Quantum Care Limited

Willow Court

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

This inspection took place on the the 12 July 2016 and was unannounced.

Willow Court is a residential home providing accommodation and personal care to up to 81 people. At the time of our inspection there were 71 people using the service.

During our previous inspection in March 2015, we had found that people did not experience safe and good quality care that appropriately met their individual needs. The provider needed to make improvements in all of the five key areas we inspected. We found that significant improvements had been made during this inspection and the provider met all the required standards.

There was a registered manager in post. 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.

People were kept safe and protected from avoidable risk of harm. People had enough to eat and drink and had their healthcare needs identified and monitored by the service. Each person had individualised care plans and risk assessments in place which detailed the care and support they required and were followed by staff. There was a programme of events and activities for people to take part in throughout the day. People were given opportunities to feedback their views and have their opinions heard.

Staff received a range of training which enabled them to support people effectively. Each member of staff was supported through on-going supervision and performance review. They understood people's needs and demonstrated a kind, caring and compassionate attitude.

People, their relatives and staff were positive about the management and culture of the service. Questionnaires and surveys were sent out regularly to ask for feedback on the quality of the care and support being provided. Regular meetings took place to give people and staff an opportunity to share their views and keep abreast of issues in the service. There were robust quality monitoring systems in place to identify improvements that needed to be made.

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.

People were safeguarded from avoidable risk of harm and had risk assessments in place to promote their overall safety.

Staff were recruited safely to work in the service.

Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective.

Staff received training that allowed them to carry out their roles effectively.

People had their healthcare needs met and were supported to maintain a healthy and balanced diet.

People gave consent to their care and staff understood their responsibilities under the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff demonstrated a caring and friendly attitude towards people.

People were treated with dignity and respect and had their privacy observed.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were personalised and evidenced involvement from people and their relatives.

There was a full activity programme in place for people to engage in their hobbies and interests.

There was a robust system in place for handling and resolving complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were complimentary about the management team.

There was a robust system in place for quality monitoring and identifying improvements that needed to be made.

Staff understood the visions and values of the service, and were supported with their professional development.

Willow Court

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 inspection took place on the 12 July 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We reviewed local authority inspection records and asked for feedback from nine professionals involved with the service.

During the inspection we spoke with nine people who used the service and three of their relatives to gain their feedback. We spoke with seven members of care staff, the activities co-ordinator, deputy manager and registered manager.

We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for eight people. We checked medicines administration records and looked at staff recruitment and training records. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

During our last inspection in March 2015 we identified concerns that there were not always enough skilled and qualified staff to meet people's needs in all areas of the home. During this inspection we found that there had been significant changes to the service which meant that staffing levels were appropriate and enabled staff to meet people's needs safely and effectively. All of the people and their relatives we spoke with told us that there were enough staff around and that they were attended to quickly if needed. One person said, "That's one thing I really like about it here, the staffing. There's always someone about and they've always got time for you. Nothing is ever too much trouble." Another person told us, "There's always one about, they are very helpful."

Since our last inspection a unit that had previously been used for high-dependency referrals had since been turned into an intermediate unit for people with less complex support needs. As a result, the staff working on that unit were able to deliver higher standards of care to people because there was an appropriate level of staff available based on their needs. During our observations we noted that staff seemed relaxed and calm and were able to attend to their duties efficiently without seeming rushed or under pressure. When we spoke to the registered manager about the staffing levels on each unit, she was able to tell us how staff numbers had been assessed and how the staff team were supported in case any additional support was needed. This included using familiar staff from agencies or managers providing support themselves to cover shortfalls. We reviewed the rotas for the four weeks prior to our inspection and saw that shifts were adequately covered and that staffing levels had remained consistent and appropriate. This had a demonstrable impact on people as the calmer, more relaxed approach of the staff team helped people to feel more at ease. One person told us, "It's gotten a lot better recently, actually. It seems like they've always got time for a chat now. It was always a bit manic before, with people rushing around and different faces all the time. Now it's nice, you see the same staff all the time."

The registered manager told us that due to problems recruiting in the area they had held an open day for prospective staff to attend. This included observations of the prospective member of staff's interactions with people and an interview process, which involved some of the people using the service. This enabled the registered manager to follow a 'value based' recruitment model to ensure that staff were of suitable character and experience to work in the service. We saw that each member of staff had two employment references on file, as well as a DBS (Disclosure and Barring Service) check which was updated regularly. DBS is a way of helping employers to make safer recruitment decisions by assessing whether a member of staff had any prior convictions.

