

My the Orchards Ltd

Willow Tree House

Inspection report

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Date of inspection visit:
29 September 2016

Date of publication:
09 November 2016

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

We inspected Willow Tree House on 28 September 2016. The inspection was unannounced.

Willow Tree House is situated in Mansfield, a town in North Nottinghamshire. The service is registered to provide accommodation for people who require nursing or personal care for up to 110 people, although nursing care was no longer being provided. There are two separate buildings on the site of the service, although one building was not in use at the time of our inspection. People were supported with a variety of physical health needs as well as dementia related care. At the time of our inspection 37 people were living at Willow Tree House.

The service had a registered manager in place at the time of our visit. 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.

People told us they felt safe at Willow Tree House and did not have any concerns about the care they received. Staff knew how to protect people from harm and referrals were made to the appropriate authority when concerns were raised.

Risks to people's safety were identified and managed and assessments were carried out to minimise the risk of harm. For example in relation to falls or environmental risks. The building was well maintained and regular safety checks were carried out.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff employed. Appropriate pre-employment checks were carried out before staff began to work at Willow Tree House.

People received their prescribed medicines when required and these were stored and administered safely. People who chose to administer their own medicines were supported by staff to do so safely.

People received effective care from staff who received training and support to ensure they could meet people's needs. On going training and assessment for care staff was scheduled to help maintain their knowledge.

People provided consent to any care and treatment provided. Where they did not have capacity to offer informed consent their best interests and rights were protected under the Mental Capacity Act (2005). People's wishes regarding their care and treatment were respected by staff.

People told us they enjoyed the food offered and we saw they had sufficient quantities of food and drink to

help them maintain healthy nutrition and hydration. People had access to healthcare professionals when required and staff followed their guidance to ensure people maintained good health.

People were treated with dignity and respect and their privacy was protected. We observed positive, caring relationships between staff and people who used the service. Where possible people were involved in making decisions about their care and daily activities.

Staff understood people's support needs and ensured they received personalised responsive care. People had the opportunity to take part in enjoyable, constructive activities. They knew how to raise an issue and were confident these would be listened to and acted on.

There was an open and transparent culture at the service. People, their relatives and staff were encouraged to have their say on their experience of care and their comments were acted on. Quality monitoring systems were in place to identify areas for improvement and ensure these were acted on.

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 ●

The service was safe

Sufficient numbers of skilled and experienced staff were employed to meet people's needs.

People received their medicines when required and they were stored and administered safely.

People were supported to maintain their safety and risks were assessed and managed to reduce risk of harm

People were protected from risk of bullying and abuse.

Is the service effective?

Good ●

The service was effective.

People received enough food and drink to maintain healthy nutrition and hydration.

People were cared for by staff who received support and training to help them meet their needs.

Where people lacked capacity to make a decision about their care, their rights and best interests were protected.

Is the service caring?

Good ●

The service was caring.

People and their relatives had positive relationships with staff.

People were treated with dignity and respect and their privacy was protected.

People were involved in the design and review of their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that was responsive to their needs.

People were provided with meaningful activities that they enjoyed.

People and their relatives felt able to raise a concern or complaint and were confident it would be acted on.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture in the service.

People who use the service, their relatives and staff were encouraged to give feedback about the service and their feedback was acted on.

There was a clear management structure in place.

There were quality-monitoring systems in place which were used to drive improvement at the service.

Willow Tree House

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 29 September 2016 and was unannounced.

The inspection was carried out by one Inspector. Prior to the inspection, we reviewed information we held about the provider including reports from commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with nine people who used the service and four of their relatives. We spoke to four care workers, two senior care workers, the registered manager, the area manager and maintenance person. We observed staff delivering care, reviewed five care records, Medicine Administration Record (MAR) Charts and looked at the recruitment files of four members of staff. We reviewed notes of meetings for staff and residents, quality audits, incident records and complaints. We also observed the way staff cared for people in the communal areas of the building. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe at Willow Tree House and did not have any concerns about the care they received. One person told us; "I'm quite happy and safe here", a second person said, "I am safe here, I do feel safe." A person's relative told us, "I do think they [relative] are safe generally". A visiting health professional told us, "I think it's a safe service, we've never had any issues."

