Bupa Care Homes Limited

Willow Brook Care Home

Inspection report

112 Burton Road
Carlton
Nottingham
Nottinghamshire
NG4 3BG

Tel: 01159613399

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31 March 2017

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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

This inspection took place on 28 and 31 March 2017 and was unannounced.

Accommodation for up to 49 people is provided in the service. The service is designed to meet the needs of older people living with or without dementia. There were 33 people using the service at the time of our inspection.

A registered manager was in post and was available throughout the inspection. 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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm and not unnecessarily restricted, though the completion of documentation to demonstrate that the risk of skin damage had been managed could be improved.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices. Medicines were safely managed, though the completion of cream chart documentation could be improved.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink, though the completion of food chart documentation could be improved. External professionals were involved in people's care as appropriate. The environment could be improved to better support people living with dementia.

Staff were kind and knew people well. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received care that respected their privacy and dignity and promoted their independence.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs, though activities could be further improved so that more people could access activities outside the home.

Complaints were handled appropriately. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident in raising any concerns with the management team and that appropriate action would be taken.

The provider was meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

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 understood their responsibilities to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm and not unnecessarily restricted, though the completion of documentation to demonstrate that the risk of skin damage had been managed could be improved.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices. Medicines were safely managed, though the completion of cream chart documentation could be improved.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink, though the completion of food chart documentation could be improved. External professionals were involved in people's care as appropriate. The environment could be improved to better support people living with dementia.

Is the service caring?

Good

The service was caring.

Staff were kind and knew people well.

People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received care that respected their privacy and dignity and promoted their independence.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs, though activities could be further improved so that more people could access activities outside the home.

Complaints were handled appropriately. A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident in raising any concerns with the management team and that appropriate action would be taken.

The provider was meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

Willow Brook Care 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 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.

This inspection took place on 28 and 31 March 2017 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the home, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with seven people who used the service, six visiting relatives or friends, the chef, a domestic staff member, a laundry staff member, the housekeeping supervisor, an activities coordinator, three care staff, a team leader and the registered manager. We looked at the relevant parts of the care records of seven people who used the service, three staff files and other records relating to the management of the home.

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.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that they felt the home was safe. A person said, "I've often felt it's a safe place to be." A visitor said, "I do feel [my family member]'s safe. It gives me peace of mind."

Staff were aware of safeguarding procedures and the signs of abuse. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was available to give guidance to people and their relatives if they had concerns about their safety. Appropriate safeguarding records were kept by staff of any safeguarding referrals they made and appropriate action had been taken to reduce further risks.

People told us that they were not unnecessarily restricted. A person said, "Up or down I can go when I like." A visitor said, "[My family member] has total freedom. They can decide what they want to do."

People told us that staff supported them to move safely. We observed people being assisted to move safely and staff used moving and handling equipment competently. Staff told us they had sufficient equipment to meet people's needs and if they required any additional equipment they could raise this with the management team and it would be provided.

Individual risk assessments were completed to assess people's risks. These included falls, developing pressure ulcers and malnutrition. Actions, such as providing a person with additional support at mealtimes, were identified to reduce these risks as much as possible.

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans and the involvement of external professionals. Accidents and incidents were analysed to identify any trends or themes so that actions could be taken to reduce any risks of them happening again. This included referring to external professionals for guidance.

Pressure-relieving mattresses and cushions were in place for people at high risk of developing pressure ulcers and they were functioning correctly. We saw that records showed that a person received support to change their position to minimise the risk of skin damage in line with their assessed needs as set out in their care plans. However, another person's records in this area were not well completed. We raised this with the registered manager who agreed to take action to ensure these records were fully completed.

We saw that the premises were well maintained and checks of the equipment and premises were taking place. We saw that action was taken promptly when issues were identified from premises and equipment checks. There were plans in place for emergency situations such as an outbreak of fire and personal emergency evacuation plans (PEEP) were in place for all people using the service. This meant that staff would have sufficient guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place and available for staff to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

People told us that staffing levels were appropriate and that staff were usually available to provide help. A person said, "I think it's about right on staff." A visitor said, "There seems quite a lot of staff on usually."

