

# Extrafriend Limited







# The Willows

## Inspection report

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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	

### Overall summary

The inspection took place on 6th November 2014 and was unannounced.

The Willows is a 25 bed residential care home that provides long stay, short stay and respite care for older people, some of whom were living with dementia. There were 25 living in the home at the time of our inspection.

Our last inspection of this service was on 08 May 2014. We found that the provider was not meeting expectations in relation to seeking and confirming people's consent

around their financial affairs. We also found that there was not sufficient staff on duty and that improvements were required in how the provider assessed and monitored the quality of the service. At this inspection we found the provider had taken action to improve all of these areas.

There was a registered manager in post at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 felt safe in the home and were confident that there were enough staff and they were caring and compassionate. Staff treated people with kindness and respected their individuality which was reflected in the person's care plan. People found the staff approachable and could speak to them about any concerns they had or anything that worried them.

The staff had received training and had the skills and knowledge to provide support to the people they provided care to. The registered manager and staff understood the requirements of the Mental Capacity Act

(2005) and the Deprivation of Liberty Safeguards and were clear about their roles and responsibilities to support people who may lack capacity to make their own decisions..

People had access to healthcare professionals when they became unwell and appointments for check-ups with dentists and opticians had been made when needed. People's independence and choice of options, particularly regarding what food they chose to eat, were supported.

The staff were happy working at the service and felt that the management team and the provider were supportive. They were listened to and encouraged and supported to attend training and develop their care practice.

# Summary of findings

## 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

Staff had assessed the risks to people's safety and recorded information in people's care plans.

People felt that there were enough staff on duty to support and help them.

Good



### Is the service effective?

The service was effective

Staff training gave them the knowledge and skills require providing support and care.

People who used the service had access to specialist healthcare as required

The service had regular reviews of people's care

Staff demonstrated a good knowledge of the Mental Capacity Act (2005)

Good



### Is the service caring?

The service was caring

People's privacy and dignity were respected

People were involved in making decisions about their care

Staff were kind and compassionate

Good



### Is the service responsive?

The service was responsive

People's individual needs and preferences had been assessed and recorded in their care plan with how they were to be met.

People were confident to raise issues and concerns with the management as required and worked with the staff for these matters to be resolved.

Good



### Is the service well-led?

The service was well led

The quality of the service was monitored and action taken accordingly.

The staff reported that the management team were approachable and supportive.

The provider ensure that robust records were maintained and there was a management data system which was backed up to ensure important information was not lost.

Good



# The Willows

## 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 06 November 2014 and was unannounced.

The inspection team consisted of a one inspector.

Prior to our inspection we reviewed historical information we held about the service. This included any statutory notifications that had been sent to us. Before the inspection, the provider completed a Provider Information

Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered the information given to us in the PIR in the planning of our inspection.

On the day we visited the service, we spoke with seven people living at the service and three relatives. We also spoke with the nominated individual, the registered manager, deputy manager and two members of the care staff and one member of non-direct care staff. We also observed how care and support was provided to people and carried out a (SOFI). SOFI is a way of observing care to help us to understand the experience of people who were not able to speak to us.

We looked at five people's care plans, staff training records and records relating to how the service monitored staffing levels and the quality of the service

# Is the service safe?

## Our findings

At our last inspection in May 2014, we found that there were not sufficient staff on duty to safely meet people's needs. At this inspection we found that this had improved. The registered manager informed us that the staffing compliment was calculated based upon the number of hours of care each person required. We saw the rota which was produced from this information and saw that the service provided the same staff regularly to people who used the service. People told us that they felt there were enough staff to meet their needs.

All the staff were knowledgeable about the people living in the service and they had received training in how to care and support people who showed behaviour that might challenge others. We saw in one care plan which provided staff with guidance on how to support the person should they become distressed and directed them to provide one to one care at those times. The plan also included how the person liked to receive support and how to concentrate upon positive aspects of their life when talking about any distressing situations. Experienced showed that the person found this comforting and helped them to feel safe.

All of the people we spoke with told us they felt safe living at the service. One person said. "I had a look at the place before coming and they asked me some questions. This was so they could understand if they could look after me. I liked the staff and place so in I came." Another person said. "The staff are kind and we have got to know each other." People also told us that if they were worried about anything they could discuss this with the registered manager or other members of the staff. One relative told us. "It is a lovely place and I feel [my relative] is safe, this is because the staff are regular and permanent and we have got to know the managers very well."

The service had a safeguarding policy and procedure detailing how a safeguarding matter was to be reported.

