Brandon Trust

The Willows Nursing home

Inspection report

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Date of inspection visit: 23 October 2014
Date of publication: 09/01/2015

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 23 October 2014 and was unannounced. The previous inspection of The Willows Nursing Home was on 30 October 2013. There were no concerns or breaches of the legal requirements at that time.

The Willows Nursing Home is a care home with nursing for up to seven people who have a learning disability and complex support needs. There was a registered manager in post. 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.

The service was safe for people. Staff had a good awareness of safety. They followed procedures which reduced the risk of people being harmed and which protected their rights. This included following the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests when they lacked capacity.

Staff were knowledgeable about people's needs and the support they required. They received training so that they

Summary of findings

were competent and did their jobs well. People had support plans which were kept under review. This helped to ensure people received care in a consistent way which reflected their current needs. Health professionals provided advice in areas such as diet and specialist seating for people so that staff provided the correct support.

People were supported by staff who made them feel valued. Staff understood how people communicated their feelings and emotions in non verbal ways. This meant staff could help people to make decisions, for example about what to eat and the clothes to wear. One staff member commented "We enable people as much as humanly possible."

Staff were responsive to people's needs. For example, staff checked with people that they were comfortable and well positioned where they were sitting. Staff showed a caring approach towards people and helped people to maintain their family relationships.

Good information was available to staff about people's likes and dislikes and staff supported people with their individual interests. One person attended a church regularly. Staff recognised that food preferences were important. We saw that one person's had a particular liking for Chinese food and these meals had been provided.

There were some gaps however in the information that was available about people and the support they received. There was also a risk that some people's views about the home were not being obtained and taken into account in the development of the service.

Systems were in place for monitoring the service people received. The registered manager had a clear vision for how the home was to develop, with the focus being on providing people with a more personalised service.

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?

Good

The service was safe. Staff followed procedures which reduced the risk of people being harmed. Staff received training so they would recognise abuse and knew what to do if they had any concerns about people.

People's medicines were being safely managed by staff.

There were enough staff to ensure people were safe. Staff were checked as part of a thorough recruitment procedure so they were suitable to be working at the home.

Is the service effective?

Good

The service was effective. People were supported by staff who understood their strengths and needs. Staff received training and guidance which helped them to do their jobs well.

People had individual plans which were detailed and set out the support they needed in different areas of their lives. They received support from health and social care professionals to ensure their needs were met.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. Staff were aware of how people were feeling and supported people in ways which made them feel valued.

People were treated with respect by staff. Staff helped people to make choices about their routines and activities.

People received support to maintain relationships with their family members.

Is the service responsive?

Requires Improvement

The service was responsive in most aspects. Staff were responsive to people's needs, for example by making sure people were comfortable and well positioned.

There was good information in most areas relating to people's preferences and the support they had received. However there were gaps and there was a risk that feedback would not be obtained and taken into account in the development of the service.

People took part in a range of activities within the home and in the community.

Summary of findings

Is the service well-led?

Good

The service was well led. Staff felt supported in their work. They followed procedures which helped to ensure people experienced safe and effective care.

The registered manager had a clear vision about the future of the service and how it would develop for the benefit of people at the home.

Staff worked well in conjunction with other professionals. Systems were in place for checking the home to ensure good standards were maintained.

The Willows Nursing home

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 checked 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 23 October 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by an adult social care inspector.

Before the inspection, 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. We also reviewed notifications we had received from the service. A notification is information about important events which the provider is required to tell us by law.

Health and social care professionals were contacted in order to gain their views about the service. We received two responses.

During the inspection we met with the six people who were living at the home at the time. People in the home communicated through non verbal means. We made observations throughout the day in order to see how people were supported and their relationships with the staff. We spoke with four staff members and with the registered manager. We looked at three people's care records, together with other records relating to their care and the running of the service. This included staff employment records, audits, and quality assurance reports.

Good

Is the service safe?

Our findings

People were not able to tell us if they felt safe, however people looked to be at ease in the presence of staff. Staff followed procedures which reduced the risk of people being harmed. The staff we spoke with had a good understanding of risk and knew what action to take to ensure people's safety. They told us, for example, that the use of hoists and people's needs in relation to moving and handling had been assessed to identify any concerns about safety. In the records, we saw information about risks to people and the action staff took to reduce these. A fire risk assessment had been undertaken and there was guidance for staff about the safe use of substances that are hazardous to health, such as cleaning materials.

Staff told us systems such as the fire alarms were tested regularly to make sure they were working correctly. When looking around the premises we saw checks were being undertaken to ensure equipment was safe and in good working order. For example, the temperature of the hot water supply to the baths was checked regularly to make sure it was safe. Hoists had been serviced by an outside contractor to ensure they were well maintained.

