

West Berkshire Council

Willows Edge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Willows Edge is a residential care home for up to 39 people living with dementia. Accommodation is provided over three floors each served by a lift.

At the last inspection, the service was rated Good overall with a rating of Requires improvement for Safe, due to insufficient staffing provision.

At this inspection we found the service remained rated Good overall. Action had been taken to address the previous staffing issues through an increase in the service's staff complement per shift. However, we found that further improvements were needed in "Effective" which was rated Requires Improvement. Further work was required to the general environment and to making the building and garden more dementia-friendly. Work had begun to address this but was still under way. Staff training and supervision had also fallen behind the provider's own expectations but this too was being addressed since the appointment of a new registered manager in January 2017.

Previous issues with the food provided by the external caterers had been addressed and feedback said the food was improving.

The service had systems in place to ensure people were as safe as possible. Identified risks were assessed and action taken to mitigate them. Safety checks and servicing took place regularly and the staff recruitment process was robust.

The service met people's needs effectively and responsively. People's health and care needs were met. They were provided with a variety of activities and entertainment including some one to one time with staff. People's and relative's views about the service were sought and acted upon.

Care plans were sufficiently detailed for staff to be able to deliver personalised care. People were treated with respect and their dignity, privacy and rights were upheld. They were involved as much as possible in their care and making daily choices about their lives.

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

The registered manager had effective systems to monitor the service and sought to develop and upskill the staff team. Staff felt supported and positive and understood the ethos of the service. Feedback from the local authority was positive. "Improvements have been noted around their documentation, recording/reporting and activities and [The registered manager] is currently addressing the environment.

Further information is in the detailed findings in the full report.

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 had taken appropriate steps to ensure people's safety. Equipment was well maintained and identified risks were assessed and monitored.

Staff understood how to recognise potential abuse and knew their responsibilities to report any concerns.

People's medicines were managed safely on their behalf.

The service had a robust recruitment process to try to ensure staff were suitable to support vulnerable people. Staff levels had been improved to help keep people safe.

Is the service effective?

Requires Improvement ●

The service required improvements to the general physical environment, the bathroom facilities and its suitability for people living with dementia. Work was under way to address this and additional steps were agreed following this inspection.

Training and staff supervision were not up to date but the registered manager had taken action to address this which was beginning to impact positively.

There had been issues with the meals provided by the external catering company but these were being addressed. People's dietary needs were met.

People received effective healthcare support.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Willows Edge

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 a comprehensive inspection which took place on 25 and 27 July 2017. The inspection was unannounced on the first day. It was carried out by one inspector. We last inspected the service in April 2015. We rated it Good overall, although it required improvement in terms of staffing levels, which was beginning to be addressed at the time. On this occasion we found improvements had been made in this area, with increases to staff complement at key times.

The service had provided a Provider Information Return (PIR) in April 2017, prior to the inspection. 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 looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed all the current information we held about the service. This included notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We reviewed the last inspection report and contacted representatives of the local authority who funded people supported by the service, for their feedback.

During the inspection we spoke with the registered manager and the area manager. We examined a sample of four care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including recruitment records for three recent recruits and medicines recording. We spoke with one person receiving support, three relatives and three staff to seek their views about the service.

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. We also observed a resident's meeting and informally observed the care provided at various points throughout the two days of our inspection.

Is the service safe?

Our findings

At the previous inspection we rated the service "Requires improvement" in this domain. This was because there were insufficient staff available to meet people's needs, which potentially placed them at risk of harm. The provider had identified this through management monitoring visits and following the inspection, took steps to address this.

At this inspection staffing levels had been increased. The rota now included an additional member of care staff available to move between the units to provide support where needed as well as a second senior staff on duty per shift. The local authority 'Care quality team' had been monitoring staffing levels as part of overseeing a range of improvements to the service. They had recently concluded their monitoring programme and removed the voluntary block on admissions, following satisfactory completion of the action plan. Management cover at weekends had been improved. The registered manager of Willows Edge and the deputy manager of another service covered both premises between them on alternate weekends. A range of spot checks, including out of office hours checks, had taken place and were scheduled going forward, to monitor practice.

The service had found recruitment challenging but improved staff retention had meant a more stable and permanent team was being established as the number of vacant posts was decreasing. Gaps in the rota were covered by in-house 'bank' staff, those from another of the local authority's services, or known agency staff in the meantime. Funding had been agreed for additional permanent staff to be recruited and the service had an ongoing recruitment programme. The provider was in the process of reviewing staff roles and job descriptions to try to further improve recruitment and better recognise the skills and development of the staff. A robust recruitment procedure and appropriate recruitment records were in place, showing the service carried out the required checks to ensure the suitability of staff. The required information was obtained from supplying external agencies regarding their staff. Appropriate action had been taken to address any staff performance issues.

