Reading Borough Council

The Willows Specialist Dementia Unit and Intermediate Care Service

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

This inspection took place on 14 December 2015 and was unannounced. The premises of the Willows Specialist Dementia Unit and Intermediate Care Service consist of two adjoining units. The dementia unit provides a service for up to 16 people. The intermediate care unit comprises 10 flatlets and can provide rehabilitation for up to six weeks following the person sustaining an injury or illness.

The home had a registered manager who had been in post since August 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 previous inspection in August 2014 the provider had been asked to make relevant arrangements for establishing and acting in accordance with the best interests of people. It concerned the situations where they had lacked the capacity to consent and there had been no person able to lawfully consent on their behalf. We found that this objective had been achieved and the provider had arrangements in place to obtain people's consent to their treatment.

People told us they felt safe. Staff displayed a thorough knowledge of how to identify any safeguarding concerns and knew the process of reporting such concerns. Medicines were administered, recorded and stored in line with current guidelines.

Staff had been recruited with regard to people's safety. Full employment checks had been completed before new staff members started to work in the service. There was a sufficient number of staff on duty to meet the range of care, support and treatment provided to people. Risk management plans were prepared to support people and keep them safe. There were also processes in place to manage any risks in relation to the running of the home.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was meeting the requirements of DoLS. The manager had acted on the requirements of the safeguards to ensure that people were protected.

Staff had received all necessary training and it was evident through their interactions with people in the home that they had the knowledge and skills to support people effectively. New staff received induction, training and support from experienced members of staff and the providers. Staff felt well supported by the provider and said they were always listened to.

People had regular access to healthcare professionals. A wide choice of food and drinks was available to people and suited their nutritional needs. People's individual preferences regarding food were always taken into account.

Staff were caring, kind, respectful and courteous. Staff knew people well and realised how each person preferred to be treated. People's needs were appropriately responded to and tasks detailed in care plans were carried out accordingly by staff.

Each person had a personalised care plan containing information about their likes and dislikes as well as their care and support needs. The care plans had been updated in line with changing needs and people said they were involved in making decisions regarding their care.

Appropriate systems were in place for the management of complaints. Both people and staff told us the acting manager was approachable. People we spoke with did not raise any complaints or concerns about the service and they told us they knew how to contact the service if they needed to.

We observed that the culture of the organisation was one of openness and sound values based on people's welfare being of greatest importance. This was confirmed by the staff, people and their relatives. There was a quality monitoring system to enable checks of the service provided to people and to ensure they were able to express their views so improvements could be made.

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.

People were safeguarded from abuse. The registered manager and staff understood their responsibilities and knew how to report any concerns.

Staff recruitment processes were thorough. They ensured that prospective staff were suitable people to work in the service and there were enough staff to meet people's needs.

People were supported to manage their medicines in a safe way and staff were aware of safe infection control procedures.

Good

Is the service effective?
The service was effective.

All staff received a range of appropriate training and support to give them the necessary skills and knowledge enabling them to look after people properly.

Staff had regular supervision and appraisals.

The service acted in accordance with the Mental Capacity Act and its associated Deprivation of Liberty Safeguards. Staff demonstrated their knowledge of the Act by their interactions with people.

People were supported to eat and drink sufficient amounts. Meal choices were provided and people were encouraged to maintain a balanced diet.

Careful consideration had been given to ensuring the environment, furnishings and décor was suitable and safe for the people living there.

Good

Is the service caring?
The service was caring.

People were cared for by staff who were kind and who delivered care in a compassionate way.

People were treated with dignity and respect.

People's friends and family were welcome to visit them at the home, and staff supported and encouraged these relationships.

Good

Is the service responsive?
The service was responsive.

Documentation was personalised, up to date and included specific information about people's backgrounds, events and persons important to people.

There was a system to manage complaints. No complaints had been received but people felt confident to raise issues if necessary.

Good

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

Good

Summary of findings

Staff and people spoke highly about the manager and the way she ran the home.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us the service had an open, inclusive and positive culture.

Accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified.

The Willows Specialist Dementia Unit and Intermediate Care Service

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.

The inspection took place on 14 December 2015 and was unannounced. It was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, the area of expertise was providing care to people with dementia.

