

## Willow Bank Residential Home Limited







# Willow Bank

### 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?	Outstanding	
Is the service well-led?	Good	

#### Overall summary

The inspection was carried out on 12 November 2015 and was unannounced. At the time of our inspection the service was providing care and support to 18 people. The service provides care and support for older people, with a range of medical and age related conditions, including mobility issues, diabetes and dementia

The service had a registered manager who was also the owner. 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.

There were enough staff to meet people's needs. Staff provided people with support and assistance in an unhurried and considerate manner.

Staff protected and promoted people's dignity and privacy. All interactions between staff and people were caring and respectful; staff were consistently caring, kind and compassionate. Staff understood how to support people living with dementia.

# Summary of findings

Conversations and records with the provider, people and relatives showed that people were listened to. People were included in developing the service and regular meetings took place to monitor the service and this gave people the opportunity to voice their opinions and feel valued. There was a clear complaints procedure which was available for people and their relatives.

The provider ensured that staff fully understood people's care needs and had the knowledge and skills to meet their needs. There were opportunities for additional training specific to the needs of the people, such as end of life care and the care of people with dementia. Training records were kept up to date and showed the staff attended training. Staff had regular one-to-one supervisions and appraisals.

Staff had received training in the Mental Capacity Act 2005 (MCA) to ensure they understood how to promote and protect people's rights. People were asked for their consent before staff provided people with support. Staff were able to explain to us how they maintained people's safety and protected their rights. Staff had also been provided with training in respect of Deprivation of Liberty Safeguards (DoLS) and safeguarding.

The provider demonstrated a clear commitment to providing people with a service that was based on strong values and a passion to implement best practice through research and knowledge. Staff were motivated and proud of the service they provided.

The provider used effective systems to continually monitor and evaluate the quality of the service being provided. There were plans for on-going and continuous improvement. The provider collected information about people's, relatives and staff's experience and used the information to sustain and improve the service.

Medicines were managed safely and in line with current legislation and guidance. There were systems in place to ensure medicines were safely stored, administered and disposed of. Staff who administered medicines received training to ensure their practice was safe.

People's nutritional needs were assessed and records maintained to make sure people were protected from potential risks associated with eating and drinking. Referrals were made to the relevant professionals where risks and changes had been identified.

# 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.

People told us they felt safe. Staff knew how to raise a safeguarding concern.

There were sufficient staff to meet people's needs. The provider ensured safe recruitment procedures were followed. Medicines were administered, stored and disposed of safely.

Equipment and the premises were maintained to protect people from potential harm and reduce risks of accidents.

Good



### Is the service effective?

The service was effective.

The provider and staff followed and understood the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were provided with a healthy and balanced diet which met their individual needs and choices.

People had access to health and social care professionals as necessary and staff followed any suggestions and guidelines.

Good



### Is the service caring?

The service was caring.

People's dignity and individuality was promoted and respected by staff who were kind, caring and compassionate.

Staff were people rather than task focused. Staff knew people well.

The service aimed to deliver and develop good end of life care for people.

Good



### Is the service responsive?

The service was responsive.

The provider and the staff clearly understood the needs of people who were living with dementia. People were provided with the care they needed. People were valued and treated as individuals and were involved in decisions relating to their care.

People told us there was always plenty of meaningful activities to join in with. People were encouraged to participate in the running of the home and give their views.

Outstanding



### Is the service well-led?

The service was well-led.

The provider understood and promoted personalised care within the home.

People were asked for their views about all aspects and quality of their care and audits were carried out to ensure a consistent service was provided.

Good



# Summary of findings

The provider recognised the need to update knowledge to ensure best practice for meeting people's needs.

Staff felt valued and supported by the provider and deputy manager.

# Willow Bank

## 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 was 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 12 November 2015 and was unannounced. The inspection team consisted of 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.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. 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 also spoke with local social care commissioners responsible for contracting and monitoring people's care at the home.

During the inspection we spoke with ten people who lived at the service, three relatives, eight staff, the provider and a visiting health professional. Throughout the day, we observed administration of medicines as well as care practices and general interactions between people and staff. We looked at documentation, including two people's care plans and supporting documents. We also looked at one person's 'My Life Story', two staff recruitment files and records relating to the management of the service. This included audits such as medicine administration, risk assessments, staff rotas, training records and policies and procedures.

