicines to be administered.

Enough suitably qualified and trained staff were deployed to meet people's needs. Staff commented on the good teamwork they had and how they supported each other. They told us they received good training and support from the managers and registered provider.

People's needs had been holistically assessed and plans were in place to help manage these. People had access to other health and social care professionals when needed and staff followed the guidance they provided. People were supported to maintain a healthy balanced diet and spoke positively about the food provided. Staff had good knowledge of people's individual dietary needs and preferences and gave support during meal times when needed.

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 services' activities coordinator had developed strong relationships with people and it was clear they responded positively to his interactions. Activities were regularly used as a way of managing behaviours that challenge. Staff told us these methods had helped to reduce some people's anxieties and distress. An additional activities co-ordinator had been recruited to provide one-to-one sessions for people who preferred this.

People and family members spoke positively about the management of the service and did not feel the recent changes had affected the care they received. People were confident raising concerns. The manager's and registered provider's 'open door' policy created an environment that was relaxed and supportive. Effective systems were in place to monitor the quality and safety of the service and the registered provider was keen to improve the quality of care people received.

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 requires improvement (report published 18 December 2018)

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?

Good ●

This service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

This service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

This service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

This service was well-led.

Details are in our well-led findings below.

Willows Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Willows Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been recruited but had not yet started in post. The previous registered manager remained at the service to provide support, until the new manager came into post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. Prior to the inspection we received information of concern from other commissioners of the service relating to safeguarding concerns. We used all this information to plan our

inspection.

During the inspection

We spoke with seven people who used the service and four relatives/friends about their experience of the care provided. We spoke with 10 members of staff which included the registered provider, service development manager, human resources and business manager, supporting manager and deputy manager, nurse, care workers, activities co-ordinator and kitchen staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely by suitably trained and qualified staff. Regular assessments were completed to ensure they remained competent to safely manage and administer medicines.
- Most records relating to medicine administration had been completed accurately. However, some gaps had been identified in the recording of controlled drugs. There was no evidence of impact or harm and was addressed by the end of the inspection.
- Guidance was in place for staff to follow for the use of 'as required' medicines to ensure people only received these when necessary. Nursing staff told us where some people required medicines to help with anxiety or distress, this had reduced due to more effective methods being used.
- Where some people required their medicines to be administered covertly (hidden in food) appropriate assessments and plans were in place for staff to manage this safely and in line with Mental Capacity Act 2005 (MCA).

Assessing risk, safety monitoring and management

- Risks to people had been assessed and plans were in place for staff to manage these and keep people safe from harm.
- Where people displayed behaviours that challenge, thorough risk assessments and support plans had been created to provide guidance for staff to manage these and reduce people's feelings of distress.
- Regular checks were completed on the environment and equipment to ensure it remained safe for people to use.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe from abuse and told us they were confident reporting safeguarding concerns.
- Allegations of abuse were raised with the relevant agencies in a timely way. Managers and staff worked alongside others and acted appropriately to safeguard people from further risk of harm.
- People told us they felt safe living at The Willows and family members were reassured their relatives were safe and well looked after. Comments included; "I feel very, very safe because people help me and people accept me for who I am" and "My [relative] is safe because he sleeps well and I have never seen any bullying or harassment."

Staffing and recruitment

- Enough suitably qualified and skilled staff were deployed to meet people's needs; staff were seen to respond quickly to people when requesting support.

- People and family members told us they felt there were enough staff on duty. One person told us "There are loads of staff."
- Safe recruitment processes were being followed and relevant checks completed on newly recruited staff to ensure they were suitable to work with vulnerable people.

Preventing and controlling infection

- The home was visibly clean and well maintained and people spoke positively about the overall cleanliness.
- Staff told us they had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- Staff were seen to use personal protective equipment (PPE) when required.

Learning lessons when things go wrong

- A detailed review and analysis was completed of incidents such as those related to behaviours that challenge to help identify patterns and triggers. Information was used to re-evaluate people's assessed needs and help reduce people's anxieties and distress.
- Staff were able to clearly explain incidents that had occurred and the learning they had taken from them showing a clear line of communication from managers and the registered provider.

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

- People's needs were assessed, and care delivered in line with standards, guidance and the law. Assessments were completed in good detail and provided guidance for staff to support people and ensure their needs were met.
- Assessments from health and social care professionals were obtained and used to help plan effective care and support for people.
- People's oral health was considered as part of the assessment process and clear guidance in place for staff to ensure good oral health was maintained.
- Information was shared with other agencies where this was appropriate so that people received consistent care and support to meet their needs.

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

- People received additional support from health and social care professionals when needed and staff followed guidance when needs had changed.
- People told us their health needs were met and had regular access to health professionals such as a GP who visited regularly.