Before the inspection, we looked at information provided by the local authority. We reviewed the records held by the CQC, including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at previous inspection reports, safeguarding notifications and any other information that had been shared with us.

During the inspection we spoke with three people provided with the service, and eight family members. We talked to the registered manager, the deputy manager, nursing staff, three care staff members, the housekeeper and kitchen staff.

We looked at a sample of records including six people's care plans and other associated documentation andfour staff recruitment and induction records. We also looked at training and supervision records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and quality assurance systems.

Good

Is the service safe?

Our findings

People indicated they felt safe and comfortable in the service. We were told, “I feel quite safe”, and, “Oh yes, the environment is absolutely safe”. Relatives stated that there were, “Brilliant staff and Mum is safe with them, I have been coming here 2 years and I have never seen anything that makes me think that is wasn’t.” When asked about the response time after ringing the call bell, one of the relatives told us, “I pressed it accidentally and staff came quickly; staff are always in and out.”

Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and staff had received regular safeguarding training. Staff demonstrated a good knowledge of how to recognise and report safeguarding concerns. They also informed us they could also contact the registered manager or provider at any time if they had any concerns.

Risks to people’s safety had been assessed and records of these assessments had been made. These were tailored to each person and covered such issues as malnutrition, risk of fall, medicine management as well as moving and handling. Each assessment contained a clear guidance for staff to follow in order to ensure that people remained safe. Our conversations with staff demonstrated that they were familiarised with these assessments and that the guidance was being followed.

People’s accidents and incidents were recorded and these were monitored so that reoccurring themes and triggers could be identified. This helped staff to take proper actionto prevent further reoccurrences. For example, when a person had developed a pattern of falls, the matter had been immediately looked into and new ways of supporting that person’s safety had been employed.

There were robust systems to ensure people received their medicines safely. Relevant policies and procedures were used for safe administration and management of medicines. Staff completed medicine training and refresher courses when required. Medicines were regularly audited to ensure that all areas of medicine administration were maintained to a high standard. People who self-administered medicines had risk assessments in place. These were reviewed monthly or even more frequently if any changes to people’s healthwere noted. Medicines were stored safely, including controlled drugs which were stored in line with required legislation. Furthermore, fridge and room temperatures were checked before each medicine round to ensure that the quality and integrity of medicines is not compromised during the storage. People had guidelines for the use of any medicine prescribed to be taken as necessary (PRN). The guidelines for PRN medicines prescribed to help people to control and maintain their health were very detailed.

Servicing and maintenance checks for equipment and systems around the home were carried out. Staff members confirmed that systems, such as the emergency alarms, emergency lightning or fire safety system, were regularly checked. We looked at records that showed that these checks had been completed. For example, the fire detector and alarm system were tested on weekly basis and fire evacuation drills were carried out every six months.

People were protected from the spread of an infection. All the departments: care staff, housekeeping, catering and maintenance staff contributed to preventing such occurrences. The kitchen staff ensured the kitchen remained clean and free from potential cross infection. They adhered to food safety standards and ensured the food was prepared safely. They wore appropriate protective clothing, food was kept at appropriate temperatures and other staff had limited access to the kitchen. Housekeeping staff adhered to the colour coding system in place for their cleaning equipment. As a result, the spread of a potential infection was reduced, as, for example, toilet cleaning equipment was not used for cleaning bedrooms and communal areas. Care staff and nurses wore protective plastic gloves and aprons when delivering personal care so as to reduce the risks of cross contamination. We observed that staff washed their hands and used hand cleansing products before performing various tasks. The external maintenance company took action to reduce potential risks relating to Legionella. They regularly flushed all taps and showers including those that were not in regular use to ensure that water was flowing through the system. They also ensured correct water temperatures were maintained to avoid systemic contamination of the system. There were appropriate waste management arrangements in place. All considered, each individual involved in providing care shared in preventing infections with an outstanding general outcome.

Good

Is the service safe?

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. All the recruitment files inspected showed that appropriate checks had been carried out before staff were employed. Clearances from the Disclosure and Barring Service (DBS) had been requested. A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. References had also been sought from previous employers, particularly when past jobs had been within the health and social care sector. Employment histories had been requested and the reasons for any gaps had been explained at job interviews and appropriately recorded in staff files.

