Care Quality Commission

Willows Care Home 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

Overall summary

The inspection took place on 15 April and it was unannounced.

The Willows provides personal care for up to 32 older people who may have dementia. On the day of our inspection there were 30 people living in the home.

The home has a registered manager. 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 told us they carried out regular checks on people to make sure they remained safe. Care staff knew how to protect people against the risk of abuse and had completed training in safeguarding people so they knew how to recognise abuse and poor practice.

Summary of findings

There were enough suitably trained staff to deliver safe care and meet people's needs. Many people within this home had behaviours that challenged staff. Staff managed these behaviours well. People told us staff had the right skills and experience to provide them with care and support.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles.

Care plans and risk assessments contained information for staff to help them provide personalised care. Social activities were provided but some people felt they were not in accordance with their interests and hobbies. The registered manager had identified this and was in the process of taking action to address this.

People were provided with nutritious food and drinks that met their needs but on some occasions choices were limited. Where people needed support to eat, this was provided and people were not rushed.

There was clear leadership within the home and the provider carried out regular checks on the quality of care and services to identify any areas that required improvement. Quality satisfaction questionnaires had been completed by professional visitors and people in the home. These all showed positive responses.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient numbers of staff with the skills and knowledge to support people's needs and manage their care. Potential risks to people's health and safety were assessed and care plans helped staff manage any identified risks.

Good

Is the service effective?
The service was effective.

The registered manager understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make specific decisions, DoLS referrals were in progress so that arrangements could be made to support these people in making decisions.

People were provided with nutritious meals and they had some choices of meals and drinks.

Good

Is the service caring?
The service was caring.

People were supported by staff that were caring and respected their independence, privacy and dignity. Staff listened to people and responded in a calm manner, they did not rush people when providing support and were knowledgeable about people's needs.

Good

Is the service responsive?
The service was responsive.

Some people were involved in planning their care and arrangements were in place to improve how people were supported with their interests and hobbies that met their needs. We observed people were asked about their care and relatives confirmed they had some involvement in care decisions. Complaints received had been investigated and responded to and action taken to make improvements where necessary.

Good

Is the service well-led?
The service was well-led

People told us the home was well managed by the registered manager. All staff understood their roles and responsibilities and there were processes to monitor the quality of care and services provided to people.

Good

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.

This was an unannounced inspection carried out by two inspectors and an expert by experience on 15 April 2015. An expert-by-experience is a person who has experience of using or caring for someone who uses this type of care service. The expert-by-experience that supported the inspection had experience of supporting numerous inspections to services as well as personal experience of someone needing care support.

Before the inspection we reviewed the information we held about the service. We looked at information received from agencies involved in people's care and there was no information showing concerns about this home. We analysed information on statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the home.

We reviewed the information in the provider's information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with six people and two visitors. We also spoke with five care staff, the chef, the operations director, operations support manager, the registered manager and the home's physiotherapist.

We looked at a range of records including two care plans, two recruitment files, complaints received, safeguarding referrals and medicine records. We also looked at the provider's quality monitoring records including quality audits, staff and resident meeting notes, satisfaction survey results and incident and accidents at the home.

Good

Is the service safe?

Our findings

All people we spoke with told us they felt safe. People told us "I've always felt safe here, there's always plenty of people here." "I've not had any issues, I feel safe. I'm more than happy". A visitor told us, "[Person] is safe; I wouldn't let them stay here if I wasn't happy." We observed that most people were seated in one of the three lounge/dining areas where staff were available to make sure people's safety could be maintained. Staff told us they carried out regular checks of people who chose to remain in their bedrooms.

A high proportion of people who lived at The Willows had behaviours that challenged staff and others, linked to their dementia diagnosis. This meant staff had to be vigilant at all times so that if people showed signs of anxiety, they could support them promptly and offer reassurance to keep them safe.

Staff we spoke with were able to tell us how they kept people safe. One staff member told us, "If service users are arguing, I would separate them and calm them down. I would report it to the manager on shift. Also I would ring the emergency buzzer to get more help if needed. It's making sure the individual is not at risk." At lunchtime when a person spilled a hot drink on their clothes, staff quickly responded by holding the persons clothes away from them to protect their skin and prevent any burns.

Staff had completed training in safeguarding people and were able to give examples of different types of abuse such as physical abuse and how to recognise this. For example, one staff member told us they would be concerned if they saw unexplained bruising or a person being withdrawn which was not their normal behaviour. Staff knew to report any concerns to the registered manager if they felt someone may be at risk of abuse. One staff member told us, "If I saw anything, I would go to [senior manager] and report it. I would also report it to the deputy manager and my senior. I would also contact social services. It's about keeping people safe."