The staff we spoke with demonstrated that they understood what abuse was and how they would report concerns if they ever arose. All staff we spoke with were aware that they would speak with the senior member of staff in the first instance. They also knew that they could report the matter directly themselves if they thought appropriate. This showed that people's risk of abuse was reduced. Staff informed us that they had received training in the safeguarding of people and knew who to inform.

Risks to people's safety had been assessed by the staff. The information had been recorded in the persons care plan. These had been personalised to each individual and covered areas including moving and handling and supporting independence with trips into the community. We saw that reviews were recorded on a monthly basis and also as necessary.

We looked at the medication policy and procedure which was reviewed regularly. Medication was stored in a designated area with a lockable refrigerator and storage cupboard for controlled medication. We discussed with the registered manager how stock was ordered and monitored. We observed a medication round and saw that the staff offered medication with appropriate information as required. The staff member offered medication prescribed on an 'as required basis' to remind the people this was available if required for pain relief.

We looked at the medication records including how unrequired medication was returned to the pharmacy and the audits carried out by the service. We learnt from our discussion with the registered manager and our observation that the service paid attention to ensure that medication was provided to people who used the service with sufficient time between each administration. One person told us. "It has been a relief since being here not to have to worry about taking my tablets. The staff are very good they do not forget to bring them to me."

# Is the service effective?

## Our findings

At our last inspection in May 2014, we found that the provider needed to improve the way in which they sought and confirmed people's consent in relation to their financial affairs. At this inspection we found that the service had implemented the actions as in the action plan supplied to us. This meant that people's consent was sought and recorded appropriately.

The staff we spoke with understood the principles of the Mental Capacity Act (MCA) (2005). There was a procedure in place to access professional assistance should an assessment of capacity be required. The staff were aware that any decisions made for people who lacked capacity had to be in their best interests. The registered manager had received training in MCA and training for all the staff was planned. The service had not made any referrals.

One person told us. "For me, the service is effective, I like my own company especially in the afternoon, so I can listen to the radio or watch television. Other times I join in with what is going on and see other people, but I like my meal in my room at lunch time and the staff bring this on a tray and always ask if I am alright."

People who used the service were provided with a choice of meals. One person told us. "The food is lovely, there is choice and always enough, I particularly like the afters." We saw that the menus were displayed explaining to people the choice of meals available. We saw the menus planned for the future and there was a variety of meals planned. The catering staff were aware of special diets and worked with the person and families to provide nutritious meals.

The staff we spoke with told us they had received and enjoyed the training opportunities provided by the service to support them to meet the needs of the people who lived at the service. We saw the training matrix which explained

the training provided and the record of staff attendance, plus future planned training. This included the subjects of infection control, manual handling, health and safety and food safety. The deputy manager explained to us the induction programme for new staff. This included working with an experienced colleague in the first instance and regularly meeting with the deputy manager in the first three months to support the person into their role. At these meetings training would be discussed and was an opportunity to discuss individual practice and experience with the new member of staff.

Staff informed us that they had regular supervision meetings with either the registered manager or their deputy. At these meetings they could raise any issues they wished and discuss their performance. We were also informed that the service provided an appraisal for staff.

All of the staff we spoke with were knowledgeable about the people they supported. They were able to tell us about the people's likes and dislikes and preferences. We saw how this had been taken into account with the activities provided at different times during the day. The information we were given matched with the documentation we saw within people's care plans. A relative we spoke with told us. "The staff know [my relative] extremely well, sadly they have deteriorated over time, but they are well cared for, as the staff know them and what makes them happy."

The manager informed us that all people had their own General Practitioner and Dentist. Some services such as Opticians visited the service while other people made their own arrangements to maintain existing arrangements or access local services. We saw in a care plan that information had been recorded carefully when a person had become unwell and support for them had been summoned quickly and effectively. We also noted that there was a section within the notes for the visiting professional to record information.

## Is the service caring?

### Our findings

One person told us. “They look after me very well, because the staff are kind, nothing is too much bother.” Another person informed us, “They look after this little piece of garden, I enjoy looking at it, so pretty and all sorts of birds visit.” A relative told us. “I am pleased, [my relative] has picked up since they came here, it is because they are having regular meals, company and can take it easy for the first time in their life.”

Staff were polite and respectful, they used the names that people liked and knocked upon doors before being invited to enter. All of the people we spoke with informed us that the staff treated them with respect. One person said. “The maintenance staff are friendly and so helpful and you have a laugh with them.” Two people told us that it was nice that the service had arranged a firework party the previous evening. One person said. “It was a really nice change,”

The five care plans we inspected were presented in a person-centred style. There was information about the person’s life history, personal requirements and likes and dislikes. There was also information about relatives contact details and the person’s chosen GP and dentists. The care plans were detailed to provide information about the person’s needs and how the staff were to provide care in

response to those needs. We saw that pride was taken with the laundry so that people’s clothes were returned to them clean and laundered for them to wear. A member of staff told us that they liked caring for people and enjoyed hearing about people’s personal histories.

