

The Willows (Codsall) Limited

The Willows Care Home

Inspection report

14 Wolverhampton Road
Codsall
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Tel: 01902842273

Date of inspection visit:
01 March 2016

Date of publication:
23 March 2016

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

We inspected this service on 1 March 2016. This was an unannounced inspection. Our last inspection took place in December 2011 and we found no concerns with the area's we looked at.

The service was registered to provide personal care for up to 28 people. At the time of our inspection 26 people were using the service.

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.

People told us they felt safe and staff knew how to recognise and report potential abuse. We found that risks to people were managed in a safe way and when people needed specialist equipment this was provided and maintained for them. There were safe systems in place to manage medicines.

People told us they enjoyed the food and were offered a choice. People and relatives said they were involved with reviewing their care and when needed people had access to health professionals. People told us staff knew them well and the staff were provided with an induction and training that helped them to support people. We found there were enough staff available to meet people's needs

People's privacy and dignity was promoted and they were treated in a caring way. People were encouraged to make choices about their day. They told us they were offered the opportunity to participate in activities and pastimes they enjoyed.

When people were unable to consent mental capacity assessments had been completed. The provider had considered when people were being restricted and Deprivation of Liberty Safeguarding (DoLS) authorisations were in place. Staff knew their roles and how to protect people with this.

Staff felt listened to and were able to raise concerns. The provider used feedback from people and relatives to bring about changes. Quality monitoring checks were completed to make improvements to the service.

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.

People told us they felt safe and staff knew how to recognise and report potential abuse. Risks to people were identified and managed in a way to ensure people's safety. There were enough staff available to meet people's needs. Medicines were managed in a way to protect people from the risks associated to them.

Is the service effective?

Good ●

The service was effective.

The requirements of the Mental capacity Act 2005 and the Deprivation of Liberty safeguards (DoLS) were followed when needed. People enjoyed the food and were offered choices. People's health and wellbeing was monitored and they had access to health professionals when needed. Staff received an induction and training which helped them to support people.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way. People were supported to maintain relationships that were important to them. People's privacy and dignity was upheld and they were encouraged to make choices about their day.

Is the service responsive?

Good ●

The service was responsive.

People and relatives were involved with reviewing their care and people received care in their preferred way. Activities and pastimes that people enjoyed were available for them to participate in. There were systems in place to manage complaints.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor and improve the quality of the service. The opinions of people and their relatives were sought to bring about changes. Staff felt well supported and listened to by the registered manager.

The Willows 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 the 1 March 2016 and was unannounced. The inspection was carried out by 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.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We looked at current monitoring information provided by the local authority.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with five people who used the service, three relatives and one visitor. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the registered manager, the deputy manager, one member of care staff, the head cook and the activity coordinator. We spoke with a health professional who was visiting the service.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People told us they felt safe. One person said, "The staff make sure I'm safe they watch me when I need them to". A relative told us, "[Person] is extremely safe". We saw when people needed specialist equipment it was provided for them and used in the correct way. For example, we saw people were sat on pressure relieving cushions and people used aids to assist with their walking. Some people needed to be transferred with the use of specialist equipment. We saw staff using this equipment safely and in line with the persons care plan. This equipment had been maintained and tested to ensure it was safe to use. This showed us that people were supported in a way to keep them safe.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. A member of staff said, "I would look out for any signs or changes to the person or anything that put them at risk". Another member of staff explained how they had completed training in safeguarding and how they used this information to support people. The member of staff said, "If I was concerned about anything I would report it to the manager. I know there is a number for the safeguarding team displayed on the board that I could also use if I needed to". Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed the registered manager had made safeguarding referrals to the local authority.

Staff we spoke with knew about people's individual risks and how to support them in a safe way. For example, staff told us that a person was at risk of falling. They told us this person wished to remain as independent as possible. Staff explained how this person had sensors in their room to alert staff when they were mobilising. They told us specialist equipment had also been fitted in the person's room to help keep the person safe. We saw a risk assessment was in place for this and the person also confirmed this to us. We saw that this equipment was in place and being used. This demonstrated staff had the information available to manage risks to individuals.

We saw and people confirmed there were enough staff available. One person told us, "I have my alarm and I press that when I am ready to get up, they always come quickly. Sometimes I have to wait until they have finished what they are doing, but I don't mind they always come and tell me. It's never very long anyway only ten minutes or so". A relative said, "Yes there are enough". Staff confirmed there were enough of them available to meet the needs of people. When people were in their rooms we saw there were call alarms available for them. The registered manager confirmed there was a system in place to ensure there were enough staff to meet the assessed needs of the people who used the service. The registered manager confirmed that staffing levels would be changed if people's needs changed.