Staff were aware of specific risks relating to people's health and welfare and how to respond to these. They told us, for example, that people had plans in relation to epilepsy and the support they needed when they experienced an epileptic seizure. We observed such an event, which staff had recognised and responded to promptly to ensure the person was safe. In one person's record, we read they were at risk of choking when eating their food. At lunchtime, we saw the person was supported by staff who were aware of the risk and who helped the person to be safe when having their meal.

People went out during the day to take part in activities in the local community. Staff told us about assessments that had been undertaken concerning risks when out in the community. This included being away from home and the implications this had on the support people needed with personal care when the usual facilities were not available. Staff said the time outside the home was carefully planned to take this into account. People went out with information about their needs and emergency contact details in a pocket at the back of their wheelchairs. We saw staff were attentive to people before they left, for example by making sure people had the right clothes to protect them from the weather.

People's medicines were being safely managed by staff. There were suitable facilities in place for the safekeeping of medicines, including controlled drugs. Records we saw showed people received their prescribed medicines at the correct times. A stock record was kept which helped to ensure any discrepancies in the quantity of medicines being kept would be promptly identified. We were told in the Provider Information Return there had been no errors involving medicines during the last 12 months.

Staff understood the risk of abuse occurring and the different forms this can take. The staff we met with felt the staff team were knowledgeable about abuse and their responsibilities to protect people. They told us they had received training in safeguarding adults and there were procedures to follow if they had any concerns. We saw guidance about the reporting of abuse or allegations of abuse was readily available to staff.

One staff member said they had been asked a question about safeguarding adults when being interviewed for the position of support worker. Staff told us they had gone through a thorough application and interview process. They said they had not been able to start work until various checks had been completed to confirm their suitability. We saw records which showed that references had been obtained and information received from the Disclosure and Barring Service (DBS) before new staff had started employment. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults.

We were told in the Provider Information Return that the staffing levels during the day were a nurse and three support workers. We observed this level of staffing during our inspection and saw there were enough staff to meet people's needs at the time. Staff told us they felt the level of staffing during the day and at night was sufficient to ensure people's safety. The registered manager said this level of staff was a minimum and additional staff were deployed in response to planned events and changes in people's needs. Staff rotas were produced in advance so the deployment of additional staff could be arranged in good time when

Good

Is the service safe?

needed. We were told about a recent occasion when one person had received end of life care in the home and the staffing levels had been increased to reflect their needs at the time.

Good

Is the service effective?

Our findings

The staff we spoke with knowledgeable about people's needs and the support they required. Staff described in detail people's preferred routines. People had individual care plans which included a lot of detail about their strengths and needs and how they wished to be supported. The plans helped to ensure people experienced care and support in a consistent way which met their needs.

People's plans showed they were dependant on staff for all aspects of their care. Staff described the different ways in which they helped people to maintain their food and fluid intake. This included support with a procedure known as a percutaneous endoscopic gastrostomy (PEG), which is a non-oral means for a person to receive nutrition. Other people had food prepared to meet their individual needs and received support from staff with eating.

Advice had been obtained from a dietician about the support people needed. This had resulted in detailed guidelines being produced for staff about the practical arrangements and how people liked to be supported with eating and drinking. At lunchtime, we saw people receiving one to one support from staff with their meals. Staff were well positioned to assist people and provided support at an appropriate pace. In their feedback to us, a healthcare professional commented positively about the way in which people were supported with their nutritional needs.

People received a range of healthcare services to ensure their needs were met. Their care records showed the support they had received, for example from the dietician and the occupational therapist. People's health conditions and diagnoses were described in detail, together with explanations about how these affected people physically and emotionally. This helped to ensure staff were well informed about people's needs and able to identify concerns about their health and wellbeing. Staff told us that people received good support from the GP surgery. Records showed that health action plans were being followed. We read, for example, that people had received routine check ups to ensure their health was monitored.

Records and the feedback from staff showed training was provided in a range of subjects relating to health and safety and people's care needs. We were told there was a planned programme of training which all staff were expected to complete. Staff told us the training made them feel confident to carry out the tasks that were expected of them. One staff member said they had not yet received training in medicines administration and in the PEG procedure and therefore did not support people in these areas. Another staff member commented that they had been "signed off" as being able to administer medicines to people after receiving training and being assessed as competent.

Staff had received training in the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. The staff we spoke with showed a good understanding of how this applied to the people they supported. We were told that people's capacity to make decisions was very limited. However, staff said they tried to "read the signs" to know people's choices and what they liked, for example in relation to food and their surroundings.