People and relatives felt people were safe and well cared for by the service. One person told us, "Yes I feel safe here." A relative said, "They look out for her," and had no concerns about safety.

Staff understood their role in recognising potential abuse and keeping people safe and had received regular training updates in this area. No recent safeguarding concerns had been raised in relation to the service.

Appropriate systems helped ensure people were protected from avoidable harm as much as possible. Risk assessments were completed where collective or individual risks had been identified. These sought to provide people with the least possible restriction of their freedom. The required safety checks and servicing of equipment had taken place or were booked. Remedial action had been taken where issues had been identified. Personal evacuation plans had been completed. They identified issues regarding people's support needs, but did not go on to describe how they were to be safeguarded or evacuated should the fire alarm sound. The registered manager said this information was available in an overarching evacuation plan but took immediate steps to ensure it was included in people's individual plans as well.

People's medicines were effectively managed on their behalf. Relevant staff had received training in the procedures and had their competency observed and assessed regularly. The medicines records provided the required evidence of correct administration and medicines were stored appropriately. People's medicines had been reviewed when necessary. Where medicines errors had taken place, these had been investigated and action taken to reduce the risk of recurrence. A medicines 'Champion' had been appointed to oversee the day-to-day management of medicines. They had trained up a colleague who was maintaining this monitoring in their absence. Action had been taken to address the minor issues identified in the last inspection by the pharmacist supplying the medicines. People's medicines records included details of any allergies and how they preferred to take their medicines. The circumstances when it was appropriate to offer 'as required' (PRN), medicines to people were recorded in care plans, but were not readily available within the medicines file. The registered manager agreed to address this so staff had immediate access to the information without needing to search for it.

The service had a business continuity plan in the event of various foreseeable emergencies. The registered manager had negotiated a secure safe haven away from the immediate building, in the event of evacuation, pending relocation to other services operated by the local authority. This meant people would be safely separated from the building and the movements of any attending emergency vehicles.

Is the service effective?

Our findings

People and relatives felt the service met people's needs effectively and that staff were well trained and competent. A relative told us, "I am really, really impressed with the staff here. Their attitude and friendliness is really good. They do a terrific job." Another relative said their family member had, "Settled in well. She looks well when we visit." They added that she, "Was encouraged and has lots of interaction and she says she is happy." A person told us they were, "Happy to be here," described the service as "flexible" and the staff as, "helpful."

The service provided an effective induction for new staff although not based on the nationally recognised 'Care Certificate' process. The new registered manager intended to use the 'Care Certificate' competencies for new staff and to use them as a competency review for existing staff. Staff training had fallen behind over the previous 12 months with inconsistent management of the service. The registered manager had identified the overdue training and staff had been scheduled onto upcoming courses to address this. Competency checks for medicines management and moving and handling were being updated at the time of this inspection. Three staff had been trained to enable them to train and assess staff moving and handling practice.

During the previous period of changing management the service had fallen behind with the provision of supervision support to its staff. The new registered manager was working with senior colleagues to address this and some progress had already been made towards achieving the provider's stated target of two-monthly supervision. Annual performance appraisals had been carried out for all staff in 2016 and were not due again until August/September 2017. Staff found recent supervisions positive and supportive and were happy the management team had stabilised.

The service provided effective support for people to remain as involved in their care as possible. One person had been re-enabled sufficiently to return home with community support. The service had worked positively to enable another person to return to their religious community to receive end of life care surrounded by their friends. People and their representatives were involved in planning their care wherever possible to try and ensure care was individualised. Some files contained completed copies of "This is me", a document used to gather information about people's lives, interests, likes and dislikes. The registered manager told us they planned to complete these for others, where this had not yet been done. Where the document had been completed, it provided useful information to assist staff to meet people's needs in a personalised way and provided ideas for opening conversations.

Most people had regular contact and visits from family. The registered manager was exploring the use of online video messaging to support people who wished to keep in touch with relatives or friends, or those unable to visit. One person already used '4G' telephone technology to do this.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All

but two of the people were subject to DoLS as they were unable to go out into the community unsupported. One person had capacity and had chosen to remain in the service for personal reasons. Staff sought consent from people in various ways including facial expression and gestures, before providing support.

In some instances, monitoring devices such as alarmed falls mats were used, where people were assessed to be at risk. In each case best interest discussions had taken place with the relevant people, following assessment of the person's capacity. The service sought the least restrictive option in each case. For example, one person had been encouraged to lock their bedroom door to prevent another person entering their room, rather than considering more intrusive devices.

The bath and shower facilities were not suitable for the needs of the people currently supported. Some were impractical in design and others dated and in need of replacement. The provider had already identified this as a priority within their improvement plan and the tendering process had begun, to identify a suitable contractor.

