

Methodist Homes Willowcroft

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 ● |

Summary of findings

Overall summary

Willowcroft is registered to provide personal care for up to 60 older adults, which may include some people living with dementia. This inspection was unannounced and took place on 15 September 2016. At the time of our inspection there were 59 people living there.

There was a registered manager at this service. 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. At our last inspection in January 2014 the provider was fully compliant in all areas inspected.

At our last inspection carried out in January 2015 we found three breaches in relation to Regulations. At this inspection we found these had been addressed.

During our inspection visit we observed that staff were friendly and approachable. They spent time sitting with people to offer them comfort or stimulation. We observed staff delivering care which met people's individual needs and which supported them in a respectful and appropriate way.

There were training and processes in place for staff to follow to keep people safe and staff followed these. People's physical and mental health was promoted. Staff were trained to care for people living with dementia. Medicines were stored appropriately and were administered and recorded as prescribed.

We saw staff ensured people were comfortable. We saw people were supported in a relaxed and unhurried manner. Staff were caring and communicated well with people. Lunch was the highlight of the day and care was taken to ensure people had time to socialise and to enjoy their food.

Staff focused on people they were caring for rather than the task they were carrying out. Staff spoke in a positive manner about the people they cared for and had taken the time to get to know people's preferences and wishes. Staff had a good understanding of people's needs and this was demonstrated in their responses to people and recognition of when people required additional support.

People's privacy was respected. People had their independence promoted. Where possible they were offered choice on how they wanted their care delivered and were given choices throughout the day. Staff responded to body language of people who were without verbal communication. People were supported to maintain relationships with family and friends. Visitors were welcomed at any time. Records we looked at were personalised and included decisions people had made about their care including their likes, dislikes and personal preferences. There was a varied activity programme for people based on individual and group preferences. Suitable occupation was offered to people living with dementia. This included reminiscence and other therapies. Activities also included one-to-one time and outings, or time in pursuit of personal hobbies or interests.

People, relatives and staff spoke very highly of the registered manager and felt the home was well-led.

The service was managed in an inclusive manner. People and staff had their wishes and knowledge respected. Staff were aware of their roles and responsibilities for people's care. The registered manager had systems in place to review the service and to ensure the service responded to ongoing needs of people.

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.

Staff knew how to keep people safe and how to report any concerns. Risks were identified and managed which meant people were kept safe from potential harm. There were systems in place for the storage and administration of medicines. Staff understood these and administered medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received training to meet the varied and specialised needs of people using the service. Staff knew people and their individual care needs. People's nutritional needs were understood and met. People were supported to ensure their physical and mental health was promoted.

Is the service caring?

Good ●

The service was caring.

Staff knew what was important to people. The manager and staff ensured important aspects of people's lives were recognised and responded to. Staff were caring and compassionate and spent time sitting with people. They ensured people were not isolated and had the opportunity to have an enjoyable experience while using the service.

Staff ensured they always had people's consent, either verbally or by understanding their body language prior to assisting them. They ensured the privacy and dignity of people using the service was always promoted

Is the service responsive?

Good ●

The service was responsive.

Staff assisted people and their relatives, where possible, to draw up their own care plan. The care plans were informative, easy to read and easy to obtain information from.

People were offered the opportunity to participate in their interests. They were offered stimulation and the home used recognised therapies to occupy people living with dementia.

Is the service well-led?

The service was well led and there was a registered manager in post.

People and their needs were put at the centre of the service. This created an open culture that invited the opinions of people, relatives and staff. This left people, relatives and staff feeling valued.

Staff felt supported by the manager who was available to staff for support and guidance.

There were quality assurance systems in place.

Good ●

Willowcroft

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.

The inspection took place on 15 September 2016 and was unannounced. It was carried out by one inspector and one specialist advisor whose speciality was the care of older people.

Before the inspection we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Also before the inspection visit we asked the provider to complete 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.

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

During the inspection we spoke with four people and two relatives. We spoke with four staff members, and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments. We checked medicines administration records and reviewed how complaints were managed. We looked at four staff recruitment records and staff training records. We also reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

At our last inspection carried out in January 2015 we found a breach in relation to Regulation 12. The administrations of medicines. At this inspection we found this had been addressed.