As some people at Willow Bank were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

# Is the service safe?

## Our findings

All the people we spoke with were confident they were safe and told us they felt safe. One person clearly told us they knew if they ever felt unsafe or something was not right, they would, “Speak up and tell the manager.” Another person told us, “It is definitely safe; I feel safe.” One person gave an example of how their safety was maintained. They told us that staff, “Always help me up and down the stairs and make sure that I am safe.” One relative told us they were a, “Worrier by nature,” but felt confident their relative was safe. They went on to say, “I know he’s safe and I trust the staff to keep him safe.”

Staff we spoke with all confirmed they thought people were safe and felt as a team they worked together to ensure people’s safety was maintained. Staff we spoke with understood their role in protecting people from potential harm. One staff member told us they would have no problem challenging poor practice. The provider told us they had confidence in the staff team and felt sure that staff would always challenge poor practice. We saw the provider displayed the local authorities safeguarding contact details and they told us they would encourage anyone to report any concerns, should they have any. The provider and the staff understood their responsibilities to report any potential safeguarding concern to the local authority. This gave us confidence that any safeguarding concerns would be taken seriously and reported accordingly.

Staff clearly understood the needs of the people they provided care and support to. The emphasis of the home was to provide people with a caring and supportive home, where people felt safe and secure. One person told us, “It’s very homely.” Another person told us, “It’s home from home.” We saw staff respond quickly when anyone requested assistance. Staff ensured people’s needs were met in a timely manner.

People told us the staff were always helpful and on hand when they required assistance. People, relatives, staff and a visiting professional all felt the staffing levels were safe and sufficient to provide people with the care and support they required. Throughout our inspection staff were clearly visible and answered people’s request for assistance in a timely manner. The provider told us staffing levels were planned in advance and adjusted to meet changes in people’s needs. The provider told us they were proud of not

having to use agency staff. They told us this was important to provide people with consistent and safe care. There were sufficient staff available to meet the needs of people living in the home.

The provider followed a thorough recruitment process to ensure the staff had the right skills and attitude to meet the needs of the people living at the home. The service undertook criminal records checks called Disclosure and Barring Service (DBS) checks prior to anyone commencing employment at the service. This was carried out to ensure prospective staff were suitable to work with vulnerable people. The provider also ensured suitable references were sought. We saw from staff records that they did not commence employment until all the necessary checks and documentation were in place.

People’s care records showed that any potential or known risks to their welfare and safety were identified and recorded before care was provided. This included identified risks from the environment and people’s health needs. One person told us, “When I have a bath, the staff are on hand if I need them.” They told us this was important to them and they felt reassured and safe knowing the staff were there to help should they need them.

Care records and risk assessments showed how risks were being managed and evaluated on a regular basis. For example, people who were at risk of falls were known to the staff and risk assessments and management plans were in place to reduce the potential for falls. This helped to ensure recognised risks were monitored and managed in a safe way.

One person we spoke with told us, “Staff sort out my medicines and I am more than happy with that.” We observed a medicines round and saw the staff member ensure each person knew what medicines they were taking and why. The staff member avoided rushing anyone and offered each person a drink of water to take with their medicines. We saw medicines were stored, administered and disposed of safely. Records kept of medicines received into the home and given to people showed that medicines were managed in a safe and consistent way.

The home was clean and well maintained. Records showed that checks took place to ensure the environment and equipment was safe. For example, maintenance and servicing records were kept up to date for the premises and

## Is the service safe?

utilities, including electricity, fire equipment and stair lift. Arrangements and plans were in place for dealing with potential emergencies, such as the activation of a fire alarm.

# Is the service effective?

## Our findings

People and their relatives were happy with the care provided. A person told us, "If I need to see the doctor, the staff arrange it for me." Another person told us, "I don't often need to see a doctor, but if I do they [the staff] sort it for me." A relative told us, "The care is very good." They went on to tell us they were always kept informed of their family members health and well-being. A professional told us the staff always made sure people were referred to the relevant health professional for advice and guidance. One person's health had improved greatly and the health professional felt this was due to the care and support provided by the staff. This showed us that people were supported to have access to health care at a time when it was needed.

People told us the food was, "Good and I can always have something different if I don't want what's on the menu." Another person told us, "I enjoy the food." People also told us how much they enjoyed the 'take-away' nights. One person told us they had tried lots of different types of food, "but I prefer Chinese." Lunchtime was a social occasion and people were given the option of where they preferred to sit. Some people chose to remain in the lounge and conservatory, whereas others sat in the dining room. People had been

supported to make a choice of food and drink and when required, they were provided with support to eat their meal, whilst remaining as independent as possible. We saw people were offered an alternative if they did not like what was on the menu that day.