We observed the service had a calm and pleasant atmosphere. People interacted positively with care staff and each other including discussing television shows, their meals and one person's upcoming holiday. Care plans contained information about the behaviour people may exhibit that could be considered challenging, including signs and triggers indicating the person was becoming agitated. The provider's training records showed that all staff had received training on managing challenging behaviour and staff we spoke with and the registered manager demonstrated a thorough understanding of people's needs and how to respond to behaviours. We saw that where people had demonstrated these behaviours appropriate steps were taken to ensure they and other people were kept safe.

The staff we spoke with demonstrated a good understanding of safeguarding procedures including signs and types of abuse and their role in raising a concern. No one had raised a concern but all were confident to do so and had faith that the registered manager and area manager would act on these. We saw that appropriate referrals had been made to the local safeguarding authority when required. Training records showed that all staff had completed recent safeguarding training and further training was scheduled to ensure staff were up to date with current guidance. The staff we spoke with were aware of the service's whistleblowing policy and told us they could raise an issue without fear of reprimand. A staff member said, "I'd feel comfortable whistleblowing."

Information about how to reduce risk of injury and harm was available in people's care plans. We saw that the provider had completed assessments to identify and manage risk for a number of areas including trips and falls, Christmas lights, the environment and fire safety. The assessments included information for staff on how to manage risk and were reviewed monthly or when a person's needs changed. For example, a risk assessment for a person with reduced mobility included guidance for staff on how to support the person with a walking aid. We saw that as the person's mobility decreased the assessment was updated to instruct staff on how to safely transfer the person to a wheelchair. Care staff we spoke with were aware of people's needs and the support they required to reduce risks.

Records of accidents and incidents were kept in a central file which enabled the provider to identify any trends or concerns to help manage future risks. People told us they felt the building was clean and well maintained. The provider had taken steps to reduce preventable risks and hazards, for example regular fire and gas safety checks were carried out. We saw records that showed regular maintenance of the building and equipment was carried out including portable electrical appliance safety and legionella checks. A maintenance person was employed by the service and staff told us any requests were dealt with quickly.

People we spoke with said they generally felt enough staff were employed to meet their needs but there

were times when they felt more staff were required. One person told us, "There are generally enough, although at weekends they seem a bit down (in numbers)." A second person told us, "Sometimes you can wait a little while for staff but usually they are quite quick." People's relatives provided a mixed response, one relative told us, "They (staff) are very good, always around." Whilst a second relative said, "They seem to be okay but you could always use more, particularly at weekends." This opinion was echoed by staff members. One member of staff told us, "We've definitely enough. It's all down to the skill mix of who you are on with. You can have days when you have less staff through sickness but you work really well together." A second staff member said, "For the amount of residents we've got now I think we've got the right number of staff." During our inspection we saw that sufficient numbers of staff were available to meet people's needs. Requests for assistance were dealt with promptly and people received support that kept them safe.

We looked at the staffing rota for the two months preceding our inspection and saw that the staffing levels identified by the provider were achieved for the majority of shifts barring staff illness. We saw that the new provider had instigated a system whereby staff could be requested from their other nearby services to cover any shortfall in staff numbers at Willow Tree House. Also the provider and registered manager had begun a review of staffing levels and staff allocation aimed at addressing the concerns people expressed.

The provider had processes in place to ensure staff employed at Willow Tree House were of good character and had the necessary skills and experience to meet people's needs. Recruitment files we looked at contained evidence that the provider had carried out all appropriate pre-employment checks including references from previous employers, proof of identity and a current Disclosure and Barring Service (DBS) Check. A DBS check allows employers to make safe recruitment choices.

People told us they received their medicines when required and had not experienced any difficulty with this. One person told us, "They (staff) seem to have that side of things well organised." A relative confirmed, "They are good with the meds." A visiting health professional told us, "They are quite good with medication. They are really on the ball with starting antibiotics and dealing with prescriptions." Members of staff and the registered manager told us they received regular training on the management and administration of medicines. We saw weekly audits of Medicines Administration Record (MAR) charts were carried out by staff and checked by the registered manager. Additionally, the new provider had brought in a nurse to carry out competency assessments of all staff that administered medicines. We saw that assessments were thorough and reflected current best practice and guidance. Records of the assessments showed that where staff failed to meet the required level of competence they were given additional support and training, but not allowed to administer medicines until they had successfully been assessed to be competent.

