

Hexon Limited

The Willows

Inspection report

Bridlington Road
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Tel: 01262470217

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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 is a residential care home providing personal care to 29 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

We received very positive views from people about the support provided to them. People said they felt safe and staff were kind and respectful.

Staff had positive links with health care professionals, which promoted people's health and wellbeing. People's received their medicines on time and safely.

Care and support were tailored to each person's needs and preferences. People and their relatives were involved in developing and updating their care plan. Staff had good knowledge of people and spent time chatting with them about their life history and family.

Staff had received training and support to enable them to carry out their role. We made a recommendation about training to ensure staff continued to receive up to date training to meet people's needs. Recruitment checks were carried out to ensure staff were suitable to work in the 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 interest; the policies and systems in the service supported this practice.

The registered manager led by example to ensure people received a good service. People and staff told us the registered manager was approachable and listened to them when they had any concerns. Feedback was used to make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 24 January 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Willows

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and one assistant inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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. 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

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, two care

workers and the chef. We spoke with one visiting healthcare professional. 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 reviewed a range of records. This included two people's care records in full and one in part and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at safety and maintenance certificates that could not be located during the inspection.

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.

Using medicines safely

- Medicines arrangements were safe and managed appropriately.
- People were encouraged to manage their own medicines where they had those skills.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were responded to appropriately; trends and patterns were monitored and used for learning purposes.
- People felt safe, confident and happy when being supported by staff.
- Staff assessed and managed risks to people.
- The environment and equipment were appropriately checked and maintained.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been managed well.

Preventing and controlling infection

- Staff followed good infection prevention and control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- Areas of the home that posed a risk of infection had recently been addressed by the provider. This included new flooring. Bedding which was stained and had holes in was being used on some people's beds. The registered manager advised CQC after the inspection that the provider had agreed to buy new bedding.

Staffing and recruitment

- There were enough staff available to meet people's needs.
- Staff were recruited safely; appropriate checks were carried out to protect people.
- People received care in a timely way.

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.

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

- Assessments of people's needs were mostly comprehensive and care and support was regularly reviewed.
- Care and support was planned, delivered and monitored in line with current best practice and evidence based guidance.

Staff support: induction, training, skills and experience

- Staff received supervision and appraisal; they had appropriate skills and knowledge to meet people's individual needs.
- Staff felt supported.
- A staff induction and training programme was in place. Some staff's training in relation to people's specific needs required updating, such as diabetes and Parkinson's. The registered manager was monitoring and addressing this.

We recommend the provider finds out more about training and competency assessments for staff, based on current best practice, in relation to the specific needs of people who used the service.

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

- People were involved in meal choices and supported to maintain a balanced diet.
- People were supported to maintain their independence with eating and drinking.
- People were protected from risks of poor nutrition and dehydration.

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

- Areas of the home were homely and pleasant.
- Some dementia friendly signage was used within the environment to help orientate people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.
- A visiting healthcare professional told us, "We don't have any concerns about the service, staff are knowledgeable and support us during every visit."

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.

- Staff ensured people were involved in decisions about their care. Staff knew what they needed to do to make sure decisions were taken in people's best interests. People could make individual choices and decisions about their daily lives.
- Best interest decisions were only recorded in basic format and were being developed further by the registered manager.
- People who required a DoLS had these in place and they were tracked and monitored by the registered manager.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were comfortable and well looked after. Staff were friendly and considered people's individual needs. People said staff were friendly and a relative told us, "You couldn't get better staff than the ones here."
- Staff communicated in a caring and compassionate way. They gave people time to respond. We observed staff taking time to speak with people about their life histories and their families; this provided reassurance and comfort to those people.
- People were treated fairly and equally; information about their diverse needs was available to staff.

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

- Staff supported people to make decisions about their care and knew when people wanted help from their relatives.
- Staff directed people and their relatives to sources of advice and support or advocacy.

Respecting and promoting people's privacy, dignity and independence

- People overall were treated with compassion, dignity and respect. Although we identified some dirty bedding at the start of the inspection, the registered manager and care workers took immediate action to address this. A relative told us, "Staff respect [Name], they always knock on their door before entering their room."
- People were comfortable and their personal care needs were met. Relatives told us staff were patient and kind and this had helped building trusting relationships to support the delivery of personal care.
- People were supported to remain as independent as possible.

Is the service responsive?

Our findings

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

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

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

- People's needs and preferences were identified and information on how best to meet these preferences was recorded and reviewed.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.

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.

- Information shared with people met their communication needs.

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

- There was range of group activities and entertainment for people to access. A relative told us, "They do themed days, there is plenty for [Name] to join in with."
- During the inspection we observed one to one and small group activities, including games and nail care. People appeared to enjoy this.
- People were encouraged to look after the home's chickens. Daily tasks such as watering and feeding were clearly enjoyed by some people and positively impacted on their wellbeing.

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure which was displayed in the home.
- Where complaints had been made, they were responded to in line with company policy.
- People and families knew how to provide feedback about their experiences of care and the home. Both relatives we spoke with told us they had never needed to complain.
- Low level concerns were shared as a learning opportunity during a recent team meeting. The registered manager told us they intended to do this on a regular basis moving forward.

End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- Staff knew to respect people's religious beliefs and preferences.

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 benefited from having a registered manager who was committed to providing good quality care to people. A relative told us, "The manager is very down to earth, they are wonderful."
- Staff understood the registered manager's vision. They told us they were listened to.

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

- Reflective practice was used to encourage people to be open and honest and learn from experiences.
- Duty of candour was evidenced.

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

- The registered manager and care manager understood their legal responsibilities.
- The culture of the service was open, honest and caring. The management team acted promptly to address any concerns.
- The service was organised and well-run; people were treated with respect and in a professional manner.
- Regular checks ensured people were safe and happy with the service they received.

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

- Staff involved people and their relatives in day to day discussions about their care in a meaningful way.
- Links with outside services and key organisations in the local community were well maintained. A visiting healthcare professional told us, "We are contacted at the right times and communication is good."

Continuous learning and improving care

- Systems were in place to ensure the service was consistently monitored and quality was maintained.
- There were no records of provider oversight of this service. However, the provider had recently invited an external auditor to the service and the registered manager demonstrated good progress in meeting the actions identified as part of this audit. The registered manager assured us they would complete all areas of this action plan.