People using the service told us that they felt safe and well-looked after. One person told us, "It's much safer living here than anywhere else in my opinion." Another person said, "It's good care here, they're [the staff] always making sure we're safe and comfortable."

The staff we spoke with were able to describe the ways in which they kept people safe from avoidable risk of harm. One member of staff said, "We have a number of people in their rooms, for example, and we always make sure they can reach their buzzers. Those who can't use them are known to us and we'll check on them

instead. We also try and keep up with where people are. For example if somebody moves between units during the day, we'll let each other know so we're aware that people are safe and accounted for. We want to keep them safe without herding them into one place, because that restricts their freedoms."

Staff had received training in safeguarding people and understood the types of abuse and how they would report any concerns to the relevant authorities. The service displayed information regarding safeguarding and the different agencies that could be contacted in case of any suspected abuse. We saw in the minutes of team meetings and resident's meetings that safeguarding was a standing agenda item and this was discussed regularly. This meant that everybody associated with the service was encouraged to take a proactive approach to reporting abuse and protecting people from any avoidable risk of harm. We saw that safeguarding referrals had been made to the local authority and Care Quality Commission as required, and that appropriate action had been taken in response to these.

The home kept a log of accidents and incidents that had occurred around the service which included injuries, people falling and 'near misses'. The provider's policy on accident reporting was robust and detailed the steps to be taken to record, report and take action in response to accidents and incidents. We saw that for each incident, there was a thorough log of when and how the incident occurred, witness statements and preventative measures that had been taken to reduce the risk of recurrence. The information from these reports was then collated into monthly statistics which allowed the management team to identify any trends or patterns of concern. For example we saw that where one person had experienced a number of 'near misses' over the course of one month, a referral was made to check their general health. By evidencing the learning and outcomes of these incidents, the home was able to keep people safe because they monitored risk and put appropriate preventative measures.

People had personalised risk assessments in place which detailed the risks across different areas of their support and how these could be minimised. The service operated a culture of 'positive risk taking' which attempted to manage risk safely without compromising upon people's independence. If people displayed any behaviour which impacted negatively upon others, this had been identified with control measures put into place. This included identifying triggers, and using distraction and deflection techniques to reduce the risk of escalating behaviour.

A series of risk assessments had been carried out to ensure that the home was safe and that the environment was well-maintained. The housekeeping manager showed us robust health and safety audits that were carried out across the home to ensure that equipment was in good working order. Fire checks, gas safety checks and PAT (portable appliance testing) tests were completed regularly. There were emergency plans in place in case of any serious events which might have impacted upon the running of the service. Each person had a personalised emergency evacuation plan (PEEP) in place which detailed how they could be supported in case of a fire or any other emergency.

Staff received training to administer people's medicines safely. There was a robust system in place for monitoring and auditing medicines. All medicines kept by the service were stored safely and regular checks were made on stocks and disposal of medicines that were no longer required. We looked at MAR sheets (medicine administration records) for six people and saw that these were completed appropriately with no unexplained gaps. PRN (as when required medicines) protocols were in place which were detailed and gave staff guidance on what a particular medicine was for and when it was appropriate to administer. There was clear information about the uses and potential side effects of all medicines.

Good

Is the service effective?

Our findings

In our last inspection in March 2015, we found that not all staff had sufficient skills or knowledge to meet people's needs because of a lack of specialised training. During this inspection the management team were able to evidence significant improvements in the provision and quality of training and the impact this had on the overall quality of care. When we asked people and their relatives whether they felt that staff were skilled, they all responded positively. One person told us, "The carers seem to know everything here. They're lovely, able people." Another person said, "Couldn't fault them, they definitely know their jobs."

The staff we spoke with were positive about the recent training they had received and how this had enabled them to understand people's needs better. The provider had introduced a BTEC in Dementia Care which all staff were required to undertake. This had provided them with in-depth knowledge of the condition and included project work which involved working closely with one person using the service. One member of staff told us, "I've just finished that training. We identify one person and we try and find out as much about them as we can- their likes and dislikes and what's important to them. By having a better insight into one person's condition, you get a better appreciation for all of them and how we can support them." The management team had all completed a more intensive course in dementia care which had enabled them to monitor how staff were putting this training into practice. The registered manager told us, "It's not about just giving them the training, we try and monitor how it's being put into practice and how much staff are learning." In addition to the specialist dementia training, staff had also attended courses in pressure care and diabetes.

