

Mr Seemy Addingadoo

The Willows Residential Care Home

Inspection report

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Date of inspection visit:
09 December 2015

Date of publication:
02 February 2016

Ratings

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

Summary of findings

Overall summary

This was an announced inspection visit carried out on 09 December 2015. The reason the inspection visit was announced was to ensure people were available on the day of our visit. Therefore we gave the service 24 hours' notice.

This is a care home registered for 6 people who have a learning disability. The home is situated close to Cleveleys town centre. There are two floors of the home available for people and it comprises of four single and one double room. En-suite facilities are provided and in addition, bathrooms are available on both floors. At the time of the inspection visit five people lived at the home.

There was a registered manager in place. 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.

At the last inspection in April 2014 the service was meeting the requirements of the regulations that were inspected at that time.

During this inspection people were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff had been safely recruited to ensure people would be supported by suitable personnel.

We observed people's medicines were dispensed in a safe manner and they received their medicines on time. Staff had received related training to ensure medicines were administered correctly by knowledgeable staff. The registered manager and local pharmacy had carried out checks to ensure processes were completed safely.

People were supported to eat their meals where they chose and were offered a variety of meal options. One person who lived at the home said, "I love the food especially curry." Risk assessments and other documentation, such as weight charts, were in place to protect individuals from the risk of malnutrition.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. The registered manager discussed the applications which had been authorised and the restrictions in place to make sure people were safe. We saw staff were working within the law to support people who may lack capacity to make their own decisions.

Care records for people who lived at the home were personalised to each person's needs and requirements. Staff regularly completed assessments of people's needs. These were reviewed and updated to ensure care planning remained responsive to the individual's ongoing requirements.

People were encouraged to follow their ambitions and individual interests within the community. They included voluntary work, involvement in local adult youth clubs and social preferences.

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys and regular auditing of the service to monitor the quality of care being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Procedures were in place to protect people from abuse and unsafe care.

Staffing levels of support met the care needs of people who lived at The Willows. Recruitment of staff was safe to ensure suitable people were employed

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's choices were respected and the registered manager and staff understood the requirements of the Mental Capacity Act 2005.

The Willows worked well with other services and health professionals to ensure people's care needs were met.

People's healthcare needs were monitored and continuity of care was maintained.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in making decisions about their care.

The registered manager and staff demonstrated a good knowledge of people's needs.

Is the service responsive?

Good ●

The service was responsive.

Care plans for people who lived at the home were informative and regularly updated.

People were supported to engage with the local community and to access a variety of recreational activities, education facilities and employment.

There was a system to receive and handle complaints or concerns.

Is the service well-led?

Good ●

The service was well led.

There was an open and relaxed atmosphere at the service.

People who lived in the home and their relatives were regularly consulted about how the service was run.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits was in place to monitor the health, safety and welfare of people who lived at the home.

The Willows Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection visit carried out on the 09 December 2015. The inspection visit was carried out by an adult social care inspector.

Before our inspection on 09 December 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

During the inspection visit we spoke with four people who lived at the home and three staff members. We also spoke with the registered manager. We had information provided to us from external agencies including the local authority contracts and commissioning team. This helped us to gain a balanced overview of what people experienced living at the home.

Part of the inspection was spent looking at records and documentation which contributed to the running of the service. They included two care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home.

Is the service safe?

Our findings

We spoke with people who lived at the home. They told us they felt safe and staff were always around supporting them. They told us they were receiving safe and appropriate care which was meeting their needs. One person said, "It's my home I love it."

We looked at two care records of people who lived at the home. They contained an assessment of people's needs, including reviews of any risks associated with receiving care. These related to potential risks of harm or injury and appropriate actions to manage risk. Risk assessments were also developed for when people were out in the community in order to keep people as safe as possible. Other risk assessments covered the building area and medication administration. One staff member said, "We do ensure people are not at risk when they go out and about."