Some work had been carried out since the last inspection to make the environment more suitable for people with dementia. However, the provider acknowledged there was still a need for further improvements in the dementia environment and was consulting with a dementia specialist on this. For example, people would benefit from improved colour variation between different corridors to assist with orientation and further improvements to signage. One piece of specialist interactive equipment was being demonstrated to staff and some of the people in the service the day after this inspection, with a view to its purchase. Management were planning to develop more interactive areas where possible and provide a wider range of items to stimulate people's interest and engagement.

General redecoration was also in progress and people had been consulted regarding the colour scheme. Bedroom cupboard doors were being painted in a contrasting colour to help people identify them. The conservatory was re-painted during the inspection. The registered manager was also consulting with a specialist regarding plans to improve the suitability of the garden for people living with dementia. For example the provision of a circular pathway and a larger patio area. During the inspection we identified some lounge chairs that were stained and had an unpleasant odour. Immediately following the inspection the registered manager confirmed funding had been agreed for the replacement of 12 lounge chairs to address this.

One person told us there had been issues with the quality of meals but this was being sorted out. They said, "The new cook is excellent." Meals were provided by an external catering company. Extensive discussions had taken place with the contractors to address various concerns and complaints. This had led to improved choice for people and discussions were ongoing now a new chef had been appointed as some issues remained. For example the new chef, who started work on the first day of the inspection, had received insufficient induction from the catering company regarding the equipment he was to use. Hot lunches were delivered to people on the ground floor on an unheated trolley. The new registered manager discovered there was a heated trolley was on the premises but it was not in use. This was checked for electrical compliance and was in use by the second day of the inspection to help ensure meals were delivered at a suitable temperature.

People's healthcare needs were met effectively by the service. Staff liaised with external health specialists when necessary for advice and guidance and acted on this. People were encouraged to take sufficient fluids where they needed support with this.

Is the service caring?

Our findings

People and relatives said staff were caring and treated people respectfully. One relative said of staff, "Their attitude and friendliness is really good. We feel at ease with her here, she is looked after with dignity." Another relative said, "Staff are lovely and kind," and added their family member was, "Always clean and dressed appropriately," and staff, "Used her name and had a laugh with her." A third relative said, "I cannot say enough good things about the caring nature of the staff." A relative also complimented the end of life care offered by the staff and said they had, "Coordinated external support well." Other comments included, "Staff managed family conflict well," and, "They are genuine and caring."

Care plans contained information about people's wishes, likes and dislikes to enable staff to respect these. Where care files contained completed "This is me" documents, additional detail was available about people's history and interests to assist staff to engage effectively. The registered manager said each person could make some choices, with staff support. She told us an external clothing shop visited regularly so people could choose some clothing for themselves. Care plans noted people's retained abilities and described how best to communicate with them.

We sat in on a residents meeting which involved six people in discussions about the upcoming garden party and dog show. People were asked their views and these were noted in planning the event. The meeting showed how people living with varying degrees of dementia were able to take part in the day to day processes in the service. Staff treated people with respect and tried to involve them in making choices and decisions wherever possible. As well as day to day choices about clothes, food and activities, people were also consulted about changes to the décor. One person had been asked to seek the views of others about possible menu items for the winter menu and gave the registered manager a list of the suggested items.

One person said of staff, "They treat me with dignity," and gave the example that he had been asked when he would like his bath. Relatives praised the way staff managed people's dignity on their behalf. One said, "They look after dignity well," and gave the example of being asked to leave the room when staff were changing or bathing the person. The relative added that staff had, "Included [name] and boosted him."

We saw staff supported some people with their meals. They enabled the person to do what they could for themselves and eat at their chosen pace. To help some people make choices, staff presented them physically with options. For example one person was shown pieces of toast with jam and marmalade on to select from. In general the approach of staff was calm, patient and friendly with some appropriate banter. Where one person was known not to like a lot of noise around them, staff took care to seat him in a quieter area and to approach him accordingly. People who could do so safely, were allowed to roam about freely within their unit as they wished.

People's spiritual needs were provided for by visiting clergy when required, unless family or friends took them out to a place of worship. The registered manager said staff had attended equality and diversity training and had shown themselves to be accepting of people's individuality.

Staff had prepared a memory booklet about a resident who had died, containing photographs, other memories and staff messages about the person, which was given to family as a memento. This was well received and the registered manager was considering introducing it as a standard part of the service's care practice.

Is the service responsive?

Our findings

People and relatives felt the service was flexible and responsive to changes in people's needs. One relative was especially pleased their family member was encouraged to join in with other people for activities and meals. They were also clear his interests were catered for and he enjoyed reading his newspaper and doing puzzles. One person told us he was looking forward to the planned changes to the garden.