People's rights were protected when decisions were made on their behalf. Records showed that the principle of acting in people's 'best interests' had been followed. Family members and healthcare professionals had been involved in making decisions. We read, for example, about decisions that had been made in relation to people's medicines and health conditions. A 'best interests' meeting had also been held in connection with a holiday for one person. This was to decide whether the cost of the holiday would be justified by the person's enjoyment of it.

Staff were familiar with the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. The registered manager told us people's individual circumstances were currently being reviewed following a change in the criteria for making an application under the DoLS. There had been discussions with the local authority who would receive the applications and a date had been agreed for the completion of these. This showed steps were being taken to ensure people were not being unlawfully deprived of their liberty.

Good

Is the service caring?

Our findings

People at the home were not able to express their views verbally. We observed people's relationships with staff and saw how they received support. Upon arrival at the home we were shown around the premises and introduced to people who lived at the home. The staff member showed respect for each person by explaining why we were visiting their home and and what we would be doing.

Staff kept people informed throughout the day of what was happening in the home. At lunchtime, staff spoke with people about their meals and maintained people's interest through eye contact and facial expressions. Although people could not respond verbally, they engaged with staff and people were encouraged to eat what was being offered to them. Humour was used appropriately and staff used people's names regularly. This helped people to feel valued and to retain their sense of identity.

On a number of occasions, staff checked with people that they were comfortable and well positioned where they were sitting. In their feedback to us, a healthcare professional said staff took on board recommendations made regarding wheelchairs and related seating. They told us staff monitored people's comfort and wellbeing when using wheelchairs and were timely in initiating referrals for specialist support when needed.

We saw occasions when staff sought to include people in the daily routines within the home. Some people were supported to go to the kitchen when several shopping bags with food came into the home. Although not practically involved, people were able to see what had been bought and where it was being put away. Staff said that people also spent time in the laundry when their clothes were being washed, so they could experience the process and have a change of surroundings. The registered manager told us that people's involvement in this way was being developed further, both within the home and in the community.

The premises had been adapted and equipment such as hoists available to meet the needs of people with physical disabilities. Each person had their own room where they could receive personal care in private. The rooms included lockable cabinets where people's medicines were kept and could be administered to people privately. The homeliness of the environment had also been considered. Rooms were personalised and had areas of interest for people. For example, a bathroom had recently been refurbished and coloured lighting had been installed to enhance people's experience.

People's own rooms had different colour schemes and decorated in ways which reflected people's interests. There was a coordinated approach to produce rooms for people that were visually stimulating. The rooms had been arranged so that people could spend time comfortably, for example when watching television or listening to music. There was a spacious lounge where people could spend time with each other and do these things together. In their feedback to us, one healthcare professional commented "The home I feel has a lovely calm caring atmosphere."

People were supported to maintain contact with their families. Staff said that, in the role of keyworker, they provided a point of contact for family members. We were told that some relatives visited regularly and others kept in touch on the phone. In people's records we saw details about the important people in people's lives and the support people needed with their relationships. This information helped to ensure that people maintained contact, for example by having support with sending cards on relatives' birthdays. We saw an example of the letters that were written to families regularly with news about recent events and changes at the home that would be of interest to them. This was a very positive and individual way of supporting the person to maintain contact with their parents and family members.

Information had also been recorded about the activities people enjoyed and what made them happy. People's records included a section which described what a "good day looked like" for them. Another section had information about what staff liked and admired about the person. We read for example about one person who liked "wearing vibrant colours" and "reaching out to people". This showed that people's personal qualities were being recognised. The information helped staff to support people in ways which enhanced their feeling of well being.

Requires Improvement

Is the service responsive?

Our findings

People's needs had been assessed and detailed plans produced which set out the support each person required. People's plans included information that helped staff to provide personalised care. This included people's personal histories from birth to the present day. The information had been added to over time as staff learnt more about the needs of the people they supported. However, people's preferences in relation to the gender of staff who provided their care had not been established. The registered manager acknowledged this was an area that should be followed up.

People's needs were being kept under review and their care plans amended to reflect any changes in need. Review meetings were held to talk about any changes that were needed. Handover meetings took place when people's needs were discussed between staff on a more frequent basis. Daily reports and records about people's care and support were completed by staff. These were mostly informative and detailed and helped to ensure good information was available when people's support was being reviewed. There was one shortfall in the records we saw which we brought to the attention of the registered manager. This meant there was not always a consistent record being maintained of the support people received with their nutritional intake.

Staff we spoke with felt the plans gave a good picture of people's needs and how these were to be met. The plans covered different aspects of people's care and support, such as nutrition, moving and handling and personal care. In people's records, we saw guidance for staff about how people liked to be supported and things to look out for that could be a cause for concern. This helped to ensure staff provided care in a consistent way which met people's individual needs.