Records showed that people's weights were monitored to ensure they were sustaining their weights. Details regarding people's dietary preferences were recorded. A health professional told us the staff always followed any guidelines they put in place. An example given was when someone had difficulty swallowing or were at risk of choking. The professional told us the staff made sure the person received an assessment and they followed any suggestions, such as the thickening of drinks. On the day of our inspection a health professional visited to follow-up on a request by the provider for a person to be re-assessed as their needs had changed. The provider and staff felt the person no longer required thickened drinks and the health professional was able to confirm this. Staff understood the need to provide specialist diets and ensured people

identified received fortified or diabetic diets as necessary. This meant that people were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes.

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. There were procedures and guidance available in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict their freedom.

The provider had ensured all the staff had received training in MCA and DoLS and understood the legal requirements of the MCA and DoLS. We saw from meeting minutes that the provider addressed the complexities of MCA and DoLS with the staff to ensure people's rights were protected. All the people who were unable to consent to their care and treatment had been referred for assessment to the local DoLS team. This protected people from unlawful deprivation of liberty and ensured independent assessments were completed.

Staff gained consent from people before any care was delivered. We saw 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place and were in line with nationally recognised best practice guidance. Forms were safely stored in people's care files. People were supported to review the decisions with relevant professionals.

People were supported to maintain good health. A relative told us the staff ensured their family member had access to any healthcare professionals. People's family were encouraged to remain involved with their relatives care and care planning, if this was the person's preference. A relative told us they had continued to attend doctor and health related appointments with [relative] as they did before



## Is the service effective?

moving to the home. They went on to tell us they felt this was important to ensure continuity of their relatives health care. The provider confirmed that people were registered with local GP's. The district nurse visited regularly to observe and assist with diabetes management. Care records confirmed that people had regular access to healthcare professionals as necessary, for example, GP's and speech and language therapists. People's care records contained information of appointments and any visits from healthcare professionals.

Staff received support, supervision and appraisal from either the provider or the deputy manager. Staff we spoke with felt these were a positive two-way process that gave both parties the opportunity to discuss any concerns. A staff member told us it was also a time to identify any personal development or training. Staff told us they saw it as a supportive way of ensuring they understood their job role and responsibilities.

Staff were supported to achieve a recognised vocational care qualification whether they were part of the care or

domestic staff. New staff completed a period of induction and the Care Certificate. The Care Certificate identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. All the care staff had completed training in respect of advocacy. This meant staff were able to support people in decision making and having people's voice heard. This demonstrated the provider was aware of the need to provide staff with training that met people's needs, choices and preferences.

The provider had completed a dementia mapping course which is a nationally recognised training used to ensure the perspective of the person living with dementia is recognised. The provider told us they intended to introduce dementia mapping alongside the implementation of Derbyshire Dementia Strategy to promote and improve the quality of life for people living with dementia. This demonstrated the provider's enthusiasm and passion for improving and learning people's experiences of living with life changing conditions, such as dementia.

# Is the service caring?

## Our findings

People and their relatives were very complimentary about the care that was provided by staff. One person told us, “The staff really do care about us.” They went on to say, “Staff are so helpful and caring and that really makes a difference.”

We saw staff were very discrete in the way they spoke about personal care to people. We saw a staff member discretely ask people if they required the toilet or assistance with personal care. One person had spilt a drink on their trousers and the staff quickly assisted the person to go to the bathroom and change into clean and dry clothing. The staff supported the person with the least amount of fuss and disruption. This showed us the staff were aware of maintaining people’s self-esteem and dignity.

There were three shared bedrooms and each room had a moveable screen. We asked a staff member about the screens and were told that people used them to protect their dignity when dressing and undressing. The provider had a clear aim to ensure people were treated with dignity and respect.

The provider and staff had previously been awarded a recognised Dignity in Care Award. The provider and staff carried out the dignity audit tool personal assessment which is designed to be used by staff who are direct contact with older people. The tool gives staff the opportunity to reflect on personal attitudes and practices in relation to dignity. Staff were able to describe how they promoted dignity and recognised its importance. We saw evidence of discussions that had taken place regarding dignity in team meetings. We saw a flip chart in the office that asked staff to consider if they were being cared for, what they would

see as dignified care. A number of staff had registered online as dignity champions. This showed us the provider and staff were conscious of ensuring dignity was protected and respected.

Relatives told us there were no restrictions on when they could visit their family members. This was confirmed as we saw people’s relatives and friends visiting without prior notice or appointment. We saw and heard visitors welcomed into the home. Relatives told us the staff were kind and caring and they always felt welcome to visit.