Care, domestic, laundry and kitchen staff all felt that they had sufficient time to complete their work effectively. During the inspection we observed staff promptly attending to people's needs and call bells were responded to within a reasonable time. Lounge areas were not always supervised in the morning, however, we did not see any concerns resulting from this.

Systems were in place to identify the levels of staff required to meet people's needs safely. The registered manager explained that they considered people's dependencies when setting staffing levels and monitored them closely to ensure that staffing levels remained at the correct level. A staffing tool was also completed which stated that appropriate staff were on duty to meet people's needs safely.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

People we spoke with told us that their medication was supervised and well managed. A person said, "[Staff] watch over me while I take the tablets." A visitor said, "I have no worries at all that [my family member] is getting their tablets okay."

Staff administering medicines told us they had completed medicines training and received competency checks for medicines administration. Records confirmed this. We observed the administration of medicine; staff checked against the medicines administration record (MAR) for each person and stayed with the person until they had taken their medicines. MARs contained a photograph of the person to aid identification, a record of any allergies and people's preferences for taking their medicines. We checked medicines administration records and found they had been fully completed. However, we saw that separate records for the application of creams were not always fully completed. We raised this with the registered manager who agreed to take action to ensure these records were fully completed.

Processes were in place for the ordering and supply of medicines. Staff told us they obtained people's medicines in a timely manner and we did not find any evidence of gaps in administration of medicines due to a lack of availability. Medicines were stored securely in locked trolleys, cupboards and a refrigerator within a locked room. Temperature checks were recorded daily of the room and the refrigerator used to store medicines.

Good

Is the service effective?

Our findings

People felt staff were capable in their role. A person said, "They're kind and seem very good and try to please us all." A visitor said, "They're definitely well trained. I see it all first-hand." We observed that staff competently supported people throughout the inspection.

Staff felt supported by management. They told us they had received an induction which prepared them for their role. A staff member said, "The induction was four days and was brilliant." Staff also told us they had access to training to enable them to keep themselves up to date and they felt they had the knowledge and skills required for their role. They told us they received regular supervision and appraisal and records we saw confirmed this. This meant that staff were supported to maintain and improve their skills in order to effectively meet people's needs.

Training records showed that staff attended training which included equality and diversity training. The registered manager told us that more detailed dementia training was being provided to better support staff to provide effective care for people living with dementia.

People we spoke with told us that staff usually asked for consent first. A person said, "Most staff will ask me first and say what we're doing next." A visitor said, "They always see that [my family member] is asked first." We saw that staff asked permission before assisting people and gave them choices. Where people expressed a preference, such as sitting in a particular part of the lounge, staff respected them.

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 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 DoLS. We checked whether the service was working within the principles of the MCA.

Mental capacity assessments were completed and best interest decisions documented when people were unable to make some decisions for themselves. When people were being restricted, DoLS applications had been made. Staff had an appropriate awareness of MCA and DoLS.

Care records contained guidance for staff on how to effectively support people with behaviours that might challenge others. Staff were able to explain how they supported people with periods of high anxiety. We observed staff effectively support a person with behaviours that might challenge others by interacting in a calm manner which had a positive effect on the person.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in

place. We saw that one DNACPR form had not been fully completed and during our inspection the registered manager arranged for the appropriate professional to visit the home to review the documentation. Other DNACPR forms had been fully completed.

Feedback on quality of the food was generally positive and people told us they had choices and their nutritional needs were met. A person said, "I've no complaints about the food. They bring a menu so I can choose. You just have to ask for anything between meals." A visitor said, "The meals are really good." People with diverse needs regarding their food choices told us that these were met by staff.

We observed the lunchtime meal in the dining room. Tables were well laid with background music playing. Food looked appetising and portion sizes were good. People received more food if they asked for it. Staff provided support for people where appropriate. We saw that vegetarian and gluten free options were provided for people where required.

People told us that they had sufficient to drink. A person said, "I have plenty to drink and I've got my can of beer. There's brandy and lemonade too." A visitor said, "[My family member] needs prompting to drink but always has a drink to hand. I see staff reminding other people too."