Staff told us that they completed training the provider considered essential during their induction. One member of staff said, "I had a good induction, you cover a lot in those first couple of weeks. I'm new to care so it really helped." In addition to completing courses including safeguarding, first aid and manual handling, each new staff followed a three day induction programme which covered the essentials of the service and the values of the provider. New starters were given an opportunity to work alongside experienced members of the team.

We also found that during our last inspection there were issues around informed consent and how this was being documented and put into practice. During this inspection we found that staff were able to describe the principles behind consent and were demonstrating this visibly when providing support. One person told us, "They'll ask me before they do anything. I'll tell them if I don't want something and they'll back away. You aren't forced to do anything here." A member of staff we spoke with said, "They'll tell me if they're happy for me to carry on or want me to stop. We respect their choices first and foremost." We saw evidence of consent in care plans where people had been asked if they were happy to receive care and support from the service and asked for consent across a number of other key areas. This covered medicines and personal care amongst others. If people could not sign to indicate consent then appropriate capacity assessments were in place to help the service to make decisions in people's best interest.

The staff we spoke with had received training to understand the Mental Capacity Act (MCA). The Mental Capacity Act 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). DoLS applications had been made for each of the people using the service. While the manager was still awaiting authorisations, we saw that the applications made were appropriate to keep people safe, and that measures were being taken in the meantime to ensure that people were not being unlawfully deprived of their liberty. For example, we saw that one person had a stair gate across their bedroom door. We spoke to the person who told us the reasons it was there and how they had provided their consent. This was further backed up by their care plan which detailed the decision making process that had been followed to ensure it was in the person's best interest.

People told us they had enough to eat and drink and enjoyed the food on offer. One person said, "The food is lovely." Another person told us, "There is always plenty to eat here." During our inspection we saw that people were being offered food and drinks throughout the day. While we were speaking with one person, a member of staff knocked on their door to see if they wanted a drink. The person asked for weak tea, and when the member of staff returned they checked whether it was weak enough for them. When the person asked for it to be weaker, the member of staff took it away and replaced it with good humour. The person said, "See, they're all like that- marvellous!" We observed people eating lunch and saw that the food was appetising and well-balanced. The support offered to people during the meal was sensitive. For example one person was asked by a member of staff if they wanted help, and they said, "No, but could you push me a bit closer to the table?" The member of staff responded positively and asked if they needed anything else.

The staff working in the kitchen understood each person's unique dietary requirements and served food and drinks appropriate for their needs. The service kept records of people's MUST (malnutrition universal screening tool) scores and weight checks which enabled referrals to be made in a timely manner if required. Food and fluid charts were triggered by this system so that when people started to lose weight, monitoring of people's on-going health would begin.

Records indicated that people received appropriate support to meet their health needs. Visits from health care professionals were clearly recorded, action taken and outcomes documented. We spoke with three healthcare professionals who all felt that the service was effective in how they met people's needs. One professional told us, "They have really improved. They are referring people quickly now. There is much less incidences of pressure areas and ulceration. They are much more tuned in than they were and are now picking issues up early. They understand their responsibilities with regard to this. They communicate with us very well."

Good

Is the service caring?

Our findings

At our last inspection in March 2015, we identified that people were not always treated with dignity by staff and that interactions with people were often task-focused. During this inspection we observed a significant improvement in the attitude and approach of the staff team. When we asked people and their relatives if they thought that staff were caring they all responded positively. One person told us, "They're caring people. They always ask 'what can we do for you?' and they love a joke and a laugh." Another person said, "The staff are very caring." We spoke with a relative who told us, "I have no worries about [relative] being here because the staff are so nice and kind to [them] all the time." They also said that staff were kind, considerate and understood their needs. One person said, "They look after us brilliantly. If I am having a bad day, they will talk to me and turn it round. They are for us, if you know what I mean." Another person told us, "I am very happy. I have nothing to complain about. They treat you very, very well."

People told us they were treated with dignity and respect. One person said, "They're always respectful. They would never do anything in a way I didn't like." Another person told us, "My dignity is very important to me- I feel like they respect that. Sometimes I'd like to do more things for myself but they do recognise that and try and let me where possible. I also have to know when it's time to accept their help though, and they're always very kind about that and don't make me feel silly when I need to ask." The staff we spoke with were able to tell us of ways in which they observed people's dignity. One member of staff said, "I make sure we all know as a staff team that we have to knock and ask permission before we go into their rooms or do any kind of personal care. The better you know the person, the better you know how they prefer things done." During the inspection we observed patient and respectful interactions between people and staff. Staff would knock on people's doors before entering. This meant that people enjoyed their privacy, and developed their trust and confidence in staff to treat them with respect.