MAR charts we reviewed included information about the person, including a preferred method of administration for their medicines and a photograph and their date of birth to help care staff ensure the correct medicine was given to the correct person. Medicines were stored securely in a locked trolley and the temperature was monitored. We saw that any creams and lotions used were labelled with the person's name and the date of opening. A policy was in place for the storage and administration of medicines prescribe as to be given when required, known as PRN. We observed staff asking people if they required this medicine and recording their refusal or administration accurately.

Is the service effective?

Our findings

People told us they felt care staff had the skills and competency to meet their needs and that they appeared to be well supported. One person who used the service said, "The staff are good, the older ones know what they are doing and the younger ones are learning."

We found that people were cared for effectively as staff were supported to undertake training that helped them meet people's needs. The provider had identified training they designated as mandatory and we saw that all staff had completed these courses including, fire safety, Deprivation of Liberty Safeguards (DoLS,) dementia awareness, moving and handling, health and safety, first aid and safeguarding of vulnerable adults. Additionally we saw that all senior staff had received training in basic life support which would enable them to provide lifesaving assistance to people in an emergency. We saw examples of staff using their training to support people including administering medicines and preparing food safely. Staff we spoke with told us they welcomed the training they received and felt it helped them to support people and understand their requirements. One staff member said, "We used to do a lot of e-learning but the new company prefers to do it face to face which will be good." A second staff member said, "There's loads of new training available now that I'm signing up for."

Staff told us they felt supported by the registered manager and senior staff and were able to talk with them and discuss any issues. A staff member said, "They [managers] are really supportive, you feel really appreciated." We saw that all staff received a face-to-face supervision meeting with the registered manager every three months. Staff told us they valued these meetings and felt able to be open and honest. New members of staff undertook a period of induction upon commencing work at Willow Tree House, including shadowing experienced staff and role specific training.

Care plans we saw confirmed that people had signed to indicate their consent to receive care at Willow Tree House. We saw that staff always informed people what they were doing and sought consent before carrying out any care. Staff we spoke with were committed to ensuring people had choice in their daily activities and promoting their independence. A staff member told us, "We always encourage people to do things for themselves if they're capable, like pass them the hair brush or flannel. They might not do it very well but I can always help them afterwards." This was confirmed by people we spoke with and their relatives who told us, "Staff are very supportive. They [relative] are very independent and we don't want to take that away from them."

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The 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. Staff we spoke with displayed a good understanding of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We saw that where a DoLS authorisation was required, these were in place and the conditions adhered to. Systems were in place to ensure that when an authorisation expired, it was reviewed and resubmitted in time to ensure the person was not being deprived of their liberty unlawfully.

People told us they enjoyed the food at Willow Tree House and we saw that care staff supported them to maintain healthy nutrition and hydration. One person told us, "I like the food here, you get lots of it," a second person said, "The puddings are particularly good." We saw that where people required special diets staff were aware of these and provided them. For example a number of people required thickening agent adding to fluids, some had a pureed diet and others needed a low sugar diabetic diet. Kitchen staff had access to information detailing these dietary requirements and any allergies people may have. Care records showed that where people were at risk of poor nutrition or hydration, staff had sought guidance from dietetic services. For example one person who was losing weight was provided with an enriched diet and staff were given guidance on how to support them with this. We saw that person's weight loss had stopped and they were able to maintain a healthy weight.

People had access to health professionals when required and the service was proactive in making referrals and requesting input when required. One person's relative told us, "They [relative] have appointments with physio, speech therapy and the GP." Another person's relative said, "If they [relative] needs help, they get it quickly". A visiting health professional told us, "Anything that they (staff) think is an issue gets brought to my attention very quickly." People's care records showed they had regular appointments with opticians, dentists, chiropodists and district nurses. Staff told us they sought assistance and guidance from other health professionals as soon as possible. One staff member said, "We ring them (GP) straight away, I'd always rather get the professionals out first." Care records showed that staff followed the guidance of health professionals where possible if the person gave consent.