We found systems were in place to protect people from potential harm or abuse. Staff were clear and confident about procedures related to safeguarding and whistleblowing. Comments from staff we spoke with included, "I know the signs to look for when abuse is taking place." Also, "We have had safeguarding training which is updated every two years." In addition the service had developed an information booklet on identifying when abuse takes place for people who lived at the home. For example the information was in picture format and showed the different types of abuse. One person who lived at the home we spoke with said about abuse towards people, "I know what to do."

We checked how accidents and incidents were recorded and responded to. We found accidents had been documented along with a record of actions taken to reduce the risk of further incidents. For example one record described how falls were recorded and the action taken to ensure people's safety and reduce the risk of further falls.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. The fire alarm had been regularly checked and a record of testing weekly was seen. Water temperatures checked were delivering water at a safe temperature in line with health and safety guidelines. Records of regular temperature checks had been undertaken to ensure people's safety.

We looked at how the registered manager staffed the service to keep people safe. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. This was confirmed by talking with staff members, one said, "We have plenty of staff to ensure we give the residents the time and support they need." We observed good staffing levels throughout the day. For example one person went out to the local shops and for a coffee on a one to one basis with staff. The registered manager told us they had enough personnel on duty to accommodate people at times on a one to one basis.

We looked at recruitment processes the service had in place. Checks were in place that were required. They included information about any criminal convictions recorded, an application form that required a full employment history and references. No new staff had been employed since the last inspection visit. The

registered manager told us they were up to date with recruitment procedures should they need new staff.

We observed medicines being administered at breakfast time and lunch time. We saw one person had received her medicine at the correct time as recorded. Medicines were given safely and recorded. The staff member informed the person they were being given their medication and where required prompts were given. The staff member informed us only people who had received formal medication training administered medicines.

The registered manager had audits in place to monitor medication procedures. This meant systems were in place to check people had received their medication as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication. The registered manager had introduced a brief medication history of the person and attached it to the medication record. This gave staff in-depth knowledge about the person's illnesses, allergies and background of any medical information. One staff member said, "It is a good system as it paints a picture of the person's medical background."

Is the service effective?

Our findings

People who lived at the home told us they felt staff and the registered manager were effective in their care, guidance and support provided. One person who lived at the home said, "The [registered manager] is great". The registered manager and staff provided a good insight into individual levels of support people required. This demonstrated a depth of understanding about people's specific support needs and their backgrounds in terms of social and health care.

Staff told us they received training to support them to carry out their responsibilities effectively. Training records we looked at had been updated and staff personnel files indicated employees had received guidance relevant to their roles. For example the registered manager had a programme of mandatory training that was updated annually. This included, safeguarding adults, infection control, moving and handling and medication. Staff we spoke with about training were all positive and included, "No problems at all with training if anything too much." Also, "[Registered manager] is spot on with training and always encourages us to do as much as we can. It is for the benefit of the residents."

Staff told us they were also encouraged by the registered manager to further their skills by achieving professional qualifications. For example we were told all staff members had achieved a National Vocational Qualification (NVQ) from level two to level five. Staff we spoke with and certificates we looked at confirmed this. Also the registered manager told us they had all signed up for 'Social Care Commitment' course. This was a training programme specific to their guidelines in social care. This demonstrated a commitment from the service to ensure all staff were skilled to provide the support and care people who lived at the home required.

We looked at staff supervision and appraisal records to check staff were supported to carry out their duties effectively. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. Staff told us supervision sessions occurred on a regular basis. The process included discussions about their development and the needs of the people who lived at the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated (DoLS). Discussion with the registered manager confirmed she understood when an

application should be made and in how to submit one. When we undertook this inspection the registered manager had completed applications to request the local authority to undertake DoLS assessments. This was for people who lived at the home. The manager had followed the correct process to submit applications to the local authority. We did not see any restrictive practices during our inspection visit.

The registered manager had recently submitted a DoLS application for a person whose liberty she felt needed to be restricted for their safety. We saw appropriate procedures had been followed and they had attended a best interest meeting chaired by a representative of the local authority.