People's medicines were administered safely and as prescribed by their GP. Staff had been trained to administer medicines safely. Medicines were stored appropriately within a locked cabinet. We looked at the medicines administration record (MAR) for two people and found that these had been completed correctly. There was a system to return unused medicines to the pharmacy. Protocols (medicine plans) were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN). Routine reviews by psychiatrist, community nurses, annual reviews by the GP and diabetic clinics were also evidenced where required.

At our last inspection carried out in January 2015 we found a breach in relation to Regulation 18 staffing levels. At this inspection we found this had been addressed.

The registered manager used a recognised tool to assess staffing levels. We found this was effective and there was enough staff around to call on should people need assistance. People we spoke with confirmed this also. The service had no staffing vacancies this allowed for continuity of staff. This meant staffing numbers and the deployment of staff met the needs of people and kept them safe. This approach to care protected people from avoidable harm.

We found thorough recruitment procedures in place. These ensured the staff had the right skills and attitude, and were suitable to support people who lived at the home. The provider checked whether the Disclosure and Barring Service (DBS) had any information which might mean a person was not suitable to work in the home; and checked staff references. The DBS is a national agency that keeps records of criminal convictions. We saw from staff records that they did not commence employment until all the necessary checks were completed. However one file we saw did not have the required work history. The manager resolved to address this straightaway

People who lived at Willowcroft told us they felt safe. One person said, "Yes I feel safe here now, safer than I was at home." Another said, "Of course I feel safe here, there is always someone about. It's really nice not to be alone." A relative told us, "Safety is one worry I don't have. It's really safe and staff know what they are about".

Staff were trained to keep people safe and how to recognise and respond to signs of abuse. Staff told us, "Everyone here knows people come first, we know we have to keep them safe." Another said, "People need to feel safe or they can't relax, we look after that."

All the staff we spoke with said they had received training on keeping people safe and were able to demonstrate that they had a good understanding of how to do this. All knew the procedures to follow if they suspected abuse had occurred. They assured us that they would follow up on concerns until they were sure

the issues had been dealt with. The registered manager was aware of their duty to report relevant incidents of concern to the local authority and to the Care Quality Commission and had done this.

People had individualised risk assessments which looked at risks to their health and well-being. Where possible people were included in identifying risk to them. One person said, "I know the risks of everyday life, but it won't stop me going out and enjoying myself." Another said, "The girls explain the risks to me, that's ok life is a risk." Each assessment identified the risk to people, the steps in place to minimise the risk and the steps staff should take if an incident occurred. Risk assessment was on-going. For example people who were at risk of falling had advanced fall risk assessments from which a falls support plan was put in place. People who were at risk of pressure areas had their re-position needs noted and we saw that this was carried out. This ensured that the level of risk to people was still appropriate for them. Staff understood and respected people's right to take reasonable risks so that their independence was promoted.

In addition there were risk assessments for moving and handling, risk of pressure areas developing, falls and malnutrition. There was evidence that these risk assessments were reviewed and people's weight was monitored on a monthly basis. We saw that staff understood the risk to people and followed written risk reduction actions in the care plans. There were systems in place for staff who cared for people on a daily basis to input their observations on people's safety and welfare.

People were protected from risks posed by the environment because the provider had carried out assessments to identify and address any risks. These included checks of window restrictors, hot water and fire systems. The provider had contingency plans for staff to follow in the event of an emergency such as a gas or water leak. Staff were aware of these plans and what they needed to do. This enabled staff to know how to keep people safe should an emergency occur.

Is the service effective?

Our findings

At our last inspection carried out in January 2015 we found a breach in relation to Regulation 14 meeting nutritional and hydration needs. At this inspection we found this had been addressed.

People were assisted to eat in a manner that encouraged them to have optimum nutrition. This included preparing a soft diet or pureed food where people had swallowing difficulties. The service referred people for an assessment with swallowing difficulties to the appropriate health care professionals and then followed their advice and guidance.

People with poor appetites were gently encouraged to eat. One person said they had just had a late breakfast and they would eat later. Staff said this would not be a problem. This showed people were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes. However we saw that where people ate little or no food this was not recorded to check if it was relevant to people's health.

People told us they were happy with the way staff cared for them. One relative said, "We were so lucky to get [relative] here. There was an issue a while ago but that was resolved." They [the staff] are the best group of girls you could meet." A person said, "I almost prefer it here to home".

Staff we spoke with understood the requirements of the Mental Capacity Act 2005 (MCA) and the importance of acting in people's best interests. The assistant manager told us how they put the principles of the MCA into practice when providing care for people. Records we looked at showed where people lacked capacity to make a decision about their care or support, mental capacity assessments had been completed and decisions made in their best interests.