Is the service caring?

Our findings

People told us they had a good relationship with care staff and felt they treated them with care, respect and compassion. One person told us, "Ooh they are lovely" and a second person said, "They are ever so nice," a third person told us, "They are kind and patient, they have a lot of patience." One person's relative told us, "They [relative] are well looked after. The carers are good, I couldn't look after [relation] as well as they do." During our visit, we observed positive interactions between staff and people living at Willow Tree House.

People received a comprehensive assessment before they came to the service including recording of their preferences for male or female care worker, support needs, treatment plans, capacity and dietary requirements. Staff we spoke with demonstrated a good understanding of people's characters and treated everyone as individuals. They were aware of people's likes and dislikes and how this would affect the care they provided. People's religious and cultural needs were identified and staff endeavoured to meet these.

Care plans we viewed were person centred and focused on giving staff an understanding of the person as well as their care and support needs. Staff told us they found these useful and we found that they gave a very good understanding of the person, their needs and personality. A staff member told us, "They are very in depth, I like the way they are laid out, information is very easy to find." A second staff member said, "You've got sections in there for their food, their dislikes, how they like to shower, what they like to do as activities. It's got contact details for the family if you need them."

Care records we reviewed showed that where possible, people and their relatives were involved in the design of their care plans and had signed these to indicate they agreed with them. The service had systems to ensure people were involved in the design, planning and review of their care and recording people's consent to treatment. One person's relative told us, "I have looked through it [care plan] and told staff I'm satisfied with it." A staff member told us, "I always ask people or their relatives who I care plan for to look at them. If there is anything they want changing I'll do it." During our visit we saw that staff encouraged people to be as involved as possible in making choices and decisions including what meal or drink they would like and if they wanted to take part in activities.

At the time of our visit none of the people at Willow Tree House used the advocacy service although one was available. People were offered the use of advocacy when they first arrived at the service and details of advocacy groups was displayed around the home. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People told us they were treated with dignity and respect and their privacy was protected. One person told us, "Oh yes, they are very polite, always knock [before entering their room]." This was confirmed by our observations during our visit. We observed that staff were polite and respectful when speaking with people and always called them by their preferred name. Staff told us they always ensured people's privacy and dignity were protected when delivering personal care. One staff member said, "It's [privacy and dignity] massively important to me. I always make sure cover people up when I'm delivering personal care or if someone is using a hoist. We have a screen in the lounge we can use so people don't feel exposed and on

show if we have to use the hoist."

People's confidentiality was protected as staff never discussed care and support in public areas and ensured telephone calls to, or meetings with, health professionals were conducted behind closed doors. People had the opportunity to have undisturbed private time in their bedrooms. We saw that staff respected their privacy by always knocking on doors and waiting for a response before entering. Visitors were able to come to the home at any time.

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. One person told us, "We get a lot of support from everyone here." A relative told us, "I can't knock them, they all look after her [relative] very well. They are very, very good."

People were cared for by staff who had a good understanding of their care needs and ensured that the care was provided at the right time, for example when administering medicines. We saw that staff communicated well with each other and people using the service, to ensure that everyone received the care and support they required.

Staff we spoke with had a good understanding of people's needs. The provider had recently introduced a new care planning system and staff told us they found this easier to use. One staff member said, "They (care plans) are a lot easier to use. Information is straight in front of you, they are a lot more detailed." A second staff member said, "Now they have changed they have all the important stuff straight away in a small support plan, it really helps. They are really useful to have." Care plans we looked at contained detailed information to allow staff to respond to people's needs. They were updated every month or when a person's needs changed. We saw that people who lived at the service and their relatives had the opportunity to be involved in reviewing their care although this wasn't always recorded. There was an effective system in place to ensure that staff were informed of changes to people's planned care; which included a handover of information between shifts and regular team meetings.

We found that where people required adjustments to be made to help maintain their independence and involvement, staff provided these. For example, people who required them had walking aids, hearing aids and glasses. Staff made timely referrals to other health professionals to ensure that, when additional support or guidance was required, these could be provided quickly.