We saw that people were offered drinks throughout the inspection and fluid charts were completed where people were identified at risk of not having sufficient to drink. People were weighed regularly and appropriate action taken if people lost a significant amount of weight. Food charts were in place for people where appropriate and were generally well completed, though one person's charts did not show the snacks that they had been offered by staff. A dietician had recommended that the person be provided with regular snacks. We raised this with the registered manager who agreed to take action to ensure these records were fully completed.

People told us they were supported with their healthcare needs. A person said, "I've been sent to hospital a few times with my falls. The optician checked me here and I got two new pairs of glasses." A visitor said, "[My family member] goes out for the dentist but sees the optician and chiropodist here." Care records contained a record of the involvement of other professionals in the person's care.

The premises were clean, comfortable and spacious but adaptations could be made to better support people living with dementia. People's bedrooms were not clearly identified and directional signage and signs and symbols were not in place to better support people to move independently around the home. We raised this with the registered manager who confirmed that work was planned to take place in this area.

Good

Is the service caring?

Our findings

People told us that staff were kind and friendly. A person said, "They're all lovely with us." A visitor said, "They're really kind, soft and gentle with everyone."

People told us that they felt comfortable with the staff and that any concerns or requests were listened to by staff. A person said, "They can't do enough for you. It makes me feel happy." A visitor said, "[My family member] has got a really good relationship with them."

Staff had a good knowledge of the people they cared for and their individual preferences. We saw good interactions between staff and the people they cared for. These interactions indicated empathy for people and a caring approach by staff.

We saw staff respond appropriately and promptly to people showing signs of distress. A person was confused and walking from the lounge to the dining room mid-morning. The person was living with dementia and confused about the time of day and meal times. The staff member gently took the person's hand, explaining that they had already had their breakfast and that lunch would be in two hours' time. The person took out a list they carried listing meal times and a magnifying glass and the staff member showed the person the listed time for lunch. The staff member then calmly encouraged the person to return to the lounge saying, "I'll come back and fetch you at lunch time, so don't panic. Have a little rest with a cup of tea."

People we spoke with were not familiar with a care plan, however, visitors told us that they felt involved and were kept well informed. A person said, "I've not heard about a care plan. My [relative] does it all and the details." A visitor said, "I've seen [my family member]'s care plan and we have regular meetings, with [my family member] involved too." Another visitor said, "They keep me well informed as I live so far away and ring regularly. We're a split family and I said I don't want anything disclosed about [my family member] to anyone else and they respect that."

Care records contained information regarding people's life history and their preferences and we also saw examples where relatives had been involved in the best interests decision-making process. Letters had been sent to relatives encouraging them to become more involved in discussions regarding their family member's care.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Where people could not communicate their views verbally their care plan identified how staff should identify their preferences and staff were able to explain this to us. We observed staff clearly communicated with people and gave people sufficient time to respond to any questions. We looked at the care records for a person whose first language was not English. Their care records included simple words in their first language

to support staff to effectively communicate with the person.

People told us that staff respected their privacy and dignity. We observed staff knocking on bedroom doors and respecting people dignity by closing curtains and doors during personal care. People had the option of having their door left open or closed whilst in their room. A person said, "I can have my door open or shut and they always knock." A visitor said, "They have loads of respect for people's dignity." Staff explained how they protected people's privacy and dignity.

We saw that staff treated information confidentially and care records were generally stored securely. However, we saw that the room where care records were stored was open and unsupervised during parts of the morning of the first day of our inspection. We raised this issue with the registered manager who agreed to discuss this with staff to ensure this did not happen again. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

People told us that they were encouraged to be independent if they were able and to ask for help if required. A person said, "I shave and can eat by myself still but get help with the rest." Another person said, "I decide what I'm going to do and just ask for help with a shower." Staff also told us they encouraged people to do as much as possible for themselves to maintain their independence.

A person said, "I see people visiting at all times of the day." A visitor told us, "I've stayed overnight when [my family member] was ill. No limits at all." Staff told us people's relatives and friends were able to visit them without any unnecessary restriction. Information on visiting was in the guide for people who used the service.

Good

Is the service responsive?

Our findings

People told us that generally they felt their care was good and personalised to their needs. A person said, "They can't do enough for you. I've been given what equipment I need too so I get the help I need really." Another person said, "I think I get most of what I need. I have good support."