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.

The registered manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. 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 called the Deprivation of Liberty Safeguards (DoLS). We saw that they had done this appropriately and were in the process of assessing and referring a number of people for a DoLS assessment. At the time of the inspection the service was waiting the results of six applications. This meant that people's rights were protected.

Forms in relation to 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) were included in four people's care plans. These had been completed by the visiting GP in conjunction with people or their

representatives.

Those people without family or representatives had access to advocates who gave independent advice and acted in their best interest.

Staff told us they were happy working in the service and that they felt supported. There was a system in place to vote for worker of the month. This was voted for by staff members and people. The current person was a member of the kitchen staff who had been innovative in menu planning with people. Staff said this was motivating and they enjoyed being able to support colleagues.

The registered manager was reviewing the training methods with a view to making it easier to validate. All staff we spoke with said they enjoyed training and that it helped them to understand people's needs better and offer better care. For example all staff said training to care for people who were living with dementia was ongoing and there was always something new to learn about it.

New staff received induction training before they cared for people. This included time to get to know people through interaction and by reading all the information the home held on them, including care plans and risk assessments. The staff we spoke with were confident their training had given them the required skills to be able to care for people. Records we looked at confirmed that staff had access to a variety of training courses felt necessary by the provider and the local authority. This included assisting people to move safely and to ensure adequate infection control was in place.

The registered manager and staff confirmed staff supervisions and appraisals were taking place on a regular basis. Supervision is a supportive meeting held with a senior staff member and an individual or group. Staff said they felt supported and appreciated. For example the registered manager had introduced 'fat friday' where cakes were available to staff as a reward for their hard work. Staff said they really appreciated this and it enabled them to work in a caring environment where everyone was cared for.

We saw team meetings took place regularly, staff said they were very useful and good for keeping up with changes in care practices and training available. This meant that staff had been supported to deliver effective care to meet people's needs.

The service was visited regularly by the local GP and district nurse. People were supported to have good health. Opticians and staff who supported people to have good foot health visited the home on a regular basis. When people showed signs of ill health this was addressed. Good mental health was promoted and signs of deterioration were monitored and acted on.

Is the service caring?

Our findings

People told us staff were caring or very caring. One person said, "The girls are perfect." Another said "Kindness seems to run in their blood." A relative said, "I have always seen kindness and care." Our observations supported this. We saw staff show kindness and compassion to people. For example a person was seen to be unsettled, we noticed that staff were aware of this and when this person didn't settle, staff intervened to see if they could assist them.

People showed signs of being happy with their care. We saw people smiling, laughing and joking with staff and each other. For example a member of staff was tasked to find the name of the highest mountain in England. We saw they did this straight away much to the pleasure of people who were waiting for the answer.

People's independence was encouraged. For example, those people who were self-caring were encouraged to continue this and their ability to care for themselves was supervised in a discreet manner.

People told us staff always checked with them before starting their care. One person said, "Yes they ask if I am ready." Another said "I'm fussy about I wear, they know this and help me." We saw staff get people's permission before offering assistance, such as moving them into the dining room. Not all people we spoke with remembered if they were involved in care planning however all said they were happy with the care. Relatives were able to confirm that care planning was conducted in an inclusive manner. People who did not have a representative had access to an advocate service. At the time of the inspection advocates were in use. This helped ensure their views were sought and where possible respected.

Staff created a pleasant environment for people to eat their lunch. Tables were set with table mats and condiments. They did this to encourage people to eat well and to enjoy the occasion and make lunch one of the highlights of the day. People who normally go out can have their meals later in the day should they wish. People told us they had a good choice when it came to food and that it was good. One person said, "Yes the food is very good." Another said "Lunch is a great time to catch up with friends." A third said "If I'm out and about, they always offer to keep my lunch".

Staff were kind and compassionate and continually got people's consent to care before they offered assistance. We saw staff ensured they knew people's needs and wishes before proceeding. For example they repeated what they understood the person to have said to ensure they knew what was needed. We saw people smile to show staff got it right. People's skills were respected and staff encouraged people to do as much as they wanted, or could do.

People's independence was promoted. We saw people were encouraged to continue to do household tasks if they wished. This included assisting staff to set the tables for lunch. We saw staff were respectful and thanked people for their contributions to getting the meal ready. This made people feel appreciated. This approach meant people were more inclined to continue to perform tasks and to stay more independent.