Staff catered for a selection of food preferences and dietary requirements for people who lived at the home. The staff were responsible for the preparation of food. Staff told us they had completed their 'food and hygiene' training. This was confirmed by talking with staff and looking at training records. Comments about the quality of food were all positive and included, "I love curry". And, "The food is great."

The service did not work to a set menu and people were asked daily about meals and choices available to them for the day. One person told us they got what they liked to eat and could have a snack if they wanted to. For example on the day of our visit at lunch time people had pies and cakes of their choice from the local bakery. We all sat together in the lounge and it was clear people enjoyed their lunch. One person said, "I love having pies."

The kitchen area was clean and tidy with cleaning schedules available for staff to follow to ensure the kitchen area was cleaned daily. We observed people were offered drinks throughout the day and mealtimes were unhurried and relaxed. People were able to choose where they wished to have their meals. Fresh fruit was readily available with a fruit bowl on the dining table. People's preferences in respect of food were recorded in care plans.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

The registered manager told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant the person received consistent care from all the health and social care professionals involved in their care.

Is the service caring?

Our findings

People who lived at the home told us they were happy about living at The Willows. One person said, "Yes we are a family." Another said, "They (staff) are all my favourites." We sat for a while in the lounge with the staff and all the people who lived at the home. We observed staff members were caring, patient and attentive towards people. For example one person wanted the attention of a staff member to explain what was going on in the morning. The staff member spent time explaining the day, the detail of where they were going, and who they were visiting. It took the staff member time however they were patient, sensitive and showed enthusiasm.

We spoke with four people who lived at the home and they made it clear they felt all staff and the registered manager were caring and treated people as a family. One staff member said, "I love it here one big family and [registered manager] is fantastic the residents are everything to her and the staff. We are a small home just like a family.

We observed staff interacted with people in a friendly, respectful and caring manner. Staff demonstrated a good level of awareness and understanding. For example one person required moving from a wheelchair to their own special chair by using the hoist. Two staff took their time, explaining all the time to the person what they were doing. They transferred the person in a timely relaxed manner to ensure the person did not become agitated.

We were shown around the building and we observed staff knocked on people's doors and addressed individuals by their preferred names. Staff told us they treated people with respect and respected their privacy. The registered manager told us they felt it was important people were supported to retain their dignity and independence.

We observed the routines within the service to be relaxed and arranged around people's individual and collective needs. We saw people were provided with the choice of spending time on their own or in the lounge and dining area. The Willows had a homely environment and people wandered in and out of rooms as they pleased. When they wanted some attention they received it. For example one person came up to a member of staff and just put her arm around them. The staff member responded by comforting the person and they engaged in conversation. A staff member said, "That is what makes this job so worthwhile."

Care records contained information about people's personal histories and detailed background information. This helped the registered manager and staff understand what had made people who they were and how events in their past history had impacted on them. One staff member said, "It gives us a better picture of the person the more we know."

We saw evidence in care records of people being involved with and were at the centre of developing their care plans. People we spoke with told us they were encouraged to express their views about how their care, aspirations and wishes would be supported. Care records contained information about people's needs as well as their wishes and preferences. Daily records being completed by staff members were up to date and

maintained. These described the daily support people were receiving and their routines both in and out of the home. The records were informative and enabled us to identify how staff supported people with their daily routines.

We found care plans were reviewed with people and updated on a regular basis or when care needs changed. This ensured staff had up to date information about people's needs.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

Prior to our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and they told us they had no current concerns about The Willows.

Is the service responsive?

Our findings

People who lived at the home told us they felt staff were responsive to their needs, requirements and ongoing support. Comments included, "I love going to the shops and bowling." Another said, "They take me to feed the horses, I like that."

The pre-admission process was good. For example people were encouraged to visit the home over long periods to ensure they liked the home and the service suited their needs. Also people who lived at the home and their families were consulted to make sure the placement was suitable to all people concerned. At the time of the inspection visit they were in the process of assessing a person for admittance to the home. The registered manager told us it was essential people who came to live at the home would fit in.

