

HC-One Oval Limited

# Willow Brook Care Home

## Inspection report

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Date of inspection visit:  
29 October 2019

Date of publication:  
13 December 2019

## 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

### About the service

Willow Brook Care Home is a residential care home providing personal care to 26 people aged 65 and over at the time of the inspection. Willow Brook Care Home accommodates up to 49 people in one adapted building.

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

People spoke positively about the staff who supported them. People said staff treated them with respect, and relatives confirmed this. People said they were involved in discussing their care and support. Relatives felt informed about their family member's care. Staff respected people's right to confidentiality.

People and their relatives felt the service was safe. Staff understood how to recognise and report concerns or abuse. People's needs were assessed, and any risks associated with health conditions documented and reviewed regularly. Risks associated with the service environment were assessed and mitigated. There were enough staff to meet people's needs. People received their prescribed medicines safely. People were protected from the risk of infections. Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences.

People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. People were supported to have a varied diet that gave them enough to eat and drink. People were supported by staff to access healthcare services. The provider had taken steps to ensure the environment was suitable for people's needs. 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.

People and relatives were positive about the support they had to take part in activities. People's care was reviewed regularly with them and their relatives, and care plans were updated to reflect any changing needs. The provider had a system in place to respond to complaints and concerns.

People and relatives felt the service was well-led. Staff felt supported in their work, and there was a positive team attitude. The registered manager and provider understood their roles and responsibilities in relation to managing a registered care home. People said they felt involved in the home life and what went on there. Staff had developed links to other resources in the community to support people's needs and preferences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (report published 31 May 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was 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.

# Willow Brook Care Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The inspection visit took place on 29 October 2019.

#### Inspection team

The inspection visit was carried out by an inspector and a specialist advisor. Our specialist advisor was a nurse with experience in dementia care.

#### Service and service type

Willow Brook Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

This inspection was unannounced.

#### What we did before the inspection

Our inspection was informed by evidence we already held about the service. We sought the views of commissioners from the local authority and from Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account

when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

During the inspection visit we spoke with five people who used the service. We spoke with one relative, two care staff, the activity coordinator and the cook. We spoke with the registered manager, deputy manager and the provider's area quality director. We looked at a range of records related to how the service was managed. These included three people's care records and how medicines were managed for people. We also looked at three staff recruitment and training files, and the provider's quality auditing system. During the inspection visit we asked the registered manager to send us additional evidence about how the service was managed, and they did this.

Not all of the people living at the service were able to fully express their views about their care. 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.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- People and their relatives felt the service was safe. Staff understood how to recognise, and report abuse or any concerns. Staff received training in safeguarding and felt confident to raise concerns.
- The registered manager and deputy manager had reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and to support staff whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with their health conditions documented and managed well. These were reviewed regularly with people and relatives and updated when required.
- Risks associated with the service environment were assessed and mitigated. The provider had a clear system in place for regular checks on all aspects of the environment. For example, checks on equipment such as hoists and slings to ensure they were safe to use.
- There were plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's mobility and support needs. This meant staff and visiting emergency professionals had quick access to information about people's needs and would know how to support people safely.

Staffing and recruitment

- There were enough staff to meet people's needs. People and relatives felt there were enough staff. Staff also felt there were enough of them to meet people's needs, and our observations during the inspection supported this.
- The registered manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations during the inspection visit showed us that people were supported by enough staff. This included when people needed support to eat, needed reassurance, or wanted to participate in activities.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

Using medicines safely

- People received their prescribed medicines safely.
- Staff received training about managing medicines safely and had their competency assessed. Staff told us,

and evidence showed that medicines were documented, administered and disposed of in accordance with current guidance and legislation.

- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

#### Preventing and controlling infection

- People were protected from the risk of an acquired health infection.
- The service was kept clean, which helped to minimise the risk of contamination from dirt or germs. Staff understood infection control procedures, and followed these, using personal protective equipment when required. For example, using disposable gloves and aprons when providing intimate personal care.
- The registered manager ensured checks were done in relation to cleanliness and infection prevention and control. For example, to ensure the cleaning work done by staff was effective. The risks associated with infections were minimised, and the premises were clean.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this and saw where action had been taken to minimise the risk of future accidents. Learning from incidents was shared with staff to improve care.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments were not consistently clear on the specific decision being assessed. It was also not consistently clear who was consulted and what their views were. The registered manager confirmed the provider was currently improving the documents for recording to prompt staff to record more details.
- People and relatives said staff gained permission before offering personal care. Staff understood the principles of the MCA, including how to support people to make their own decisions.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly.

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

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent unfair discrimination.
- Staff used nationally recognised best practice guidance to identify and monitor people's needs. For example, oral healthcare needs. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans. Staff also had access to current information about a range of health conditions to ensure they were providing the right care.

Staff support: induction, training, skills and experience

- People and relatives felt staff got the right training to meet their needs. Staff we spoke with demonstrated good knowledge of people's needs.
- Staff described the induction they had, and said it was good. Induction included training and shadowing experienced staff. Staff told us they had regular supervision, where they could get feedback on their

performance and discuss training needs. Staff also said they had spot-checks on their skills to ensure they provided consistently good care. Records we looked at supported this.

- The provider ensured there was regular daily communication between staff and management so key information about people's needs and the running of the service was shared. For example, management and staff had a daily "flash meeting." This involved key staff from different areas of the home sharing information about how the previous day had gone and covered key issues for the day. Each meeting was recorded, so staff and the provider could see what was discussed, and what action needed to be taken.

