

The Brandon Trust

# The Willows Nursing home

## 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 ●

# Summary of findings

## Overall summary

About the service:

The Willows Nursing Home provides accommodation and personal care for up to seven people with learning disabilities and complex support needs. At the time of the inspection seven people were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

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

People received care and support from staff who were kind, caring and committed. Staff knew people and their preferences well. There was a happy and friendly atmosphere.

People were supported to engage in different activities and local facilities were utilised. People's relationships were supported and maintained. Plans ensured people's preferred methods of communication were explained and supported.

Medicines were managed and administered safely. Assessments identified and managed risks. People's healthcare needs were met. Guidance was in place to ensure staff acted promptly to any changes in people's health conditions. The service had developed positive relationships with other health professionals.

The service was clean, tidy and homely. People had rooms decorated to their individual taste and which reflected their personalities. The service enjoyed an extensive garden which was used for activities.

The service was well led and managed. There was an open and honest culture where relatives and staff were comfortable to raise and share ideas.

Staff were supported through the providers induction, supervision and training programmes. Which promoted the service's person-centred ethos and ensured staff developed in their roles.

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

Rating at last inspection:

The last rating for this service was Good (published 30 May 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# The Willows Nursing home

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

The Willows Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with one person using the service and five staff members which included the registered manager. Some people we met were not able to fully tell us about their experiences. We therefore

used our observations of care and feedback gained to help form our judgements.

We reviewed three people's care and support records, three staff files and all medicine administration records. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection

We spoke with two relatives to gain feedback. We contacted four health and social care professionals and two further relatives for feedback. We received feedback from one health and social care professional.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- People were safe living at the service. A relative said, "I can't fault it [the service] at all."
- Risks to people were identified in areas such as health conditions, food and hydration, personal care and medicines. Guidance gave directions about how to manage and reduce these risks.
- Regular assessment and checks were conducted on the environment and equipment to ensure it was safe for the intended use. This included fire safety equipment and procedures.

### Staffing and recruitment

- Rotas showed staffing numbers were kept at a safe level. One staff member said, "We have loads of staff, plenty of staff."
- Current vacancies were covered by existing or agency staff. The provider was taking steps in recruitment to work towards a consistent staff team. A relative said, "There is a high turnover of junior staff. Senior staff are stable."
- An on call system was in place for emergencies out of office hours. A staff member said, "There is always support available."
- The provider followed safe recruitment processes before staff were employed to ensure staff employed were suitable for the role. This included Disclosure and Barring Service (DBS) checks.

### Using medicines safely

- Medicines were stored, managed and administered safely.
- Clear details of how staff should administer and how people preferred to take their medicines were in place.
- Staff knew the procedure to follow if a medicine error occurred.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding. Safeguarding concerns were fully investigated and actions taken.
- Staff knew how to identify and report safeguarding concerns.
- Systems were in place to ensure where required safeguarding concerns were reported to the local authority, Care Quality Commission and other agencies.

### Preventing and controlling infection

- The service was clean, tidy and well maintained.
- Infection control policies and procedures were in place which staff followed such as wearing gloves and

aprons when undertaking particular tasks.

- People's rooms were designed to ensure infection control risks were reduced but a homely and personal feel was retained.
- The laundry area had systems to reduce risks.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- A clear account was kept of how incidents and accidents had been managed, at the time of the event and afterwards.
- The service's audits had identified an increase in medicine errors and the registered manager had completed a full investigation. Support was sort from an external team and actions were taken and communicated to staff to ensure errors were reduced.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's rooms were personalised in their decoration and design. For example, one person had chosen to have their room silvery and sparkly whilst another person had a tree design painted on their wall. One person when asked if they liked their room replied, "Yes."
- Thought had been put into practical elements of people's personal space to ensure it met people's needs but was homely. For example, boxes of paper towels by people's sinks had been put in wooden holders. A relative said, "They have taken a lot of trouble over [Name of person's] room. [Name of person] is very content there."
- A bathroom had been converted into a wet room which now gave people choice between having a bath or a shower.
- The garden area was pleasant and spacious. People were observed enjoying the view over the garden from a communal lounge. There was a veranda area with sunshade. Staff and relatives told us how the space was used to have meals and activities outside. The registered manager told us there were plans to make the grass area in the garden more accessible. A relative said, "There is lots of use of the garden in warmer months."