We looked at the staffing rotas on each of the units. The records showed staffing levels were consistently maintained and additional staff had been provided as needed. We found the home had a sufficient number of skilled and experienced nursing, care and ancillary staff to meet people's needs. Staff members told us they were confident the management team would listen to them and act on any concerns regarding staffing levels.

We noted agency staff were being used to cover shifts at times. This was recorded clearly on the rota. We were told that as long as it was possible the same agency nurses worked at the home to provide consistency. The service had received confirmation from the agency that the staff provided were fit and safe to work in the home. The registered manager checked this using information provided by the agency, for example DBS reference number.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the providers. Staff knew people very well and understood their needs and preferences. People were asked for their consent before they were supported and explanations were provided to reassure people.

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. We checked whether the service was working within the principles of the MCA. They told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. Members of staff we spoke with were able to give examples of how they asked for permission before doing anything for or with a person when they provided care. Staff explained to us how they supported people to make decisions. For example, people were shown a choice of clothes to wear or food to eat. Staff were aware that any decisions made for people who lacked that capacity had to be in their best interests. People told us that staff always asked for their consent before they provided any care or treatment. One person told us, "They request permission before they do anything".

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The manager had a good understanding of DoLS and knew the correct procedures to follow to ensure people's rights were protected.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly noted on the front of the care file.

Staff had been provided with a range of appropriate training to give them the necessary skills and knowledge to help them deliver care to people properly. Regular training was provided to all staff. This included safeguarding vulnerable adults, medicines management, moving and handling, fire safety, infection control, dementia, first aid, food safety, health and safety, equality and diversity and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We found there were effective systems to ensure training was completed in a timely manner and all staff were up to date with the MCA training.

All new staff had undertaken induction training which had included the completion of mandatory training in relevant areas. Newly employed staff members were also obliged to shadow more experienced staff for two weeks, have their competencies assessed, for example regarding safe handling of medicines and complete a probationary period. As a result, it was ensured that they had the appropriate knowledge and skills to carry out their role effectively. We were told the period of shadowing could be extended if necessary.

Staff told us that communication within the service was effective. They pointed out that staff meetings, handover and a communication book helped to keep them up to date about people's changing needs and the support they needed. Records showed key information was shared among staff and as a consequence all staff had a good understanding of people's needs.

All members of staff were supported through regular two monthly supervision meetings with their line manager. This gave the member of care staff and the line manager the opportunity to discuss any issues that may have arisen, as well as areas where the member of staff excelled. Where necessary any additional training or support was decided within these sessions. Appraisals took place annually. Both were perceived as useful processes by management and staff.

People's nutritional requirements had been assessed and documented. People received the support they needed to ensure their diet was nutritious and well-balanced. People's weight was routinely recorded and monitored to promote their health and well-being. Staff did not only encouraged people to eat and drink sufficiently, but the service began to introduce blue plates. These are based on Hywel Dda University Health Board's 'Blue plates' project which is aimed at improving nutritional intake in patients

Good

Is the service effective?

with dementia through the use of blue coloured crockery. We saw the evidence that when the risk of malnutrition had been identified, the service had acted upon it. As a result, after a short period of time people regained their proper weight. Staff had a good understanding of each person's nutritional needs and how these were supposed to be met.

The kitchen staff were aware of people's dietary needs and preferences and were able to provide specialist diets as needed, for example diabetic diet. People confirmed they were offered meal choices and also alternatives to the menu had been provided on request. One person told us "The food is good! I can't fault the food and I have it in my room".

The intermediate care unit had ten flats, each with a kitchen area and an ensuite toilet and a washbasin. People were able to use their kitchens to maintain their independence and mobility aids were provided as needed for individuals, based on assessments by the physiotherapist or occupational therapist.