At the time of our inspection, the service employed two dedicated activities coordinators who provided a range of activities including painting, singing, crafts and reminiscence. We saw that people were supported to have trips out including to football matches, shopping and holidays. An activities coordinator told us they attended a regular meeting of other coordinators in the area to share ideas and best practice. However, people we spoke with told us they didn't always feel they had enough meaningful activity to take part in, and this was especially the case at weekends. We saw that the new provider had identified this and activities coordinators were to begin weekend shifts. One person told us, "There is a bit more to do now but not a lot really. It's getting there though, it's getting better."

People told us they would be happy to raise an issue or complaint at the service and were confident they would be listened to. One person said, "I've never had to complain. All the staff have been very good. You can go up to any of them and say if you are not very happy." A relative told us, "They [staff] are very good like that. I can speak to all of them."

The complaints procedure was displayed in the entrance hall and main corridor of the building. Staff were

aware of the complaints procedure and knew how to advise complainants. We asked to see the provider's complaints record which showed since our last inspection that two formal complaints had been received. We saw that both had been responded to within the timescales indicated in the provider's complaints policy. One was investigated and resolved to the complainant's satisfaction, whilst the second was still in the process of investigation. The outcome of the complaint was well documented and this included an apology and an explanation of lessons that had been learned. This was also shared with staff to improve future practice.

Is the service well-led?

Our findings

There was an open and transparent culture at Willow Tree House and people felt able to have their say on the running and development of the service. People we spoke with told us they were encouraged to give their feedback about the home. Throughout our visit, we observed that there was a relaxed atmosphere at the service and people were comfortable speaking with care staff, the registered manager and each other. Staff we spoke with felt there was an open culture at the service and would feel comfortable in raising an issues with, or asking for support from, the registered manager. One person who used the service told us, "I've had issues to raise and they've always been sorted." A relative said, "[The registered manager] is quite good like that. they always say, "What you do and say at home you should be able to here." A visiting health professional told us, "They are very open. I raised an issue with the manager and they were very approachable. They sorted it out and let me know when changes were made."

The service had a registered manager who understood their responsibilities. Everyone we spoke with knew who the registered manager was and felt they were always visible and available. One person who used the service said, "I see them most days at some time. they'll always come and have a talk with me." Clear decision-making processes were in place and all staff were aware of their roles and responsibilities. For example, certain staff had responsibility for ordering food. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People, their relatives and health care professionals had the opportunity to give feedback about the quality of the service. The provider had a number of ways of gathering feedback including, an annual satisfaction survey as well as regular staff and resident and relative meetings. People we spoke with told us they found the residents' meeting useful and were happy to make suggestions and felt they were listened to. One person said, "We have regular meetings, they are quite good." We saw that people using the service were involved in organising the meetings including taking notes, setting the agenda and acting as chairperson.

We saw that where people made comments or suggestions these were acted on. For example people commented about the lack of activities at weekends. We saw that the provider had changed staffing rotas so that an activities coordinator worked on weekends to address this.

The quality of service people received was assessed by the management team through regular auditing. For example, monthly audits of care plans, finance, involvement, supervision and recruitment were carried out by the provider's area manager. We saw that these audits always included talking with people who used the service, their relatives and staff to corroborate the evidence found. Any incidents and accidents were reviewed in people's care plans and a central record of accidents was used to identify any patterns and learning for the service.

The provider had instigated a daily heads of department meeting for all senior staff at 11:00 am. The registered manager told us, "We've found this a really positive development for the home. Because we are meeting every day, people [staff] are happy to take ownership of things. It's helped tremendously." This was

confirmed by a staff member we spoke with who told us, "Because we are meeting and discussing all the time it stops the small things blowing up to big things." We saw that staff had used the daily meeting to help investigate and resolve a complaint. Records of the meeting showed the issues were discussed with senior staff and a response sent out on the same day as the complaint was received.

Additionally we saw that the registered manager carried out regular walk around inspections of the building to monitor staff interaction and speak with people to identify any concerns. They told us, "We have a manager's walk around three times a day. If I know there has been an issue the day before I can follow it up. We use discussion sheets so if we see something we can record the discussion with staff. It's almost like constant small supervision sessions. It's working really well."