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

- People were supported with their nutrition and hydration requirements. There was clear safety guidance in place for people with modified and textured diets around their individual requirements and support.
- We observed people being supported in line with their care plans at meal times. A staff member said, "The quality of food is good."
- Food and drink choices were regularly offered to people. A relative said, "The staff know [Name of person] food preferences well."

Staff support: induction, training, skills and experience

- New staff completed an induction before starting in post which was aligned with the Care Certificate. This included a cooperative induction day, training and orientation to the service's systems. One staff member said, "[The induction] covered training and the ethos of the service. I was then shadowing other staff for two weeks."
- An induction guide was in place to support agency and bank staff with important information.
- Staff told us and records confirmed staff received regular supervision with a line manager. Staff said they were well supported and there was an open culture around raising any issues or concerns.
- Training which included, face to face, online and competency assessments, ensured staff were skilled in their role. One staff member said, "Training is very good." A staff member told us how training in dementia

had enabled them to be, "More knowledgeable about [Name of person's] behaviours.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met. Assessments were conducted around healthcare needs such as dental care and footcare.
- Annual health checks were completed. People had hospital passports to convey information should a hospital admission be required. This included how people communicated and religious or cultural requirements.
- Relatives told us how staff observed and took action promptly in relation to healthcare concerns. A relative said, "They [staff] do pick up on things very quickly." Care plans gave information about how people showed they were unwell or in pain. One care plan said, "I tend to lengthen my limbs and grimace when I am in pain."
- Risk assessments and protocols were in place around specific health conditions. For example, one person had clear procedures in place in relation to epilepsy and this guided staff how to record any seizures and the action to take.

Staff working with other agencies to provide consistent, effective, timely care

- People had regular healthcare appointments. For example, with the dentist and optician. Records were kept and the advice given was actioned.
- The staff had positive working relationships with other professionals such as the GP, Community Learning Disability Team and district nurses. A health and social care professional said, "They [staff] have been responsive to [Name of person] very complex needs and worked closely with our members of staff."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had made DoLS applications as appropriate. These and applications in progress were monitored and reviewed.
- People's capacity in different areas of their care had been considered and assessed as required. Best interest decisions were taken in line with legislation and guidance, with the involvement of other professionals and relevant people such as family members when it had been determined a person lacked the capacity to make a specific decision. For example, around medicines, vaccinations and personal care.

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

- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and sexuality.
- Staff understood the principles of the Mental Capacity Act (MCA) 2005.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind, caring and respectful. One person said, "Yes," they liked the staff. A relative said, "The staff are all good. [Name of staff member] is marvellous, very attentive and meets all [Name of person's] needs. Another relative said, "Staff are professional, very, very caring and know [name of person] very well."
- Staff demonstrated they knew people well and respected people's individuality. For example, their preferences in food, activities and routines. Staff had received training in equality and diversity.
- The atmosphere was happy and relaxed. One staff member said, "It is important to create a positive atmosphere as this affects people."
- Staff spoke with people about the things they were doing to involve people. For example, one person enjoyed observing the laundry being folded whilst another person liked being in the kitchen with the sensory stimulation when food was being prepared.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy, independence and dignity was promoted and maintained. For example, one person was going out. Staff supported the person to change clothes and put on aftershave. The person smiled when staff commented how nice they looked.
- Care plans explained how people may wish to spend time privately or make independent decisions. One care plan said, "I like watching TV on my own." Another care plan described how a person indicated they wished not to get up yet by keeping their eyes closed when in bed.
- People could receive visitors when they wished. A relative said, "I can visit when I want, always made welcome." Another relative said, "There are no restrictions, I can pop in any time of day or night. I am always made to feel welcome."
- Staff understood the policies in place about how to maintain confidentiality of information. Guidance was contained in care plans. For example, one care plan said, "Private conversations about me to be held in confidence."

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

- People were not always able to express their views verbally. Care plans gave information about how people demonstrated their preferences and feelings. Staff knew these well. For example, one care plan said, "I am unable to communicate verbally but I can use facial expressions, body language and vocalisations. I raise my head up, eyes looking up to indicate yes."
- People were supported to make day to day decisions about their care. For example, what they wished to

eat, wear or how they wanted to spend their time.

