

Anderson Nursing 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Willows is a care home which is registered to provide personal care and accommodation for people with dementia or physical disabilities. Accommodation is provided in one adapted building over two floors. The home is registered to provide care for up to 27 people. At the time of the inspection 22 people were living at the home.

People's experience of using this service and what we found

People and their relatives told us they felt safe and there were safeguarding policy and procedures in place. Staff were knowledgeable about the actions they would take to safeguard people and told us they would be confident to raise concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

A lack of meaningful activities were available to people to occupy them during the day. The registered manager had identified this and was working to improve the activity provision available to people. We have made a recommendation that a full review of activities provision is undertaken.

Effective systems were in place to monitor the quality and running of the service. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Safe recruitment procedures had been followed. Recruitment checks were completed in line with the providers policy. Staff told us they felt well supported at work and received relevant training to enable them to carry out their job roles effectively.

Risk assessments and care plans were in place and contained person-centred information relevant to the needs of people. Environmental risk assessments and checks had been completed to ensure the safety of the building. End of life care plans were not in place for all people. The registered manager was working to update care plans to ensure people's wishes were recorded.

Staff treated people in a dignified manner and people and their relatives told us staff were caring. Staff told us they felt supported by the registered manager/provider and received regular supervision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

This service was registered with us on 2 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

The Willows

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

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.

Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Prior to the inspection, we checked all the information we had received about the service. We assessed the information received in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

During the inspection

We spoke with 10 people who used the service and three relatives.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. We spoke with the registered managers, finance director, chef and four staff.

We reviewed a range of care records for six people. We looked at three staff personnel files, in addition to a range of records in relation to the safety and management of the service. We also spoke with one visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These included risks due to the health and support needs of the person. Risk assessments were reviewed and updated when a change in need was identified. Risk assessments included information of the actions taken to mitigate the risks people were exposed to.
- Premises checks had been completed to help ensure the safety of the building. Risk assessments relating to the environment were in place. Further changes to the environment had been identified to improve its safety. For example, the provider was arranging for all pull cords on window blinds to be secured to the wall.
- Personal emergency evacuation plans (PEEP's) were in place. A PEEP was in place for every individual which detailed the support they required in the event the building needed to be evacuated in an emergency.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. Staff understood their role in how to protect people and were confident in the actions to take if abuse was suspected.
- People told us they felt safe. Comments included, "I really feel safe in this home. The staff do everything and more than I need, they are brilliant!" Relatives confirmed they thought people were safe. One relative said, "Staff really observe [name of person] and they learn so much from this. I as a relative can count on one hand how many falls [name of person] has had during the time they have been here."

Using medicines safely.

- Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.
- 'Medication plan of Care' documents were in place for people. These recorded person-centred information of how the person was supported to take any prescribed medicines.

Learning lessons when things go wrong.

- Systems were in place to review accidents or incidents. Accidents and incidents were reviewed to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks. The outcomes of reviews were shared with staff.

Staffing levels and recruitment.

- Safe recruitment procedures were in place and were followed.
- The provider did not use a dependency tool to formally assess the staffing levels required. However, this did not impact upon people and there were enough staff deployed to meet the needs of people.
- Checks were carried out to ensure nurses were registered with the Nursing & Midwifery Council.

Preventing and controlling infection.

- The environment was clean, homely and had no malodours.
- Personal protective equipment such as gloves and aprons were available for staff and people to use.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Evidence of Mental capacity assessments being carried out for people who were unable to consent to certain decisions were available. For example, MCA assessments had been completed for people who were unable to leave the home independently.
- The registered manager followed the principles and guidance related to Deprivation of Liberty Safeguards (DoLS). Applications had been made to the local authority for DoLS authorisations in line with legislation.
- Measures were taken to involve people and their representatives in decisions about their care. People were consulted and their views were considered in the development of care plans.

Adapting service, design, decoration to meet people's needs.

- The provider had carried out extensive improvements to the fabric of the building since taking over the service.
- Further works to improve the environment were required. The provider had assessed all the required works and had prioritised what needed to be completed first.
- The provider was aware of best practice guidance relating to supportive environments for people living with a dementia related condition. The on-going improvement of the environment would improve outcomes for people living at the service.
- People were able to personalise their bedrooms with belongings of their choice. One person said, "I have no problems with the building or my living quarters. I know they are going to do more work on the interior soon, but it still serves my needs well."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Records confirmed an assessment of people's needs had been completed. The provider determined from the outcome of the assessment whether they felt able to meet the needs of the individual.
- Care plans were person-centred and contained information to guide staff on how to deliver care and support.
- Care plans were mostly reviewed at the frequency identified by the provider and updated when a change in need was identified for the person.

Staff support: induction, training, skills and experience.

- There was a training programme in place. The registered manager told us all training deemed to be mandatory had been delivered to staff. A plan was in place to deliver specialist training to some staff.
- Training included the care certificate being provided for staff. The care certificate sets out the skills, knowledge and expectations of staff in care based roles. Staff told us they felt the training they received was beneficial.
- Staff's understanding and skills were checked and monitored through supervision, observations and team meetings. Appraisals for staff were planned now the provider had been operating for one year. This included staff completing a self-assessment of their performance.

Supporting people to eat and drink enough to maintain a balanced diet.