The interior of the service premises was dementia-friendly and was developed accordingly to the research on dementia carried out by King's College. We saw dementia signage and colour coordination was used to enable people to find their way around the home and to promote their independence. For example, carpets were free of any patterns that might cause confusion and all toilet doors were painted green so that people knew where toilets were both in their rooms and in the communal areas. Each floor of the building had been designed to allow people to walk through the corridors and return to the main communal rooms without being faced with dead ends that could be frustrating for people with dementia. There were also different decoration patterns, such as a bus stop,and small seating areas where people could rest or chat with others. Fresh water dispensers were situated in strategic places throughout the building. People were able to plant and grow vegetables and flowers in a dementia-friendly garden where all areas were joined with a single pathway that started and ended at the main building.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person who was due to leave said, "They look after me well, they are polite and respectful.

We observed that staff respected people's dignity and privacy. We heard them ask people quietly whether they felt comfortable, needed a drink or required personal care. They also ensured that curtains were pulled and doors were closed when providing personal care and knocked on people's doors before entering their rooms.

We also noticed positive interactions between staff and the people they supported. People who used intermediate care service were admitted for a short stay re-enablement support. While talking to with staff it was clear that they had a good understanding of people's needs, their wishes and preferences.

Relatives of people suffering from memory loss or dementia told us that staff treated those people with patience, offering reassurance when they became confused or anxious. Relatives felt that staff understanding of how to support people was excellent. One of the relatives told us, "The carers are dedicated; they are so lovely to residents".

Positive relationships had been built between staff and those they cared for. People were well cared for and staff showed kindness and consideration towards people they looked after. As a result, people felt very comfortable and relaxed in staff presence. We noticed that staff knelt on the floor when speaking to people to ensure they were at the same eye level and to aid good communication. We observed a carer kneeling to one of the people and saying " [Name] Come and sit here, and let me put your slippers on properly – now that's, better isn't it? Are you going to come and have a cup of tea with us?" As we observed and realised from our conversations with people, staff had a good understanding of people's needs.

Staff helped people to maintain their independence by offering them a wide range of choices. People could make decisions on how to spend their free time, eating meals, participating in activities, times of rising and retiring and clothing choices. For example, staff asked people if they would like to sit at the table in their wheelchair or preferred to use a dining chair. When people were unable to verbalise their choices easily, staff gave them time to indicate their preferences through non-verbal cues, such as nodding and smiling. People were provided with information in a way that helped them to make their own choices. This was done by using verbal and non-verbal methods of communication. Records included information about people's preferences and routines that helped staff to support them effectively.

People were able to receive visitors at any time and they could be entertained in the privacy of their own rooms. We saw people's rooms and although some people had been at the service only for a short period of time, we saw they had personalised their areas with photographs and personal affects. The rooms were clean and well decorated.

We saw that records containing people's personal information were kept in the main office which was locked when no authorised person was present in the room. People knew where their information was and they were able to access it with the assistance of staff. Some personal information was stored within a password protected computer.

Good

Is the service responsive?

Our findings

People told us they felt involved in making decisions relating to their rehabilitation. When people were admitted to the intermediate care unit, the initial referral assessment forms were completed by the person's GP if they were at the home. If they were in hospital, these forms were completed by hospital staff. This assessment included questions about people's preferences regarding their care and treatment. The assessment was completed with the person so to ensure it was based on meeting their needs. The admission process included a discussion with the person to ensure they understood the reason for the admission and their families' expectations. We were told and saw records confirming that each person's rehabilitation package was reviewed on a weekly basis. This review was used to monitor progress, review the rehabilitation that had taken place and to determine if any changes needed to be made. Records showed that each person was supported to achieve personal goals and these were reviewed prior to discharge.

The initial assessment for people admitted to the dementia unit was carried out by the person's social worker or care manager prior to admission The additional information was gathered by the management to make sure the person's needs could be met at the home.

Care plans were in place to give staff guidance on how to support people with their identified needs in such areas as personal care, medicines management, communication, nutrition and mobility needs. There was information provided that detailed what was important to that person, stating their daily routine and what activities they enjoyed. We saw detailed life histories which contained information on a person's early life, parents, education, career, work and achievements. Staff members told us that care plans were a good resource in terms of obtaining sufficient information to provide effective care. Staff were able to describe people's care needs, preferences and routines. These matched the information recorded in people's files.