Care plans were person centred which meant they contained input from the person or family who lived at the home. For example documents were written in the person's voice and staff had recorded their preferences, likes and dislikes. This gave staff information to ensure the quality of support provided met the needs of the individual. One staff member said, "Care plans are really good with details of each person as to how they want to be supported and what they like and dislike. It helps us provide the best care possible."

People who lived at the home were involved in various activities within the community. For example one person worked voluntary at the 'British heart Foundation' four days a week. We spoke with the person who told us they enjoyed going there 'very much'. Other activities people were involved within the community were, the local 'adults youth club'. The staff and registered manager tried to accommodate people to follow their chosen interest. For example one person who lived at the home enjoyed travel. The registered manager resourced forms of travel such as trains and buses so that the person could visit areas like Preston, Fleetwood and Lytham.

We sat with people who lived at the home in the afternoon and joined in games people had chosen to do. We spoke with staff who told us it was up to people what they wanted to do. One person who lived at the home said, "I like making things with [staff member who comes into the home to do arts and crafts]." Other activities included board games and films.

We spoke with people who lived at the home and staff about social events. People told us trips out were arranged on a regular basis. For example they had recently been to the Blackpool illuminations. One person who lived at the home said, "They were great and we had fish and chips." Other activities included trips to the local theatre. One staff member said, "There is loads going on here anything they want to do we try our best to do."

We found each person who lived at the home had a hospital passport containing all the relevant information including likes, dislikes, how to support the person and a record of all other professionals involved in their care. This meant if an individual was admitted to hospital, staff had information to assist them in caring for the person.

We found the complaints policy the registered manager had in place was current and had been made available to people who lived at the home. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. We noted there had been no complaints received over the last 12 months.

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the way the registered manager led the service. One person who lived at the home said, "She is so good and you can talk to her anytime." Another person said about the registered manager, "I love [registered manager] she is like a mum to me."

Staff members spoken with said they were happy with the leadership arrangements in place and had no issues. One staff member said, "The manager is approachable and always there when you need her." Another staff member said, "We are only a small home but the manager is very good and fair with everybody. It is like a big family."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other.

People who lived at the home and their relatives were consulted regularly both formally and informally. People talked together frequently to discuss any changes that might improve the service. One staff member said, "We are always discussing ways of how to improve things for the better." Decisions were made individually and as a group about social events, outings and meals. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them.

The views of people using the service were regularly surveyed. Relatives told us they were actively encouraged to approach the registered manager with any concerns, or ideas they might have to improve the service. They had recently undertaken a survey for relatives and the results were all positive. Comments included, "The Willows is very much like a person's home." Also, "[Registered manager] is a wonderful person who puts the residents first." There were no negative responses however the registered manager told us they analysed responses and acted upon any negative feedback.

This is a small home run as a family environment. Views of people who lived at the home were sought by informal methods and resident meetings. For example staff told us daily they spoke with people about the service and what they felt could improve. Relatives and friends were consulted for people who had difficulty communicating because they had a learning disability. One person who lived at the home said, "We are always asked if there is anything we want or could have better."

Staff meetings were held every two months approximately and staff we spoke with confirmed this. One staff member told us it gives them an opportunity to discuss any issues and make improvements where necessary.

There was a range of audits and systems put in place by the registered manager. These were put in place to monitor the quality of service provided. Audits undertaken by the registered manager included the

environment, care plans of people who lived at the home and medication. These were completed on a regular basis by the registered manager. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward. For example a building audit highlighted a need for some redecoration and refurbishment at the premises. This had been discussed with the registered manager and provider and funds were made available to improve the quality of the building. For example a new kitchen had been installed, bedrooms had been redecorated and the garden areas tidied up for people who lived at the home. This meant the provider and registered manager were continually improving the service for the benefit of people who lived at The Willows.