There was equipment in the home to support people to move safely and a physiotherapist employed by the home told us they supported staff to manage people and equipment safely. They told us, "I make sure walking aid equipment is safe, I also look at how staff handle people with hoists, frames and the rotunda (used to assist people to stand) and give them support." Staff used specialist equipment to move people safely with the exception of one person who we saw was assisted to move in an unsafe manner. Staff told us they had been told not to use any equipment when moving them. We discussed this incident with the registered manager and action was taken to address this. A physiotherapist re-assessed the person's needs and advised staff to use a hoist. A sling was obtained specifically for the person later in the day and staff were shown how to use this equipment safely. Management staff told us they encouraged people to move independently for as long as possible to maintain their independence and where possible to regain their mobility. They said equipment was only used as a last resort if the person could not be moved safely.

Staff told us they kept people safe by following instructions detailed in care plans and risk assessments. Staff were able to describe risks associated with people's care. One staff member told us, "People are safe. We have risk assessments in place and I read them. I feel I can deal with situations. You saw me with [person], it depends on their moods. Some days they have a laugh, this morning their mood changed. I said I would leave and get someone else (to move them). It's all in the care plan."

Care plans we looked at confirmed risk assessments had been completed which included risk assessments for the prevention of skin damage and to guide staff on what to do where health care conditions required staff actions.

Staff knew about the fire procedures and the action they should take to keep people safe within the building in the event of a fire. Staff also knew the contingency plans to follow should people have to evacuate the building. They knew to meet at the back of the home or stay within two fire doors within the home away from the fire.

We noted there were coloured spots and colour coded name tags on doors which staff told us were linked to fire evacuation plans. They told us these showed the people who would need support to move and were at high risk in the event of a fire. Staff told us there were also personal evacuation plans kept on people's care files so that staff could communicate key information to the emergency services.

Accidents, incidents or safeguarding concerns in the home were recorded and analysed to identify patterns or trends so that action could be taken to help prevent them from happening again. Action had been taken to refer people to

Good

Is the service safe?

health professionals where this was found necessary. For example, where people had fallen, infections had been diagnosed by the GP and medicines prescribed for these. The registered manager was able to tell us how she had learned lessons from accidents that had occurred. For example, one person had fallen in a small enclosed area beside their bed. As a result of this, the manager had spoken with the maintenance person to make structural changes to the wall beside the bed so this would not happen again.

People told us and we saw that there were enough staff to support their needs. They told us, "I think there is enough staff." "Yes, everybody looks after me." Care staff felt there were enough of them working on each shift to meet people's needs but more would allow them to spend more individual time with people. Staff told us, "Staffing levels are good." "I think we need a few more to make life easier…. it can get rushed. People's needs are met but things would improve with more staff." The registered manager told us they had arrangements in place to cover staff absences so this did not impact on the care people received.

We spoke with staff about how they were recruited to the home. Staff told us they had to wait for Disclosure and Barring Service (DBS) checks, and reference checks to be completed before they were able to start work. We checked recruitment records for two staff. These confirmed all the necessary checks had been undertaken by the registered manager to ensure staff were safe to work with people who lived in the home.

People told us they received their medicines when they expected them. They told us, "Yes, three times a day, there is a certain member of staff who does it. She waits while I take them. Yes, I get them on time. Sometimes I'm in pain, they give me paracetamol." "They always see that I take my medicine, I had arguments when I came in about my tablets. The doctor said I needed to take them, I'm satisfied now." Medicines were stored safely in an air conditioned environment to make sure their effectiveness was not compromised. Medicine administration records (MARs) we checked had been completed correctly. They showed how medicines had been managed and that people received their medicines as prescribed. We were told that some people needed to take medicines covertly (disguised) in food because they refused to take them and it would result in their health deteriorating. This had been agreed with health professionals and there were clear records to show how covert medicines were to be managed. Staff told us they made sure they observed people eating the food that the medicines had been added to. Staff told us this had not affected people eating their food.

Good

Is the service effective?

Our findings

People felt that staff had the necessary skills to support them in meeting their needs. People told us, "I think they seem knowledgeable. I think they know what they are doing. I have no bad vibes about them." "They are alright, quite skilful." "They are pretty good, no complaints."

Staff had access to training considered essential to help them achieve the skills and competences they needed to care for people safely. This included induction training which staff said was sufficient and prepared them for their role before they worked unsupervised. One staff member told us, "I feel I have the right training to look after people. [Staff member] deals with all the training so if we get behind, she can say if we are out of date and remind us."