Staff communicated with the residents effectively and used different ways of enhancing that communication including; by touch, ensuring they were at eye level with those residents who were seated, and altering the tone of their voice appropriately.

Is the service responsive?

Our findings

People had their needs assessed and a plan of care drawn up to assist staff to look after them. Two people and one relative said that the staff made sure they go through the care needed together so that the staff can be sure they or their relative were been cared for as they wish. The plans included information on people's care needs, how they communicated, behavioural and care needs and detailed how people wished to be supported. People and their relatives had also been included when the plans were developed and updated. This ensured the care delivered was what people wanted and took account of changing needs.

Care plans were easy to read and to follow. They contained clear and concise directions to staff on the delivery of care. How best to deliver it and how to keep people safe and well. Daily records on people's care and welfare were up to date and were fully completed. This ensured staff had up to date information on how to care for people. Staff were proactive in caring for people, for example, the records showed that people were provided with pressure relief mattresses and cushions to protect their skin from pressure areas.

As well as their care needs, staff were aware of people's interests and hobbies. Staff knew what was significant to people in assisting them to live well. There was specialised staff who ensured people were supported to pursue their hobbies and interests. Special care was taken to ensure people who were living with dementia were assisted to engage with their surroundings. We saw they had objects nearby that were important to them and gave them comfort. If people were unable to leave their chairs, they could see items and memorabilia relating to the royal family and items they would recognise from their past to engage them. Staff had drawn up personal histories to enable staff to understand what was important to people.

Some people were also supported with quieter activities such as reading. Families and friends were welcomed to the home at all times. This approach to care helped to ensure people had the opportunity to live a full life.

Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift. Records supported this. This meant that staff were made aware of changes in people and were able to respond appropriately.

There was a complaints process in place. The provider was proactive in receiving feedback and open to listening and making changes, before they became a problem. Details on how to make a complaint were freely available. At the time of the inspection there were no outstanding complaints. The registered manager was available to people and staff and issues were resolved with minimum fuss without them escalating. People, relatives and staff confirmed this. The service had many complements on the way they cared for people.

Is the service well-led?

Our findings

The service had a registered manager. There was a quality assurance system in place which ensured all aspects of the service were reviewed by the registered manager and provider on a regular basis. This included reviewing staff training, care plans, risk assessments, how people's medicines were administered and ensuring the environment was safe and hygienically clean. As a result of this process the registered manager decided to change the service's approach to training to ensure it was possible to validate the training. This approach to management of the service helped ensure people using the service had optimum care and their welfare was at the centre of how the service was managed.

The service had a learning culture. All staff were aware of the need for training and had an open mind to new learning. Staff felt their knowledge of people was respected and was included in the reviewing process. Staff said they appreciated being assisted to provide optimum care to people. This included the manager leading by example.

Staff felt appreciated and were pleased the registered manager had processes in place to recognise and appreciate the effort staff made. Examples of this were employee of the month (chosen by staff and people) and fat friday (cream cake day supplied by registered manager). One staff member said "A thank you is so nice and it makes us work all the harder to keep people happy. Another said "A thank you is all it needs. It's hard to keep on giving if you don't get anything back. [registered manager] knows that. We have a great team thanks to [registered manager].

Staff said they felt well supported and had sufficient guidance from senior staff on how to meet people's needs. They said the senior staff provided advice and guidance to care staff when required and were always willing to see a person if there were any concerns. We saw the staffing group worked well as a team and ensured people received optimum care.

There were residents and staff meetings. The staff meetings included how to keep people safe and how staff should respond should they have concerns about how people were cared for. This included ensuring staff understood their duty of care to people under the provider's whistleblowing policy. Resident's meetings were held on a regular basis. One person said, "I try to go, but in truth I don't always have time." Another said, "Yes we have meetings, sometimes they are really good, depends on what's going on."

At these meetings menus were reviewed and outing and events planned. One person said there was a lot to choose from and they got to plan outings outside the service on a regular basis, for "jollies".

Staff said that the registered manager was very approachable, supportive and receptive to new ideas. They spoke positively about working in the service and said that the team was really good and staff worked well together. This helped ensure people received care to match their needs and wishes.

The registered manager was aware of their duty to report incidents to CQC. A review of evidence held by CQC supported this.