- Staff were knowledgeable about people's dietary needs and preferences.
- People were positive regarding the choice and quality of the food available. One relative said, "The food is very good. Staff go out of their way to provide the food [name of person] likes."
- Staff worked to promote a positive meal time experience for people.
- Systems were in place to share information with the catering department of people's dietary needs and preferences. The home had been awarded a five star food hygiene certificate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported to have access to a range of healthcare professionals to ensure they remained healthy. Staff worked with other agencies and accessed services when people's needs changed. For example, people were supported with appointments such as GPs, dietitians, podiatry and dentists.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At this inspection this key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us they thought staff were caring. One person said, "The staff really care deeply for people and don't leave them neglected." A relative told us, "Staff care for my relative very well."
- Throughout the inspection we observed staff treating people with care and kindness. Staff were engaging with people and demonstrated compassion in their interactions. The registered manager promoted a positive culture within the home. A sign on display said, 'Our residents don't live in our workplace we work in their home.'
- Staff understood the needs of people well. Staff were knowledgeable about the support each individual required and knew which people had routines which were important to them. Staff worked to ensure these routines were maintained.

Supporting people to express their views and be involved in making decisions about their care

- Assessments and care plans demonstrated the involvement of people and their representatives. Where people were able to they had agreed decisions about their care and support.
- Advocacy services had been used to support people. An advocate helps people to access information and to be involved in decisions about their lives. A visiting advocate said, "Staff have kind interactions. They show this with their body language, tone of voice and facial expressions when giving reassurance to people. The staff sit and spend time with people and when supporting them tell them what they are going to do before doing it. They give people privacy when needed too."
- Information was available for people in accessible formats. For example, pictorial 'comfort care plan's' were in place to demonstrate what was important to the person. Easy read documents support people who cannot understand written words.

Respecting and promoting people's privacy, dignity and independence

- Care records recorded people's preferences of what was important to them. Care plans described the actions staff should take to maintain the dignity of people.
- People were encouraged to be as independent as possible. Staff recognised the importance of allowing people to do things for themselves rather than doing everything for people.
- Staff worked in ways which maintained the privacy of the people. Staff were respectful and described ways in which they worked to protect people's dignity especially during personal care support.
- People's confidential information was stored securely and could be located when required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At this inspection this key question has been rated as requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The home did not employ an activities co-ordinator. Staff were responsible for providing meaningful activities for people. However, throughout the inspection we observed periods where people were not engaged in meaningful activities as staff were busy completing other tasks.
- Records demonstrated a range of activities had previously been provided for people. Records did not show recent activities had been arranged. The registered manager confirmed the provision of activities needed to be expanded to meet people's needs.

We recommend the provider reviews the activities programme and the resources available to provide regular meaningful activities to people.

- On the third day of inspection we saw some people participating in a craft activity with staff. The people involved were actively engaged with staff and proudly showed off their work to everyone.
- Some people told us there could sometimes be a delay in staff responding to them. During the inspection we observed staff to respond to people in a timely way.
- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated other health and social care professionals were involved.
- Communication systems were in place to share information between staff. Handover meetings took place from one shift to the next to ensure important information was passed from one staff team to the next.
- Visitors were welcomed into the home. Staff understood what was important to people and supported them to maintain relationships with their partners, family and friends. Comments included, "They [staff] genuinely and sincerely treat [name of person] like a member of their family. There's a feeling of a family bond among the staff and carers and I think that adds so much to the level of care they can offer residents." A second relative said, "When I visit, the staff always approach me and tell me what [name of person] was doing last night. This gives me reassurance that they are not being ignored by staff."

End of life care and support

- No one using the service was receiving end of life care. Most staff had completed end of life care training.
- End of life care plans were not in place for all people using the service. The registered manager was in the process of addressing this by speaking to people, their relatives and health and social care professionals to implement the relevant care plans.
- One person told us, "I would just like to die in this place. The staff are just so lovely."

Improving care quality in response to complaints or concerns

- Systems were in place for any concerns, complaints, or compliments to be acknowledged. The provider had a clear policy which detailed how any complaints would be investigated and responded to.
- People told us they knew how to complain if they needed to. One relative said, "I've only ever raised one complaint and staff were right on the ball in attending to it. The manager is very approachable and has definitely helped me a lot with good advice in all aspects of the care."
- The registered manager was proactive and engaged with people and their relatives daily. This enabled them to respond to any concerns straight away.
- No complaints were raised with us during the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At this inspection this key question has been rated as good. This meant the service was consistently managed and well led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest when something goes wrong

- An effective system was in place to ensure notifications were submitted to CQC. The registered manager understood their responsibilities in what needed to be reported to CQC.
- Quality assurance audits and checks were carried out by the registered manager to monitor the quality of the service. Action plans were developed to address any areas where improvements were required.
- Staff were competent and understood their roles. The registered manager told us they were proud of the staff team and staff were encouraged to use their initiative to think about how they could better support people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a culture of delivering person-centred care which achieved good outcomes for people. Care records demonstrated people and their representative had been involved in their development.
- The registered manager had identified some of the issues we found on inspection and was addressing these through their action plans.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff told us the registered manager and senior staff were approachable and they felt well supported.
- Staff were confident to raise any issues and felt assured they would be listened to.
- Clinical review meetings were held with people, relatives and visiting professionals to discuss the health and needs of individuals. One relative said, "I would recommend this home as an excellent accommodation for [name of person] and anyone else. It is a perfect alternative home to any private home."
- Meetings were held and surveys carried out to obtain the views of people, relatives and staff.

Working in partnership with others

- Relatives and an external health and social care professional were complimentary of the service and how they engaged with others.
- Staff had positive relationships with people and understood the needs of the people they supported.
- The culture of the home was caring. Staff knew people well and understood their needs.

- Some links had been established with the local community. The registered manager was considering ways of expanding this to promote the home within the local community.