The operations director told us staff completed training on dementia with a company that provided intensive training over a three day period. This training covered social activities, behaviours and dementia awareness to help staff support people with dementia more effectively to meet their needs. Staff spoke positively about the benefits of this training. One staff member told us, "The dementia training was so good. I didn't want it to end. It's looking at activities, knowing the person."

We saw examples where staff were effectively putting into practice their skills and knowledge from training provided. For example, when two staff were assisting a person to move, the person became anxious and began shouting at one member of staff. The staff member responded to this by asking a different member of staff to assist the person. This calmed them. Staff used encouraging words such as, "Come on [person] you love this chair" and "Look it's nice and comfortable." The person stated "I feel fed up." One staff member said, "I don't like it when you're fed up, that makes me feel fed up." The person then started smiling but moved into the chair. This demonstrated how staff worked together to make sure the person was kept calm and the transfer was done in a safe manner.

The registered manager told us she regularly observed staff working to identify if they were putting into practice the policies and procedures of the provider. Where issues with staff performance were identified, further training was provided. The manager also tested staff knowledge during staff supervision meetings which were planned every three months. Staff confirmed they attended regular supervisions where they could discuss any concerns linked to their role. The manager advised she had identified some staff needed to complete further training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission is required by law to monitor the operation of the MCA and DoLS and to report on what we find. The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions. DoLS referrals are made when decisions about depriving people of their liberty are required and to make sure people get the care and treatment they need in the least restrictive way. Prior to our inspection the registered manager had informed us of referrals made in regards to DoLS because people lacked capacity to make certain decisions. Referrals contained detailed information which demonstrated the manager's knowledge and understanding of the required processes in relation to the MCA and DoLS.

Some people said staff did not always ask them if they agreed to the care they were about to provide but during the day we saw a number of staff asked for people's consent before they delivered care. People told us, "They usually ask if it's ok, convenient. I'm happy with that." "No they never check first, they always do it for me."

Staff had an understanding of the MCA and how this impacted on people as well as the importance of gaining consent. One staff member told us, "It's choices, we do it through best interests. We look at facial expressions. [Person] doesn't communicate because of her dementia. She can't make a sentence. If she doesn't like it, she pulls a face …. I ask people what they want. I ask if they would like to be moved. I ask if people need hoisting, give people a choice."

People gave mixed views about the food provided and the choices offered. We found this was because on some days two choices of meals were offered and on others there was one option offered. People told us, "You don't get a choice but the food is alright." "The food, it's pretty good. Sometimes you get a choice." At lunchtime meals were provided to people in each of the three lounge/dining areas and a few people chose to have their meals in their rooms. The meal was a nutritious roast dinner. The operations director advised that two choices of meals should be provided every day and asked the registered manager to ensure this happened.

Good

Is the service effective?

At lunchtime staff prompted and supported people to eat so they had enough food to maintain their health. We saw evidence that staff followed health professional advice, for example, a speech and language therapist had advised a person was provided with a meal of 'fork mashable' consistency. Staff were able to confirm this and we saw a meal of soft consistency was provided to the person. Where people chose not to eat, staff offered encouragement or suggested they tried a small amount of their meal or have a pudding. When one person left the table they were asked to come back and have some cherry pie which they did. They responded, "That sounds lovely, I would like some of that." The registered manager told us how one person who had declined to eat their lunch had been offered a 'snack box' to try and get them to eat. Most of the time people were offered a choice of drink but we noted when staff visited a person in their room with a drink, no choice was given. The manager had arrangements in place to monitor people's weight to make sure any unexplained weight losses were swiftly acted upon.

People told us they had access to health professionals when needed. They commented, "The lady doctors' come to see me. I had a chest complaint a few months ago, the staff arranged for the doctor to come and see me. I've never seen a chiropodist. I saw the dentist about my tooth." "There is a GP at the top of the road; they took me there to see her." A visitor told us, "The GP is two doors away. They come to her when needed, they are very prompt." Care plan records confirmed people also had access to other healthcare professionals such as mental health consultants and district nurses to support their care.

Good

Is the service caring?

Our findings

We asked people if the staff were caring. They told us, “It’s adequate the way they treat me.” “Generally speaking they are very considerate. I feel very comfortable with them.” “They do anything you want, good personalities.”