- Relatives were involved in care plan reviews.
- The service had received several compliments. Compliments we reviewed said, "Thank-you for providing [Name of person] with the love and care they so much needed," "Lovely little house, nice and tidy, friendly staff, lovely garden" and "I've always appreciated the welcome and guidance of the staff at the Willows."

# Is the service responsive?

## Our findings

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

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

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

- Care plans were person centred and gave information about people's backgrounds, preferences, family and relationships. Care plans were being transferred to a new format which reduced repetition of information and were more accessible.
- People's likes, dislikes and interests were explained. For example, one care plan said, "I like small animals." Activities had been developed around this interest.
- People had plans in place describing people's preferred methods of communication and how staff could observe people's moods and emotions. For example, one care plan said, "Happiness is clapping, smiling, blowing kisses. Showing dislike is clenching lips, falling asleep, stamping feet."
- A health and social care professional told us about the improvement in one person's health needs since living at the Willows Nursing Home saying there was, "A marked improvement."

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

- People were supported to maintain relationships with families and friends. For example, one person told us about their friend who they met up with socially at the service or pub.
- People were involved in different activities. We observed people going for a walk, swimming and painting a card.
- The service monitored people's reactions to different activities. This enabled judgements to be made about the benefit and enjoyment to people. A staff member said, "We look at body language." One person's care plan said, "I appear to like walking around the shops and the seafront and people watching. I appear to like the wind blowing, it makes me smile and giggle"
- The service had supported people to go on holiday to destinations of their choice. This included a cruise abroad for one person. Another person's health and mobility had improved since residing at The Willows Nursing Home which had enabled them to enjoy a break in Somerset.

Meeting people's communication needs

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

- The service had considered how information was presented and produced to aid people's understanding.
- Information was available in different formats such as easy read and pictorial formats. This included the safeguarding policy, complaints procedure and dietary information.

Improving care quality in response to complaints or concerns

- The service had not received any recent complaints. An accessible complaints procedure was displayed. Systems were in place to manage complaints should they arise.
- A relative said, "I have no problems raising any concerns. I can speak to anyone."

End of life care and support

- The service was not currently supporting anyone with end of life care.
- End of life care plans were in place. These had considered people's religious and cultural needs as well people's preferences. For example, in relation to music. End of life plans had followed legislation and guidance if required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The service was well-led and managed. Staff commented, "[The registered manager] is very approachable, "It is well-led" and "[The registered manager] is lovely, really friendly." The registered manager ensured they moved around the service to interact with people.
- Staff felt supported, appreciated and valued in their work. A staff member said, "We get thanked for our work." Another staff member said, "I've had really good support. Can always ask, if you don't feel confident you don't have to do anything."
- There was a positive culture where staff felt comfortable raising ideas or concerns. One staff member said, "It is a respectful staff team." Another staff member said, "We have open and honest conversations."
- Staff told us they worked well together. A staff member said, "I like being part of this team, everyone is being person centred." Staff said the diversity of the team brought a mixture of skill sets which benefited people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor, review and improve the quality of the service. This included areas such as health and safety and care plans.
- Notifications of important events were submitted to the Care Quality Commission (CQC) as required.
- The provider had displayed their CQC assessment rating at the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was gained from people, relatives and professionals. We reviewed positive comments by professionals from November 2019 which included, "Very good ongoing communication. Competent staff team. All staff are quite knowledgeable about the service users," "The staff have been well supported by the registered manager" and "Staff always find the information I require. The staff are all appropriate of raising issues."
- People and staff were involved in decisions about the service. For example, the colour scheme and décor of the recently refurbished communal lounge.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities of the duty of candour. One relative said, "They always contact me to let me know if anything is wrong." Another relative said told us they were informed quickly when their relative was unwell.

Continuous learning and improving care; Working in partnership with others

- Systems were in place to convey information within the staff team. This included a diary, communication book and verbal handovers. A staff member said, "Everything is in the communication book, so we know what is going on."
- However, a relative said communication could be improved as there were not always aware of staff changes and used to receive an individual monthly update for their relative. In another person's care file it showed that individual updates were communicated to their relative.
- Monthly team meetings were held. One staff member said, "Everyone is involved us as staff are always involved. We are asked for input and what works best."

Staff said

- A team day had been organised for staff to discuss barriers and solutions to effective working. This included communication, people's support and staff culture.
- The service utilised facilities in the local community and had developed links with organisations providing activities and provisions.