People and families had been involved in planning and reviewing people's care after an initial assessment had established the service could meet their needs. Care plans contained sufficient information to enable person centred care. They were reviewed regularly and included evidence of flexible responses to individual needs. The regular review of people's changing needs was supported by the 'Resident of the day' scheme, which encouraged a detailed focus on the needs of each person in turn. Support was provided to help people remain in touch with family and others important to them. People had been supported well when transferring to other services.

A diverse activities and entertainment programme was led by the activities coordinator, supported by care staff when possible. Activities included art and craft, exercises, puzzles and reminiscence. An external 'Pets as therapy' dog visited regularly. Themed events such as St Patrick's Day and themed meals had also taken place such as a takeaway fish and chip lunch, which proved popular. We observed a craft session involving eight people supported by the activities coordinator and two external volunteers. People were supported to make decorations for the upcoming garden party. Other people who chose not to take part were supported to observe the activity. The service was about to hold a 'Memory café' in conjunction with a local external organisation who also held such events. The idea was to help broaden the social contacts of people living with dementia.

The activities coordinator kept records of people's involvement and tried to ensure those who chose not to take part in group activities, had one to one time instead. Individual activities had taken place in some cases where a person had wished to do these. For example, one person who used to play golf, had been taken to a golf driving range. A greenhouse was being obtained for another person, who was a very keen gardener, to grow flowers and vegetables for use in the home. The person was also going to be involved in planning the new dementia-friendly garden. The registered manager was keen for more individual wishes to be fulfilled going forward.

A range of interactive sensory equipment was used to engage people and provide sensory experiences. A dementia friendly digital tablet was available which enabled people to make choices of reminiscence items such as images, poetry and music. The service was also exploring new technology and had arranged a trial of some new interactive equipment. They had involved a small number of people in the trial to help assess its usefulness. The registered manager told us one person used a digital tablet to help them keep in touch with family and said she was considering the provision of internet and video messaging to enable others to do this. Staff responded to people's individual interests and history and involved people and their family in selecting meaningful items to go in the memory box outside their bedroom. These helped people to locate their own bedroom and provided staff with objects to support conversation with people.

The service had an appropriate complaints procedure which was made available to people and their families in the information provided at admission. Only one formal complaint had arisen since the registered manager came into post in January 2017, which had been resolved. Fourteen compliments were recorded in the same period. Improvements had been made in response to people and relative's feedback, for example, about the standard of meals.

Is the service well-led?

Our findings

People, relatives and staff were happy the service was well managed and that a stable senior team was now in place. One relative told us, "The manager is lovely." Another told us she communicated well. Staff were positive about the role of the registered manager and said she motivated the team. One staff member said things were, "Moving in a positive direction now... there is good communication, good regular staff meetings and an available manager." The spirit of staff was said to have improved and the senior team was working together. Another staff member told us, "The RM (registered manager) and area manager have made a positive difference. The RM is very calming, the general direction is positive." Other comments included, "I have complete confidence in the registered manager and area manager."

A registered manager was in place. They managed this service and another operated by the same provider, splitting their time between the two. Additional managerial support was available from the registered manager of another service. 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.

A staff member told us, "The manager has clear expectations and conveys them... and gives support and positive feedback." The registered manager sought to develop the skills and confidence of the staff. 'Champions' had been appointed to take lead responsibility for specific areas, including medicines management, tissue viability, behaviour management and continence. Champions received additional training and had additional duties such as monitoring their area of responsibility. In this way good practice and expertise was spread throughout the staff team who all shared a common set of goals and expectations. The operations manager was reviewing job roles and descriptions with a view to better recognition of people's additional skills and responsibilities. Positive links had been made with external specialists, including the local 'Public Health' dementia specialist. The registered manager was attending staff training to monitor its quality as well as maintaining her own knowledge.

The views of people and families were sought regularly on a two monthly cycle through the completion of feedback sheets. Due to people's communication difficulties most feedback was from family members. The feedback was reviewed as part of the management monitoring of the effectiveness of the service. Regular residents meetings had been held and involved those people who wished to take part. People had been involved in decision making about the service.

The provider's care quality team had been carrying out monitoring audits on a monthly basis due to the issues identified previously during a period of inconsistent and changing management. These fed into an action plan which the registered manager had been addressing since January 2017. Due to the progress made the action plan had been largely completed and the service was no longer on a voluntary embargo on admissions. Care quality team visits were due to reduce in frequency, although the operations manager would continue to support the home.

The registered manager completed monthly audits to monitor progress. She also maintained collective records of supervision, training, appraisals, 'Deprivation of Liberty' applications and other aspects to maintain an effective overview. Members of the management team also carried out spot checks, including out of office hours, to monitor care practice.