Staff interaction with people was calm, caring and respectful. Some people had periods when their behaviours were heightened when they became the most challenging to staff. Despite this, staff managed these situations very well. They kept calm, offered words of encouragement and were friendly in their approach. If people’s anxiety levels increased they approached another member of staff to take over to try and ensure people felt comfortable and at ease with any care intervention they were going to undertake. There was one person who became upset at lunchtime and staff noticed this without delay. They asked the person if they were okay, what was wrong and did they want anything. Staff comforted the person by rubbing their back and knelt down and stayed with them which helped them to become calm and regain their composure.

Staff listened to people and what they wanted. One person who was assisted to one of the lounges was asked where they wanted to sit. The staff member said, “I don’t mind where you sit, where do you want to sit. How about the pink chair. The person responded “I don’t want that.” So the staff member let the person feel the cushion to which the person responded “I like that.” Another person constantly called out for a member of staff. The staff member responded to them each time and knelt down to their level and spoke with them for a while before continuing with their duties. This had a calming effect on the person.

People felt most of the time they were able to make their own decisions about their care. One person told us, “I can do what I want; they give me the option to go downstairs.” “You can walk about and do what you want."

Staff were knowledgeable of the people they cared for and recognised the importance of maintaining people’s independence. For example, they encouraged people to walk around the home with their walking aides (where needed) as opposed to supporting them with equipment such as hoists.

Staff were respectful in their approach towards people and knew how to protect people’s dignity. One staff member told us, “I shut doors, ask if it’s ok to wash them, I knock the door before I go in, you don’t barge in, make sure they are wearing the appropriate clothing.” Staff addressed people by their preferred names and made sure people were supported to dress appropriately to maintain their dignity. Staff knelt down beside people in chairs so they could talk to them at their level. People told us staff were respectful towards them, they told us, “They are respectful when they do my back in the shower.” “More or less respectful to me, yes. There are no problems there.” One person told us they did not get their clothes back after they had been washed and got other people’s clothes. We mentioned this to the registered manager who told us she was trialling a new system to try and make sure this did not happen and was encouraging relatives to make sure all items were labelled.

Good

Is the service responsive?

Our findings

Some people felt they had no involvement in planning their care and did not feel staff helped to meet their interests. One person told us, "No involvement in my care, no not really. I've never seen my records." However, when we discussed this with the registered manager it was evident assessment processes enabled people to have some involvement in their care. The registered manager told us people's needs and preferences were assessed prior to them arriving at the home to make sure they could be met. People's care plans contained information on their likes and dislikes and in some cases their life history was detailed to support staff in understanding and supporting their needs. People's needs had been reviewed on a regular basis to identify if any changes in staff support were required and to ensure this was provided as necessary. A visitor told us they had been involved in their relative's care planning, they commented, "We had a meeting initially and agreed [person's] care and had a meeting a few weeks ago to update their care plan." In some cases relatives and people had signed care plan records to confirm they had been involved in making a decision about the care planned. One care staff member told us they were responsible for completing reviews of care plans and they usually involved families when changes were made to them.

Some people in their rooms did not feel that staff took the time to speak with them. Both staff and the manager told us routine checks of people in their rooms were carried out to check they were alright. One staff member told us people who chose to stay in their rooms did receive less attention than those in the lounge areas because this was their choice and they preferred not to be interrupted or asked too many questions. They told us "We follow their risk assessments and check on them regularly so they don't get socially isolated."

Three people knew of social activities provided and two people told us there were no social activities provided. People commented, "There are no activities that I know of." "I used to enjoy model making. It's never been discussed here." Some people were also not aware of what was happening in the home. The manager showed us records of conversations that had taken place with some people to identify their interests and hobbies so that these could be incorporated into the activities planned for the home. The manager told us she planned to speak with everyone to ensure their interests were identified and acted upon. A staff member spoken with told us, "I think the quality of activities is good. People get involved."

There was a social events calendar displayed in the reception area of the home and this showed the activity planned for the day was 'Movement to Music' in the morning and 1940 reminiscence in the afternoon. These activities took place although we only saw some people sitting listening to 1940's music as opposed to staff interacting with people in the reminiscence session. A visitor told us they had observed activities taking place in the home. They told us, "I've seen a couple of activities a week here. Ball throwing to residents who are able and music with maracas." The registered manager told us they had purchased a piano in response to being told by two people they had a particular interest in playing it. We heard the piano being played on the day of our visit. The manager also advised that many people liked gardening and they were planning to make an area available in the garden where vegetables could be grown.

People told us they had not raised any complaints and had no concerns they wished to raise. People told us, "I certainly haven't had cause to complain. They do make it clear if you have a cause to complain, please do so. I haven't." Staff were able to explain the complaint process and told us if people raised any concerns with them they would report them to their manager or the provider. Staff told us they had not received any complaints.