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

- People were supported to maintain a healthy balanced diet and were provided with regular food and drink throughout the day.
- We observed a pleasant atmosphere during lunch; staff interacted with people in a warm, positive way and supported them where needed.
- Staff were aware of people's needs and preferences and those who required their food and drink intake to be monitored throughout the day. Relevant charts were completed and reviewed by senior or nursing staff to ensure people received adequate food and drink.
- People were protected from risks associated with poor nutrition, hydration and swallowing difficulties; such as weight loss, dehydration and choking risks.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their role effectively. Newly recruited staff had completed a comprehensive induction and shadowing period.
- Staff felt supported in their role and received regular one-to-one supervision. They told us the on-going

support enabled them to discuss their work concerns or learning and development when needed.

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

- There was signage around the home to help people find their way and identify rooms such as their own room and bathrooms.
- There were areas within the home to help promote stimulation, reduce anxieties and distress and encourage conversation and engagement between people and 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 (DoLS).

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.

- The managers and registered provider worked with the local authority to ensure that any DoLS applications and authorisations made on behalf of people were lawful.
- Where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives and were supported by staff in the least restrictive way possible.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.

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 and family members were positive about the caring attitudes of staff. Comments included; "They [staff] will do anything for me. I have never met a nasty member of staff" and "I've got this wonderful lady [staff member] to help me."
- People were well cared for and staff provided support when needed and asked for. Staff knew people well and displayed positive, warm and familiar relationships when interaction with them.
- Staff provided kind, compassionate support to people who were anxious or distressed and used effective methods to help manage this. One family told us "[Relative] has dementia but staff manage this really well by providing a Dementia doll, they are very caring."
- The activities co-ordinator had developed strong, positive relationships with people; their lively personality and passion for their role helped to create an environment full of life and warmth.

Respecting and promoting people's privacy, dignity and independence

- We observed staff treating people with dignity and respect and providing compassionate support in an individualised way. Staff made sure people were clean and well-presented and people told us they felt listened to.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

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

- People, along with family members, were encouraged to share their views about the care people received with regular reviews and meetings.

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.

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

- Activities were used as a way of managing behaviours that may challenge. It had been identified through records and conversations with staff, that this method had helped to reduce some people's distress and anxieties.
- People interacted positively with the activities co-ordinator; it was clear they felt comfortable in their presence and enjoyed the activities they provided.
- The activities co-ordinator told us day-to-day activities were not planned in advance as they recognised that people can change in mood or behaviour. Activities were organised on the day based on how people presented.
- The activities co-ordinator had been recognised by external health professionals for their work and invited to forums to educate other services about what they do.

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

- People received care that was person centred and based on their individual needs.
- Information about people's life histories and what was important to them was recorded in detail. This information provided staff with the ability to get to know people before supporting them and to engage in conversations of interest.
- Staff interactions with people showed they knew people well and understood and met their individual needs well.
- People and family members were involved the care planning and regular reviews. One family member told us, "I was involved in the planning process and I am kept informed all the time."

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's communication needs and difficulties were considered as part of the assessment and care planning process. Guidance was place for staff to follow to help effectively communicate with people where required.
- People had access to assistive technology and devices to support with communication. One family member told us whilst staff were effective at using such devices he felt they would benefit from specific training to gain a better understanding of their full use.

Improving care quality in response to complaints or concerns

- People and family members told us they would raise concerns or complaints if they needed to. They were confident that any concerns would be properly investigated by the registered manager.
- A record of any concerns/complaints was kept which clearly showed the procedures followed by the registered manager and how they were investigated and resolved.

End of life care and support

- People were supported to make decisions about their preferences for end of life care and were involved in developing care and treatment plans. Care plans included people's advanced decisions about their end of life wishes and appropriate professionals were involved throughout.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The previous registered manager and deputy manager had recently resigned from their posts. However, they were continuing to provide management support until the newly recruited manager started in post.
- The registered provider and other senior managers within the provider group were also providing additional support to ensure the quality of care remained of a good standard.
- Despite the changes in management, staff still felt supported in their roles and able to approach managers and the registered provider if they had any concerns.
- The registered provider and managers effectively communicated with staff to ensure they were aware of issues within the service and areas in need of development.
- The manager and registered provider were aware of their legal requirement to notify CQC about certain events and submitted notifications when required.

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

- Despite the feelings of uncertainty as a result of changes in management, staff remained keen to implement the person-centred care that had previously been instilled within the service. One family told us they did not feel the management changes had affected the care people received.
- People and family members spoke positively about the level of service they received. Comments included; "It's brilliant here, people are nice, staff are nice" and "I would not live anywhere else because the staff are a well-led team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and family members were involved in discussions about the service through regular meetings and surveys. Regular 'You said. We did' meetings were held to obtain people's views and provide updates on changes made.
- The service worked closely with other partner agencies and community groups to achieve good outcomes for people.
- Managers had been recognised by external professionals for their engagement in forums and for sharing their views and experiences in the improvements made to the service and quality of care.

Continuous learning and improving care; 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

- Effective systems were in place to check the quality and safety of the service. Regular checks and audits were completed by managers and the registered provider; any issues were addressed through action plans.
- The registered provider and managers were open and transparent about issues or changes within the service and ensured relevant professionals were kept up-to-date.
- The manager informed people when things went wrong and took action to address and learn from incidents.