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

- People were supported to have a varied diet that gave them enough to eat and drink.
- People told us the food was good. People told us and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met.
- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or special diets, for example, fortified diets or appropriately textured food and thickened drinks.
- People who were at risk of not having enough food or drinks were assessed and monitored, and where appropriate, advice was sought from external health professionals.

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 by staff to access healthcare services; and to maintain and improvement their health.
- People told us they were able to see a doctor, dentist or optician whenever they needed to. Records we looked at confirmed this. Staff we spoke with were familiar with people's health needs, as detailed in care records. Care plans stated what people's needs were and said what staff should do to help people maintain their health.
- Staff shared information with each other during the day about people's daily care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

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

- The provider had taken steps to ensure the environment was suitable for people's needs.
- People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised. There were also adaptations for people with mobility needs. For example, handrails in corridors and bathrooms.
- Bathing facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their personal care and promoted independence in bathing.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; respecting equality and diversity

- People's equality and diversity was respected, and they were supported by staff who treated them well.
- People spoke positively about the staff who supported them. People also commented on how well staff knew them and supported them in the ways they preferred. One person said, "It's marvellous here, staff can't do enough for me."
- Throughout our inspection, we saw staff took time to spend with people, whether this was chatting or doing an activity.

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

- People were involved in discussing their care and support. Relatives felt informed about their family member's care. Staff encouraged people to express themselves, and where possible, involved people in reviews of their personal care.
- Information about advocacy services was displayed in the service and we saw advocates had been involved in supporting people to make decisions about their care and life choices. This meant people were supported to understand their rights and have their views heard.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with respect, and relatives confirmed this. This included respecting privacy by knocking on doors before entering, and ensuring intimate personal care was done with dignity. Staff had a good understanding of how to ensure people's dignity in care and had training in this.
- People were supported to spend private time with their friends and family. Relatives said they were able to visit whenever people wished, and there were no restrictions on visiting times.
- Staff respected people's right to confidentiality. Staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private. Staff understood when it was appropriate to share information about people's care. Records relating to people's care were stored securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed, containing information about how they liked to be supported, their daily routines and preferences. Staff we spoke with knew the different ways people like to be cared for. People's care was reviewed regularly with them and their relatives, and care plans were updated to reflect any changing needs. This showed the service was responsive to people's changing needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives were positive about the support they had to take part in activities. We saw that people were encouraged to participate in activities to suit their mood throughout our inspection. Regular activities included a weekly craft club, film evenings, and pet therapy. A monthly newsletter for people and relatives gave everyone information about upcoming activities and events at the service. The provider ensured there was a range of individual and group activities throughout the week, and people were encouraged to take part if they wished.
- People were supported to practice their faith if this was important to them. Staff spoke with people and relatives about any needs associated with faith or culture. This was documented in care records, and we saw evidence that people were supported with these needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- The provider had an effective system in place to respond to complaints and concerns.
- People and relatives were confident concerns or complaints would be dealt with. One person said, "If there's anything wrong I ask staff and they try sort out." There was a complaints policy in place.
- The provider held regular meetings with people and relatives to discuss the quality of care and any planned improvements to the service. The registered manager confirmed these meetings were done with small groups of people, as this encouraged people to share their views more than a large meeting. Feedback

from these meetings was used to drive improvements in the service. For example, people and relatives said they wanted the garden to be more accessible. The provider worked with people and staff to develop a sensory and memory garden for people to use. One person described how they were involved in this, saying they really enjoyed spending time in the garden area.

#### End of life care and support

- End of life care was planned with people and their relatives.
- People were supported to discuss their views regarding their end of life care. Relatives were involved in this if this was appropriate. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.

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

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

- The service was well-led.
- People and relatives felt the service was well-led. They knew who the registered manager was and said they were approachable. Staff felt supported in their work, and there was a positive team attitude. Staff we spoke with were motivated and proud to work for the service.
- The registered manager said they or the deputy manager did a walk round the service each morning and afternoon to greet people and staff, and to check there were no issues that needed resolving. We saw how this was recorded, and how the information from the walk round fed into the daily meetings with key staff. This meant the management team kept a close eye on how the quality of care was, and any issues were identified quickly and resolved.
- There was a business continuity plan in place which included information about how to ensure continuity of people's care during extreme circumstances. For example, if there was a fire or flood. Staff confirmed they knew what their responsibilities were.

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

- The registered manager and provider understood their roles and responsibilities in relation to people's care. The provider undertook audits of all aspects of the service to review the quality and safety of care, and identify areas where improvements were needed. There was a plan arising from audits to show what action was required and who was going to do it. This meant any issues with the quality of care were identified quickly and resolved.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and us, if they felt they were not being listened to or their concerns acted upon.
- The registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, relatives and staff were involved in developing the service.
- The provider had a monthly newsletter for people, relatives, staff and visitors. This celebrated events and occasions at the service and in the local community. The newsletter also let everyone know what was happening each month and told them how they could get involved.
- People said they felt involved in the home and what went on there. People's individual life choices and preferences were met.
- People, relatives and staff were involved in planning care and support and the registered manager regularly spoke to people and involved them in decisions about the service. This included regular meetings for people and relatives, and also for staff. These meetings were used to provide information and seek feedback on different aspects of the quality of care. This all helped the provider drive improvements in the service to ensure they met people's needs.
- Staff had developed links to other resources in the community to support people's needs and preferences. For example, people were supported to attend dementia-friendly film screenings at the cinema. The service also regularly hosted music workshops with a local parent and child group, enabling everyone to enjoy and create music together.
- The provider was developing a care plan format in relation to people's gender. This was designed to support people and staff to discuss any needs specifically in relation to people's gender choices.