People told us their medicines were managed in a safe way. One person said, "Yes, I get my medicines". We saw staff administer medicines in a safe way. They spent time with people explaining what the medicine was and ensuring they had taken them. We saw when people were prescribed medicines on an 'as required basis' there were protocols in place to guide staff when this should be given. People told us and we saw this was administered in line with this guidance. One person explained they were prescribed 'as required' medicines for pain relief. They said, "I can ask for more [medicine] if I need it". There were effective systems

in place to administer and record medicines to ensure people were protected from the risks associated to them.

We spoke with staff about the recruitment process. One member of staff said, "I had to wait before I could start for all my checks to be completed". We looked at two staff files and saw pre-employment checks were completed before staff were able to start working within the home. This demonstrated the provider ensured that staff were suitable to work with people who used the service.

Is the service effective?

Our findings

People told us staff knew how to support them. One person said "They have been trained well, they are quite alright". Staff told us they received an induction and training that helped them support people. One staff member told us about their induction. They explained they had training and also the opportunity to shadow more experienced staff. The member of staff said, "I loved it, I learnt so much. How to use the hoist for example that was really important". Another member of staff told us they had received dementia training. They told us they had brought some of the things they had learnt into practice. For example, the staff member explained that during the night people sometimes think it is morning and want to get up. They explained that night staff now wear a dressing gown, so that people can see this and it gives them a better understanding that it is night. This demonstrated staff received training that was relevant to meeting people's needs.

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 or 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 Deprivation of Liberty Safeguards (DoLS).

Some of the people living in the home lacked capacity to make important decisions for themselves. We saw when needed people had mental capacity assessments in place. Staff we spoke with understood the Act and used their knowledge of people to assess their capacity. Staff gave example of how they would gain consent from people. One member of staff told us, "We always ask, if people don't understand that they then we try with an action. We can tell by their body language and their reaction if they want to do it or not". We saw staff gain consent from people. For example, people were asked if they would like to wear aprons to protect their clothes at mealtimes. When people chose not to staff respected this decision and the person did not wear one. This demonstrated that staff understood the importance of gaining consent from people.

The provider had considered when people were being restricted unlawfully and applications when needed had been made to the local authority. One person had a DoLS authorisations in place a further four application had been made. Staff we spoke with demonstrated an understanding of DoLS and how they would support the person with this. A staff member said, "It's about keeping [person] safe". They went on to explain how they would offer support to the person. This demonstrated that the principles of the MCA were recognised and followed.

People told us they enjoyed the food and there were choices available. One person said "I always eat everything up. I am very satisfied". Another person told us, "We have a choice, the cook comes round morning and afternoon and asks us all what we want, and there is always something I fancy". We observed

the head cook offering a choice to people asking what they would like for lunch that day. We saw there were tables by each person with jugs of cold drinks on that were available for people. People were also offered hot drinks and snacks. Staff sat down with people at mealtimes to eat. A staff member told us, "It's because the residents like it, it's more relaxed that way". When people needed specialist diets we saw this was provided for them.

People told us they had access to health professionals. One person said, "The doctor comes when I'm not well". Another person told us, "I'm having my feet done later". We saw that the chiropodist visited the home later that day. A relative commented, "They have been brilliant following up on [person] health". Records confirmed people attended health appointments including dentists, nurses and opticians. A visiting health professional told us they had no concerns with the service. This demonstrated that people had access to health professionals when needed.

Is the service caring?

Our findings

People and relative told us they were happy with the staff. One person said, "I am very happy with the care. They look after you". Another person told us, "The girls are all great, no one ever snaps and that's what you need". A relative said, "They are always having a laugh and a joke. Its home for home". The atmosphere was relaxed and friendly. We observed a person drop their cutlery. The staff picked this up for the person and offered to get them a clean one. The person agreed to this. We also observed a person who was leaning in their chair. Staff offered support with repositioning them so they could be more comfortable. This showed us that people were treated with kindness and staff were caring towards them.

People told us they made choices about their day. One person told us, "I like to sit here. I have the view of the garden. I like to watch the birds". Another person explained they preferred to sit in another communal lounge as it was quieter. People told us they made choices. They said they made choice what to watch on television and what time they got up and went to bed. We saw staff offering choices to people about where they would like to sit and what they would like to do.