Records of complaints showed what action had been taken to investigate them and the responses to people. The registered manager had recorded if people were happy with the outcome of their complaint and had recently introduced a "lessons learned" section to identify actions taken to try and prevent them from happening again.

Good

Is the service well-led?

Our findings

Some people told us they had not had an opportunity to offer their opinions in regards to issues related to the running of home by attending 'resident' meetings or by completing quality questionnaires. However, resident meetings had taken place in August 2014 and January 2015 which had been attended by a number of people. Meeting notes showed they had been asked their opinions about matters relating to the home. For example, people were told about plans for the refurbishment of the home and were asked if they had any preferences about the décor. People were asked their preferences for day trips and the manager had given a commitment to look into whether these could be organised. This was still in progress.

Staff confirmed people were given questionnaires about the home and stated relatives' meetings were held every other month. A visitor we spoke with told us "My daughter has been to a couple of relatives meetings on a Sunday. They give you a survey every so often. I had one two months ago. I definitely know the manager. Any concerns the door is always open." Survey results seen showed that 17 people were asked for their views of the home. Most people gave positive responses to questions asked. All those that completed the survey felt they were given day to day choices about their care such as what to wear and when to get up and go to bed. They also felt staff were friendly and helpful. The professional visitor survey was completed by 13 professionals. All responded positively. All felt staff treated people with dignity and respect and found staff helpful and approachable.

Staff told us they had staff meetings where they could voice any concerns. One commented, "There is nowhere to sit and properly raise concerns often these (meetings) are in dining room." The operations director stated the building did place restrictions on where meetings could take place but this would be looked at with a view to making the meetings smaller so staff could meet in another location in the home. Staff meeting notes showed staff were able to contribute to meetings and make requests, some of these had been met. The manager had raised at a meeting in January concerns she had received about the laundry and had requested staff ensure all clothing was named. An action log completed by the manager showed the action taken to make sure this happened and the manager told us the management of the laundry needed ongoing monitoring to make sure this service ran effectively.

Staff told us they felt supported by manager, enjoyed working at the home and had a good staff team. One staff member told us the manager was, "Good, very approachable, always here, she gets the job done." Staff understood their responsibilities and what was expected of them and told us they had detailed job descriptions which outlined what they needed to do. The registered manager told us they supported healthcare students to work in the home alongside staff who bought in new ideas from working within the community. Some had resulted in a positive outcome for people. For example, a suggestion was made to put together a reminiscence book using old time pictures to use as a discussion point and group activity. The manager told us, "It gets them interacting and socialising with each other."

There were arrangements in place to ensure the home ran effectively during staff absences such as holidays so that this did not impact on people's care. The registered manager told us, "We have always got extra staff on duty so we can accommodate for holidays and staff sickness. When it works well we don't have to rely on agency staff.

The registered manager told us staff observations formed part of their audit processes to make sure the home ran effectively. Observation records showed the manager monitored the overall performance of staff such as their communication skills, moving and handling people, contentment of people and how they managed consent. On one of the forms we looked at there was information where the auditor has observed how the staff member managed the care of a person who was unable to make their own choices. The auditor commented that the person had followed their care plan for likes and dislikes. The observational audits showed the home took staff's values and behaviours seriously to ensure the organisations expectations were being met and there was a positive culture within the home.

We found some records referring to people's care were stored in view of an open window in reception which meant people's confidentiality could be compromised as

Good

Is the service well-led?

they were not secure. This was mentioned to the management team who stated all records should be kept locked away and they would take any actions necessary to make sure this happened.

The management team told us they were considering how concerns raised by people could be better managed. They were planning to have a 'communication board' which showed "what was said, what we did and what we learned" to demonstrate more clearly to people their concerns were being taken seriously and acted upon.

We noted the quality of the care and services provided had been viewed as positive by the provider who had acknowledged this by issuing the service with numerous awards based on the management, commitment and care provided by staff. We also noted the home was a member of a care homes website where there was evidence the Willows was viewed positively by relatives and visitors. The website showed they had achieved an award for being one of the top 20 most recommended homes in the area based on recommendations received from residents and family/ friends of residents.

The operations director told us they were also members of 'Dementia Care Matters' who provided a national training programme to support organisations in creating a culture where the service brought out the best in staff and people living with dementia. The registered manager advised she would be completing a dementia qualification with Dementia Care Matters with the aim of developing possible new approaches to managing dementia care. We were also told the home had established links with Bradford University and had obtained their 'Stirling tool kit' for use in influencing the design of the building and to make the environment more "dementia friendly" for people. This meant the provider had considered how the care and services provided to people with dementia could be further improved.