There was a wide choice of activities offered to people, ranging from regular visits of entertainers to daily activities people could attend in the house. These activities included games, quizzes, listening to music and gardening. On the day of the inspection The Whitley Park School Children's choir came to the house to sing carols for the residents who told us that they genuinely enjoyed the music. Afterwards the children began to interact with the residents, for example joining them in conversations. As we could see, people gained a great deal of pleasure from the event. Activities were reviewed and feedback was sought from people to see what activities had been preferred by people. We saw people sat in the communal areas listening to music and reading newspapers. Others were in their bedrooms watching television, reading or being visited by their relatives.

People's complaints and concerns were taken seriously, listened to and acted upon to resolve the issues raised. The service's complaints procedure was explained to people and their representatives on admission. It was included in the information they received at that point. The acting manager told us they operated an open door policy and people could and did talk to them about various concerns or queries they had.

Clear records had been maintained of people's concerns and records showed the service had responded in line with procedures. There were five complaints since the last inspection. People's concerns and complaints were monitored and appropriately investigated. We also saw letters of appreciation. Relatives wrote in their comments that they were grateful and thankful as people were in good hands and were well looked after. One of the relatives wrote, "A most sincere thank you for all the care and the courteous attention shown by all staff at the Willows. It is deeply appreciated". People's concerns and complaints were monitored and the information was used to improve the service.

People who were receiving care in the intermediate care unit were offered the opportunity to share their views and give feedback through the patient experience survey. The results of the survey showed that people were satisfied with the quality of the care provided.

Good

Is the service well-led?

Our findings

People told us that the service was well managed and that the registered manager and staff were approachable and ready to help. One person told us, "I think their heart is in the right place; I can't grumble, I would recommend this place to a relative". One of the relatives remarked, "I would recommend this home to a relative, it's good: we need more care homes like this, they all seem happy here". Another commented on the service, "It's wonderful - the best home ever- yes it is."

The registered manager demonstrated a clear understanding of their role and responsibilities. The care was person-centred, with a real emphasis on always putting the person first and foremost. This was seen during the observations of the interaction between staff and people and in the way people's care records were written. The registered manager also demonstrated a good knowledge and understanding of people, their needs and choices. They promoted an open inclusive culture and told us the focus of the service was to ensure people received person-centred care which supported them to maintain independence and dignity at all times. They strove to ensure the service was open and transparent. They sought comments and suggestions from people and staff to take the service forward and make continued improvements.

The manager also kept up to date with developments in health and social care by sourcing information online and reading and reflecting on changes to practice. This included changes in the CQC inspection process.

Policies and procedures were available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any malpractice. The manager and provider had a good understanding of 'duty of candour' and the importance of being open and transparent. The manager told us that they were always keen to learn from incidents to improve future practice.

Staff knew the policies and were aware that these underpinned safe practice. Policies and changes to procedures were discussed during supervisions and at meetings to ensure everyone was well informed. Staff told us that the morale was good and they spoke highly of the support provided by the whole staff team. Staff told us they performed well as a team in their respective areas and supported each other. One member of staff told us "They are all very supportive". Another member of staff pointed out, "We got nice members of staff, we are like a happy family". Staff praised the registered manager and described them as very professional and approachable. One member of staff told us, "The managers are lovely. If you need any advice you just knock at the door".

We saw evidence of regular staff meetings. The recent meetings included topics such as the choice of puddings for diabetics, changes in procedures and maintenance issues.

People and their relatives were involved in shaping the service. We saw the copy of the last quality satisfaction survey which was carried out on a six monthly basis. This showed positive responses to the care and quality of the service people received and no areas for improvement were indicated. One of the relatives wrote, "Most of your care staff are fab. They are brilliant with mum even though she can get aggressive at times".

The provider had a number of systems in place to monitor the standard of care people experienced. The quality assurance and monitoring system was in place to assess the quality and safety of theservice and to ensure continuous improvements. Where audits had shown that improvements had been needed, action plans had been produced. These had been reviewed and updated to ensure that the actions were completed and the improvements achieved.

Community links were maintained by a regular contact with the youth and community centre, schools, visiting choirs and the activities undertaken at the service. People's relatives and friends were invited into the service to spend time with their family members.