People told us and we saw that people's privacy and dignity was promoted. One person said, "Its private here that's what I like about it". Another person commented, "They come in my room when they like but they always knock". We saw there was a dignity tree in the dining room. It was decorated with leaves, each leaf had a suggestion on that people had made on how their privacy and dignity could be promoted. This included comments such as 'knock my door before you enter' and 'compliment me'. Staff gave examples how they used this to support people. One member of staff explained how they would always knock the doors of people's bedrooms and if people were using the bathroom give them the option of being left in private with the call alarm. We saw a health professional was visiting. A privacy screen was put around the person in the communal area while this took place. This demonstrated that people's privacy and dignity was upheld.

Relatives and visitor we spoke with told us the staff were welcoming and they could visit anytime. A relative said "There is a good repartee with staff and relatives, it creates a good atmosphere". Another relative told us they could visit any time and commented, "I've always been made welcome". The deputy manager told us, "Visitors are always welcome, we try to protect mealtimes as it is better for the residents, but if someone really wanted to come they could". We saw relatives and friends visited throughout the day and they were welcomed by staff.

Is the service responsive?

Our findings

People told us they enjoyed the activities within the home. One person said, "I go to knit and natter it's on a Monday and really enjoy it". Another person told us, "I play bingo". One person said how they liked to read the newspaper each day and how the home had this delivered for them. We saw the person reading the newspaper. There was an activity coordinator in post. They told us monthly entertainment came into the home. This included a singer and a person who brought animals into the home for people to look at. There were photographs of this displayed in the home. One person said, "They come in and we have a good old sing a song". We saw the activity coordinator completing the activities that were displayed on the activity board for that day. This showed us people were given the opportunity to participate in activity and pastimes they enjoyed.

People told us staff knew about their needs and preferences. One person said, "I like to get up at 6:45 the girls are very good, they know this is the time I like". Another person told us, "It's a good place; the best thing is they do my cup of tea just how I like it". Staff told us they were able to read people's care plans to find out information. One staff member said, "We read the care plans they're good for finding information about people". They went on to explain that everyone had a life history available. They said they used the information in these to talk to people about their past. We saw staff talking to people about things they used to do and things they liked doing.

People and relatives told us they were involved with reviewing their care. We saw people had consented to their relative's involvement. One person told us, "My daughter goes to all the meetings with the social worker and the management". A relative said, "Yes, I am involved with care planning with my [relative]". The care plans we looked at showed people and their relatives were involved with reviewing their care.

People and visitors told us if they had any complaints they would be happy to raise them. One person said, "I would tell the girls straight away". A relative said "I would speak to a member of staff". The provider had a complaints policy in place and systems to monitor complaints. We saw that when complaints had been made the provider had responded to them in line with their policy.

Is the service well-led?

Our findings

People and staff we spoke with were positive about the registered manager. One person said, "She is absolutely wonderful and always got a smile on her face". Another told us, "If I ask, nothing is too much trouble for her". Staff told us they felt the registered manager was approachable and they would be listened to. One member of staff said, "I can go to her with anything and she will listen". Another staff member said, "When I need help with something it's always offered, even if it's personal". The registered manager understood their responsibility of registration with us and notified us of important events that occurred at the service. This meant we could check appropriate action had been taken.

Staff we spoke with knew how to whistle blow and were happy to raise concerns. Whistleblowing is the process for raising concerns about poor practice. One member of staff said, "It's about going to your manager if you see something that is not right". Another staff said, "I would happily raise any concerns I know it would get sorted out". We saw there was a whistleblowing procedure in place. This demonstrated that staff knew how to raise concerns and were confident they would be dealt with.

The registered manager told us they had introduced satisfaction surveys. We saw they were in the process of being completed by people and relatives. The registered manager showed us how they had started to analyse this information. They told us they would use this information to bring about improvements to the service. The registered manager told us and we saw records that confirmed 'resident and relative' meetings were held. We saw this information was used to make improvements to the home. For example, it was identified that not everyone knew who their keyworker was. We saw a letter that was sent out to people and relatives stating who this was. We also saw comments that improvements were needed to the garden. The registered manager told us and we saw new furniture had been brought. This demonstrated the provider sought the opinions of people and relative to bring about improvements.

Quality checks were completed by the registered manager. These included checks in relation to medicines, health and safety and safeguarding. Where concerns with quality had been identified we saw an action had been put in place and action taken. For example, we saw concerns had been highlighted with the car park. We saw actions were put in place so this could be addressed. The registered manager told us and we saw this work had now been carried out. This showed us when concerns were identified action was taken to bring about improvements.