The staff were polite, caring and person rather than task focused. Staff clearly knew each person and their needs very well. We saw one person being assisted with moving and transferring to their wheelchair so they could get ready to go out. The staff ensured the person had very clear and personalised instructions as to what to do whilst being assisted. Throughout the move we heard the staff use the person’s preferred name to ensure they knew what to do. The staff took time to assist the person at their pace and constantly checked their welfare. This showed us staff understood the importance of taking time to involve the person and promote their independence rather than rushing or being task focused.

The provider told us they aimed to deliver and further develop end of life care (EOLC) for people. EOLC is experienced by people who have an incurable illness and are approaching death. At this inspection, the provider told us they were working with the staff to improve the delivery of EOLC at the service. Over half the staff had registered and started additional training in End of Life care. The Six Steps Programme is a nationally recognised programme of learning for care homes to develop awareness and knowledge of end of life care. The provider and staff were aware of respecting people’s wishes for EOLC and worked together with people to ensure personal wishes were sought and respected.



## Is the service responsive?

### Our findings

The provider and the staff clearly understood the needs of people who were living with dementia.

For example, at lunchtime, we saw people with dementia were served their lunch on red plates. The provider and staff explained that the Alzheimer's Society suggests serving meals on a red plate on top of a light coloured tablecloth. They recognised food is more easily visible on a red plate than a traditional white plate. This showed us the staff and provider were aware of implementing change to help support people's needs.

Staff were supportive of people living with dementia and took time to engage people in sensory activities. An example we saw were a number of sensory cushions. The cushions gave people the opportunity to explore familiar objects and trigger memories in a safe and stimulating way. We also saw the provider had purchased memory boxes to display objects from different areas of the person's life. We also saw a collection of photographs on display. The photographs were of people participating in a number of different activities. Examples we saw were photographs of celebrating people's birthdays, external entertainers and a competition for growing the biggest sunflower. This showed us that staff were motivated to ensure people were stimulated, involved, and offered activities that met their needs, wishes and lifestyle preferences.

We saw there was a memory tree on display on the wall in the lounge. Each person had been involved in producing the memory tree and recorded a memory on a cut out hand shape. People we spoke with were able to tell us about their memory. The staff and provider explained that by completing the tree they were able to find out about each person and it gave them the means to develop communication about people's past. We saw one person looking at the memory tree with a staff member and discussing their memory and what it meant to them. This meant that people were encouraged to participate and feel valued.

People told us they felt included in making decisions about how they wanted to be supported and cared for. One person told us they had visited a number of other homes

before making the decision to move to Willow Bank. They told us, "I did look at other places, but decided this was the best." They told us, "The decision wasn't easy, but it was the right one for me."

People received care and support that was personalised to meet their individual needs. People told us the staff were always helpful. One person told us, "The staff are very good; nothing is too much trouble for them." A relative told us they visited whenever they wanted to, they went on to tell us, "The staff are always there to help when needed."

Relationships with family and friends were supported and encouraged. People told us they were encouraged to stay in contact with their family and friends. We saw a number of family and friends visiting during the day. One person told us, "I go out with my family and just let staff know when I will be back." A relative told us they were encouraged to visit and be part of their family member's life. We saw a collection of photographs from parties and events that had taken place at the home. People told us how much they enjoyed the parties and how their friends and families were always made welcome. This showed us how friendships were recognised as being important to people and the provider and staff recognised and encouraged this.

People told us there was always plenty of meaningful activities to join in with. One person told us, "There's always something to do." They went on to tell us, "We're kept quite busy, which is good." People told us about a recent party that had taken place for Halloween. People shared with us how much they had enjoyed dressing up for the party and told us about the games they had played. People's birthdays were celebrated and the cook always ensured a cake was provided. We saw pictures of people enjoying birthday celebrations. People told us they were given the opportunity to follow their religious and cultural beliefs. One person told us they chose not to attend the local church. They told us they preferred to attend the service that was conducted at the home.

On the day of our inspection there was a planned activity which took place in the afternoon. The activity was led by a volunteer, a relative and staff. All the people were asked if they wanted to join in and almost all chose to. The activity was to make a Christmas pudding and we saw and heard lots of conversation to promote people's past memories.



## Is the service responsive?

People were very much included in the activity and given the opportunity to tell their story of childhood memories and Christmas preparations. Everyone clearly enjoyed participating in the activity.