Information had been recorded about people's preferred daily routines and their diverse needs. Staff told us how these needs were responded to. One person, for example, went to a church regularly. Staff recognised that food preferences were important and told us one person had a liking for Chinese meals. Menu records were kept which showed these meals had been provided and people's individual preferences were being catered for.

People spent their time in different ways during our visit. Activities had been planned but the arrangements were flexible to take account of people's feelings and needs at the time. Photos and pictures were used by staff to help people make choices about daily activities. Some activities, such as aromatherapy, were arranged in the home and others involved trips out into the community. This included a walk to a nearby coffee shop. Staff told us that a house minibus was no longer available and public transport was being used instead. Staff had mixed feelings about this; it was felt there was now less flexibility although it had created some new opportunities for people. We were told for example that, with sufficient planning, people could travel on a train to a local town when they went to the shops or to the theatre. The registered manager said the intention was to move away from people travelling as a group, to arrangements that were made on an individual basis. A staff member told us that people went out "several times a week."

Staff described the ways in which people communicated with them. Guidance about this was also available in people's care records. Staff told us they had learnt how people used eye contact and facial expressions to communicate. By recognising how people expressed their feelings, staff helped people to make decisions, for example about what to eat and the clothes to wear. One staff member commented "We enable people as much as humanly possible."

Staff said that although people could express a range of emotions, it was not possible to gain their views about the service. We were told relatives gave feedback at review meetings and informally when talking with staff. There were also times when family members were actively involved with their relatives in the home, for example by helping them to choose the colour schemes for their bedrooms. Staff said there was a collaborative approach to working with family members. However the registered manager told us feedback was not being sought through surveys or other quality assurance processes. There was therefore a risk that some people's views about the service were not being obtained and taken into account in the development of the service.

Good

Is the service well-led?

Our findings

The registered manager divided their time between The Willows Nursing Home and a supported living service. Nurses, in the role of team leader, were deployed at The Willows throughout the day and they took the lead when the registered manager was not present.

Staff told us the registered manager could be contacted when needed and they felt supported by them. Staff commented that on occasions the team leaders varied in their approach and had different priorities when leading a shift. This was not felt by staff to be having a significant impact on people at the home. The registered manager told us it was something they were aware of and action was being taken to establish a more consistent approach. It was reported in the Provider Information Return that management training had been planned for the team leaders.

Staff said they received supervision on a regular basis. We were told the team leaders supervised support staff and one to one meetings were arranged throughout the year. One staff member said they talked about their training needs at the meetings and had the opportunity to access courses in subjects that were not part of the regular programme of training. We were told new staff members underwent a probationary period which enabled them to increase their responsibilities over time. One staff member said they had a mentor on the staff team, which had been very beneficial for them.

Meetings were being held when staff were kept up to date with developments and changes affecting the service. The minutes showed that a range of subjects and matters relating to staff practice were discussed. They were also an opportunity for learning and staff training needs were being identified. Records showed that accidents and incidents were being reviewed to identify any trends and to reduce the risk of a reoccurrence.

The registered manager said one priority during the last year had been staff development. This was to ensure that the staff worked well as a team. We were told about other developments since the last inspection which had enhanced the service people received. Staff and the registered manager spoke positively about refurbishment and decorating work which had improved the facilities and home environment. They commented, for example, "It's a joy to work here" and "I'm very proud of the house."

The involvement of outside professionals was being given a high priority to ensure that people's needs were met. In their feedback to us, a healthcare professional commented about the service: "They are keen to have outside professional input and to get the best advice and information possible for their residents." Records showed the involvement of health and social care professionals and their contribution to people's support plans. We saw information, such as communication passports, which helped to ensure people's needs were met if they moved between services. It was reported in the Provider Information Return that staff had recently worked successfully with other services in connection with one person who had received end of life care. A healthcare professional also commented positively about this.

There was a clear vision about the future of the service and how it would develop. In the Provider Information Return we were told about the plans being made to provide people with a more personalised service. The registered manager had a clear view on how this would be achieved and what it meant for people at the home. This included an emphasis on individual, rather than group activities, as shown in the use of public transport instead of a minibus. One staff member told us the culture of the service was "Orientated towards client individuality." This approach was consistent with the provider's stated vision for its services, which including the involvement of people in the wider community and their right to exercise 'full citizenship'.

Arrangements were in place for checking the home to ensure good standards were maintained. The registered manager completed audits and monitored areas such as the provision of training and the supervision of staff. Other managers and representatives of the provider visited the home to check on standards and the quality of the service. We saw that a quality assurance report was produced each month. Actions were identified in the reports to ensure that any shortcomings were followed up. There was a 'locality action plan' for 2014, which showed the progress being made with achieving planned objectives for the service.