There were regular meetings for the people who used the service which were arranged by the registered manager. This was an opportunity to discuss issues about the service. We saw from the minutes that issues raised were actioned and progress was then reported back at the next meeting. Two people told us that they had been involved in the writing and reviewing of their care plan. Two relatives told us that they were invited to care plan reviews regarding their family members.

The registered manager believed that nobody using the service required an advocate to support them and the service had good links with relatives. One relative informed us. “I was really concerned about [my relative], the management team kept in touch with me between my visits to explain how [my relative] was progressing.” They explained to us that they had attended reviews of care at the request of their relative which both found supportive. They had found these reviews very important so the service could explain how it intended to meet the changing the needs of the person.

# Is the service responsive?

## Our findings

One person told us. “Yes, I think they are responsive, if ever I have anything to say they get things sorted out.” A relative told us. “I have no fear that if there was ever a need they would call the GP, they have worked with me to arrange appointments for [my relative] with the chiroprapist and optician, so I think they are planned as well as responsive you could say.”

The registered manager informed us they were mindful that some people could become socially isolated although they lived in the service. Hence, while respecting choice they ensured that people were visited by staff and encouraged to participate in meetings and meals times. Some people did prefer to have meals on their own and also preferred talking with staff on a one to one basis rather than joining in with organised activities.

The care plans showed that prior to the person coming to live at the service, there was a detailed assessment of need carried out and the service determined at that point if it could meet the person’s needs. People and their families were encouraged to visit the service to look around and see for themselves, if it was the place for them. One person told us, “I came for a look around, try before you buy, it is not like home, it can’t be, but this is my new home and it is ok.” We asked the person what they liked about their new home? They said. “The staff are very nice, especially the manager, I would like a bit more to do, but then I know I am tired and I do fall asleep after lunch, so perhaps not too much to do.”

We saw that once people moved into the service there was a review carried out to see that the care plan was meeting the person’s needs. Should any further needs had been recognised these were taken into account and reflected in the care plan. One person confirmed that the staff had spoken with them after they moved in to check all was going well. They said, “It would be nice to have a little more to do, I listen to the music in the lounge which is nice, but I would like to play more games.”

The service had a care review program in place and people who used the service had been consulted to see if they wished to have relatives attend the care review meetings.

We asked people if they were confident to raise any concerns or complaints if they were unhappy with anything. They told us they were happy and did not have any complaints, but they felt confident to raise any issues if the need ever arose. Each person thought that a complaint should be raised with the manager or deputy, and they saw them regularly so there would be an opportunity to raise issues. A relative informed us they had never needed to complain but were confident the service would respond in a positive way.

The service had a complaints policy and procedure in place which was easily available for people to consult and use should the need arise.



# Is the service well-led?

## Our findings

At our last inspection we found that the provider need to improve the way in which they assessed and monitored the quality of the service. At this inspection we found that the registered manager provided a monthly report to the provider regarding the service, which was used for reviewing, developing the service and quality monitoring.

The provider carried out surveys from time to time to seek the opinions of relatives about the care and the service provided. We also saw evidence that the provider visited the home at least once per month. The registered manager informed us that the provider was available by telephone for support as required. The manager operated an on-call system, so that when a team leader was managing the home the deputy manager or registered manager were available if support and guidance was needed.

The people we spoke with all told us that they knew who the registered manager of the service was and they saw them whenever they were on duty. One person said, "I see [the manager] whenever they are on duty, they walk around to see we are alright." Another informed us they knew who was the manager's boss and confirmed that they visited regularly and had been at the fireworks display the previous evening.

The registered manager informed us that they had a friendly and supportive team. They believed the service

was well-led because they inspired staff to develop their skills and created an environment in which this could happen. We saw and spoke with some of the staff champions. Staff champions were people that showed an interest and talent in a particularly area such as dementia and were then encouraged to specialise in this area and share their knowledge and skills with the rest of the staff team.

The registered manager organised the staff so that they were clear upon what were their own individual responsibilities, which would be checked through audits such as cleaning and medications. They supported all staff to work as a team and support each other. The service provided a newsletter, all staff were encouraged to contribute and support, while individual staff took responsibility for publishing and circulating it. Staff also worked with people who used the service to input ideas into the newsletter.

We asked the staff about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. They all told us they would feel confident to whistle blow if they felt a situation arose. One staff member informed us that morale was good and they enjoyed working with older people. They put the good morale down to people feeling they could approach, and were supported by the management.