People told us the staff were always on hand when they needed any assistance. We heard staff speak to people in very soft tones and saw people were not rushed or hurried. An example was when we saw the provider assist a person to set the tables at lunchtime. What was a five minute job took over half an hour to complete. The person had the early stages of dementia and was at times confused as to what went where on the table. The provider took time and care to include the person, praise their efforts and reassured them that they were, "Doing an excellent job." This demonstrated to us how people were supported in an inclusive and collaborative manner.

On the day of our inspection a planned interview of a prospective staff member took place. The interview was conducted by the provider and two of the people living at the home. Both people told us how pleased they had been to have been asked to be part of this process. The provider had taken time to sit with both people to compile questions for the interview. After the interview both people told us how valued they felt being able to ask questions and decide whether the person had the skills they thought necessary for the role. This showed us the provider promoted a collaborative and inclusive approach to the running of the home.

People and their relatives knew who to speak with if they had any concerns or were unhappy about the care being provided. One person told us, "If I had any complaints I would tell one of the care staff or the manager. But I don't have any complaints." Another person told us, "I don't have a problem speaking up and I know who to speak to." They went on to reassure us and told us, "I never have had any problems or concerns. All the staff listen and know me well."

There was a complaints procedure on display in the home and the records showed none had been recorded since the last inspection. A relative we spoke with told us they had not had any complaints about their family member's care. They told us they knew how to complain and who to complain to, but had not had any cause for complaint. We spoke with the provider who told us they had not received any formal or written complaints and assured us should they receive any, they would respond and investigate when required.

The provider held regular meetings with people living at the home. We saw minutes of the meetings were documented and any suggestions from the people were actioned with documented outcomes. For example, discussions relating to upcoming festive activities and suggestions from people. Another example we saw was a request by the provider for volunteers to participate in interviewing prospective staff. This showed us the provider ensuring people felt included and valued.

# Is the service well-led?

## Our findings

People, relatives and professionals all told us how happy and satisfied they were with the care being provided at the home. One person we spoke with told us, the provider, “Is brilliant and so helpful.” The person told us, “It is so homely and run so well.” A relative told us the provider, “Listens to any concern or worries I have.” They told us the provider and the deputy manager were always very helpful and this gave them reassurance that people’s needs were being met.

Staff told us they felt fully supported by the provider and the deputy manager. All the staff we spoke with told us the management team worked together to ensure the home ran smoothly. One staff member told us the provider and deputy manager, “Work well and listen to staff.” Another staff member told us, “We all work together to make sure people are looked after.” A health professional told us all the staff worked well together and ensured people’s needs were at the forefront.

The provider showed a clear passion and understanding of people’s needs and how best to support those who were living with dementia. This passion was also evident in the way they valued the staff. One staff member told us they felt valued as a member of staff and felt part of the team. They went on to tell us the provider worked alongside the staff and always made time to listen to them and provide any support if it was required. An example was, “When someone passes away, we all feel it and we support each other.” They told us, “We become very close to people and their relatives and together we get through the sad time.” They told us there was always support from the management and from other staff members.

All of the staff we spoke with were committed to providing a good standard of care for the people. One of them told us, “I love my job and love the people we care for.” The provider told us, “I would not settle for second best for my family and others shouldn’t either.”

The provider was keen to improve and develop people’s care experience and keen to implement recognised best practice. For example, the provider was always looking for ways to improve and benefit the care experience of people living with dementia, sensory difficulties and end of life care. The provider felt it was essential that the staff attended training and put new skills and knowledge gained in to practice. Feedback we received from health and social care professionals supported the quality of the care being provided at the service.

Staff clearly understood their roles and responsibilities in relation to people and their care. For example, staff understood how to raise concerns both with the provider and with external bodies such as the local authority and the Care Quality Commission. Staff knew how to communicate any changes in people’s needs. This included, reporting any accidents, incidents or changes to health. Staff understood people’s their rights and knew how to raise serious concerns about people’s care, if they needed to.

The provider had systems and checks in place for assessing and auditing the quality of care people received. Each month an audit of care plans and associated records was completed, to ensure they were up-to-date and relevant. Monthly audits and analysis took place of such incidents as falls to identify any particular risk factors and trends. This then led to referrals to appropriate health professionals for assessment and advice.

The provider clearly understood their responsibilities in relation to the Care Quality Commission (CQC). The provider ensured notifications were submitted to us about any incident or event they were required by law to tell us about. The provider told us they liked to keep up-to-date with current best practice and where possible tried to attend local providers meetings. They told us by attending the meetings they were able to network and share good practice with other providers and professionals as well as learn from others experiences.