

Parkcare Homes Limited

# The Willows

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The Willows is registered to provide personal and nursing care for up to 41 older adults, which may include some people living with dementia. This inspection was unannounced and took place on 24 June 2016. At the time of our inspection there were 40 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.

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 and had an object that offered them comfort. We saw people were supported in a relaxed and unhurried manner. Staff were caring and communicated well with people. However lunch for people on the ground floor was more relaxed and more of an occasion than for those on the top floor.

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 and were invited to join their family member for meals so that family time could be enjoyed. 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?**

**Good** ●

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.

# The Willows

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 June 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.

As some people were living with dementia at The Willows, 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.

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.

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

People who lived at The Willows told us they felt safe. One person said, "Yes you can see and feel how nice and safe it is here." Another said, "The staff are always around, we are as safe as houses." A relative told us, "As soon as we walked in here we knew [relative] would be safe here and we were not wrong." People who didn't have verbal communication showed signs such as a smile to let us know they were safe.

Staff were trained to keep people safe and how to recognise and respond to signs of abuse. Staff told us, "The manager makes sure we know we have to keep people safe." Another said, "Keeping people safe is what it is all about."

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. 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 ongoing. For example staff were given step by step direction on how to move people safely and how to ensure the risk to their skin breaking down was minimised. 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. The garden was made safe by having paths and an even surface, this allowed people to use the garden in a safe manner.

There were risk assessments for moving and handling, risk of pressure ulcers, falls and malnutrition, and there was evidence that these risk assessments were reviewed and weights were 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.

We saw people and staff chatting easily. People confirmed that this was usual and told us the staff were 'easy to talk to' and 'very friendly'. People said if they had a problem there were 'lots of staff to talk to.' People said some staff were easier for them to talk to but all the staff listened to them.

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.

Each person had a plan on how their needs should be met in an emergency. These were readily available to staff. Staff were aware of them and that they were colour coded to show at a glance how much assistance people needed

People told us and we saw there was staff around to call on should people need assistance. 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.

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 evidence were required.



# Is the service effective?

## Our findings

People told us they were happy with the way staff cared for them. One relative said, "The staff are so good here, they listen to your worries and make you feel better." A person said, "Just look at them they can't do enough for you, always on the go." Another relative told us they were, "More than happy with the staff." A third relative said, "We leave here relaxed knowing [relative] is well cared for. Other places gave us knots in our stomachs leaving [relative]."

Staff we spoke with understood the requirements of the Mental Capacity Act (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. 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 felt supported and they received sufficient training in key areas to deliver safe and effective care. One staff member told us the registered manager ensured training was provided to meet the needs of people. Another member of staff told us they had received specialist training on how to care for people who are living with dementia. They were able to explain how the training helped them to better care for people.

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.

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. We saw team meetings took place regularly and 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.

People told us the food was good. One person said, "It's Friday so it's fish and chips, I love fish and chips." We saw they ate all their meal and were offered more." People had access to drinks and snacks throughout the day.

People were assisted to eat in a manner that encouraged them to have optimum nutrition. We saw people were gently encouraged to eat. One person said they didn't want lunch but were encouraged to eat half their main course and all of their dessert. 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 who had their nutrition delivered by a PEG (percutaneous endoscopic gastrostomy -this is a system where food is given through a tube straight into the stomach) had a clear regime in their care plan, the care and management of the site and rotation regime was clearly stated. They had records demonstrating that care was carried out as prescribed. Those who used a PEG appeared comfortable and well hydrated. Records showed a visiting dietician was happy with the care given by staff and the condition of the PEG site.

The service was visited regularly by the local GP and district nurse. People were supported to have good health. They were taken into the local town to visit their dentist on a regular basis. Opticians and staff who supported good foot health visiting the home on a regular basis. This meant people were supported to have optimum health.

## Is the service caring?

### Our findings

People told us staff were caring and very kind. One person said, "You couldn't get nicer more caring staff." A relative said, "Look around you all you see is kindness and care. They are lovely."

Our observations supported this. We saw staff show kindness and compassion to people. For example one person was showing signs of distress we saw staff sit beside them and hold their hand until they settled.

People's dignity was promoted we saw staff use the utmost discretion when checking if people needed to use the toilet. Care delivery was focused on meeting people's needs, we saw staff stop doing tasks and go to assist people or just go to talk to them.

People showed signs of being happy with their care. We saw people smile and laugh and joke with staff and each other. People were able to eat with their relatives. We were told that this was important to both the person and their relative. It meant they could have 'time together' like they used to.

People's independence was encouraged. For example the doors to the garden were open and there was comfortable furniture for people to use. We saw people walk outside and use this. One person said, "It keeps my legs working" and another said "It's not much but I need all the exercise I can get."

People told us staff always check with them before starting their care. One person said, "The girls always ask me what I want, even though it rarely changes." A relative said, "Even though [relative] can't always say what they want, the girls always check with them and watch closely for any signs they are not happy." We saw staff get people's permission before they moved them in their wheel chair. 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. For example no changes were made to the care plan without a discussion with those involved or their representative. People who did not have a representative had access to an advocate service. This helped insure their views were sought and where possible respected.

Staff created a pleasant environment for people to eat their lunch. They did this to encourage people to eat well and to enjoy the occasion and make lunch one of the highlights of the day. Tables were laid with fresh linen and there were flowers on each table downstairs. However people who lived upstairs (where people living with dementia were cared for) did not have the same access to nice surroundings. We spoke to the manager about this and they said they would look at it again and address the issues.

Staff were continually 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.

Staff communicated with the residents effectively and used different ways of enhancing that communication 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 communicate, 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.

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. This included daily records of people's care and welfare. For example how wounds were managed. Daily turning records 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 the skin was routinely 'blanch' tested. This is a simple test which involves pressing on the area with your finger and can proactively identify skin integrity issues.

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. We saw 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. Rummage boxes were available, which included items that may stimulate people's memories, including memorabilia relating to the royal family and items they would recognise from their past. 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 jigsaws and 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. One person said "Everything here is in the open, we can talk to [registered manager] about anything and [registered manager] will sort it out." A relative said due to the open approach to problem solving, "Nothing becomes an issue so there is no need to make a complaint."

## Is the service well-led?

### Our findings

The service had a registered manager. They had a quality assurance system in place to ensure all aspects of the service were reviewed on a regular basis. This included reviewing care plans, risk assessment, how people's medicines were administered and ensuring the environment was safe and hygienically clean. Following reviews from these audits the registered manager recognised nursing staff needed more support in the day to day nursing care of people and subsequently appointed a clinical lead. 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 registered manager promoted an inclusive and person centred culture. For example the service held a daily focus meeting. This was attended by maintenance staff, catering, activities organiser, senior house keeper and a nurse from each floor. The meeting was recorded and covered business of the service. This included admissions, discharges, expected visitors or other professionals, hospital escorts and maintenance works to be under taken. The work completed the previous day was signed off. This helped ensure all staff had up to date information on the running of the service and the welfare of people. Other 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.

There were resident, staff and relative meetings on a regular basis. This was confirmed by people we spoke with and minutes of meetings we saw.

The registered manager ensured staff had the training they needed to care for people in a manner that recognised and met their needs. They had recently launched a programme to ensure nursing staff met the requirement for their re-validation.

Staff said they felt well supported and had sufficient guidance from senior staff on how to meet people's needs. They said the nursing 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 they worked well as a team and ensured people received optimum care.

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 is really good and staff worked well together. This helped ensure people were receiving 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.