People told us that they had regular access to a bath or shower if they wished. A person said, "I like a bath and can ask for one when I want."

People told us that call bells were usually answered in a timely manner. A person said, "It's not long at all before they come." Another person said, "They come very quickly. I couldn't believe it at first." A visitor said, "They've come quite quick when I've rung for [my family member]."

People's views were mixed of the activities that were provided. A person said, "They do games or might entertain us sometimes. Otherwise I knit or read to pass the time." Another person told us, "Nothing much goes on really. I'd like to be able to get out more, there are no outings from here. But I get fetched every Sunday to go to my church." A visitor said, "The new activity lady has just started. She organised the Mother's Day lunch at the pub. She's getting a lot of things going now after a spell without anything happening." Another visitor said, "Our local priest comes in once a week to give [my family member] communion. The little prayer room here is lovely." A third visitor said, "In general, [people] don't get outside enough, in the garden or outings."

We observed group activities and some one to one activities took place during our inspection. The activities coordinator had been working at the home for about four months. Staff were positive about the work of the activities coordinator and felt that the range of activities were improving. The activities coordinator had introduced a number of activities to the home and explained their plans to further improve activities in the future.

Care plans were in place to provide information on people's care and support needs. Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. We saw that people were supported to attend religious activities in line with their preferences. Clear guidance was also in place for staff on providing support for people's health needs including diabetes and wound care.

No-one we spoke with could recall having had a need to raise a complaint and any minor issues had been quickly resolved. A person said, "Little things have been quickly sorted. I've not had to make a proper complaint to the office." Another person said, "I've not really had to say anything. If I had a problem I'd talk to my favourite carer first."

We looked at a recent complaint which was responded to appropriately. Guidance on how to make a complaint was displayed in the home. There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain how they would respond to any complaints raised with them.

Good

Is the service well-led?

Our findings

People couldn't recall attending meetings or completing surveys but felt listened to and could raise any issues that they had. A person told us they had been involved in the staff recruitment process. We saw surveys had been completed by people and meetings for people took place where comments and suggestions on the quality of the service were made. Comments were generally positive but action had been taken to address people's comments on the activities offered by the home.

Visitors were aware of meetings where they could provide their views on the quality of the service being provided. A visitor said, "I get a letter about [meetings], about every three months I think. I've been to one so far. Things said got chased up and we get the minutes sent." Visitors couldn't recall completing surveys. However, a visitor said, "I just talk to them while I'm visiting every day so wouldn't feel the need." We saw surveys had been completed by visitors and meetings for visitors took place where comments and suggestions on the quality of the service were made. Comments were generally positive but action had been taken to address people's comments on the activities offered by the home.

A whistleblowing policy was in place and staff told us they would be prepared to raise issues using the processes set out in the policy. A staff member said, "I'd be in the wrong job if I wasn't willing to speak up." The provider's values and philosophy of care were displayed and staff were observed to act in line with them during our inspection.

People told us that there was a good atmosphere at the home. A person said, "It's a happy place." A visitor said, "It's a good place, so friendly." A staff member said, "It's a nice atmosphere, very homely." We found the home to be relaxed and friendly.

People told us that the management team were approachable and listened to them. A person said, "There's several in the office and they're easy to chat to." A visitor said, "The [registered] manager is lovely and really good. All the office girls are darlings and we have a great rapport." Another visitor said, "The [registered] manager is very approachable, I can raise anything."

Staff told us the registered manager was approachable and they felt able to talk freely with them about issues. A member of staff said, "The [registered] manager is brilliant. Her door is always open and she's very supportive." Staff told us staff meetings were held regularly and they were encouraged to raise issues at the meetings. We saw that staff meetings took place and the management team had clearly set out their expectations of staff. Staff told us that they received feedback in a constructive way. A clear management structure was in place and staff were aware of this.

A registered manager was in post and was available throughout the inspection. They told us that they felt well supported by the provider. The current CQC rating was clearly displayed. We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and other staff, including a representative of the provider. Audits were carried out in a range of areas including infection control, medicines, health and safety, kitchen, laundry and care records. Actions had been taken where issues had been identified by audits. The registered manager agreed to review the audit process in order to better monitor the completion of supplementary records, for example, cream charts.