During our observations around the service, we found that there was a pleasant, relaxed and homely atmosphere. We observed staff greeting people each time they saw them, using their preferred names and spending time engaging with them whenever they could. On one occasion, we saw that a person was being asked if they wanted to take part in the church service downstairs. The person was unsure if they would be welcome, but the member of staff reassured them by saying, "It would be our pleasure to have you. We'd love you to come." This made the person feel better and prompted them to join in the activity. On other occasions, we noted that all staff regardless of their role and duties in the home were taking the time to attend to people and talk to them warmly and kindly. A member of staff told us, "I want to leave this building every day knowing that people are clean, happy and pleased with what we've done." We noted that during the provider's last awards ceremony, one of the staff from the service had won the 'carer of the year award'.

Each person had a key-worker who was responsible for ensuring that their information was up to date and accurate and that people had an opportunity to have their views and opinions heard. During the inspection we noted that a meeting was taking place between one person and their key worker. The member of staff was explaining to the person the nature of their role and how they would support them to provide feedback and views if they wanted to change anything in relation to their care. We noted that in one care plan, a person had expressed that they were concerned that visitors had no chairs to sit on when they came. When

we went to see the person, a member of staff noted that we were visiting and immediately knew to make sure that a chair was provided.

Good

Is the service responsive?

Our findings

On our last inspection in March 2015, we found that people's care plans were not always responsive to their individual needs. During this inspection we found that the format of care plans had improved significantly in that they were detailed and changed in accordance with people's needs.

When we asked people if they had a care plan, some people were unsure. One person told us, "I know there is one, but I'm not sure what's in it." Another person said, "Yes I have a care plan but I'm not too bothered about looking at it, they bring it round sometimes, but I'm happy for them to write whatever they need to in there, it doesn't worry me too much." However when we looked through people's care plans, we found that the level of their involvement was documented and that it was clearly stated if people preferred not to be involved in reviews. Each person was asked to read and sign the contents of their plan to indicate their agreement, and there was evidence of involvement from family and friends where appropriate.

Care plans were formed on the basis of an initial assessment which was completed when a person was first referred to the service. An additional assessment was then carried out upon admission to the home and after six weeks of their residency there. This meant that any change or deterioration in the person's condition, or difficulty adjusting to the change of environment, was identified and implemented into their plan.

Care plans used an outcome-focused model to detail the type of care and support that people required across different areas of their lives, and how staff could assist them with working towards achieving the identified goals. We saw that outcomes were established in areas like relationships, leisure, eating and mobility. The service had adopted the 'rhythms of life' ethos which explores holistically how to support older people across all aspects of their care, and how to engage their senses and ensure their needs are being fulfilled. By focusing care plans around outcomes, the service was looking towards how they could continually improve the standard of people's care instead of simply following a standard list of tasks or duties. People's plans were subject to regular reviews and were changed in accordance with their needs and preferences. For example, we noted that in one care plan a person had asked to have more regular baths instead of showers. Their plan was changed and updated with their new preference. The person told us that staff had changed their routine to accommodate this change in need. Each section of the care plan was reviewed monthly or as required to ensure that changes were identified quickly and embedded into the overall plan.

Since our last inspection an intermediate unit had been set up to support people to regain their confidence and independent living skills following a period in hospital. Staff worked alongside healthcare professionals who were based at the service to develop a rehabilitation programme which included physiotherapy, exercises and social work assessments of their independent living skills prior to them going home. One professional said, "This works really well. For example, I can attend the breakfast club, where people get used to making their own breakfast and I can assess directly what support they need in order to go home and remain safe." There was a weekly multi-disciplinary meeting involving staff and healthcare professionals to discuss people's care needs and progress towards returning home. This meant that the service was able

to demonstrate an on-going commitment to supporting people to regain their confidence and independence.

People told us they enjoyed the activities and events provided by the service. One person we spoke with said, "There's a good range of things on offer. I'm not always interested, but they do ask if I want to be involved." Another person told us, "Yes we are generally given a lot to do through the day, I must say. There's always something on." Activities were planned to meet people's personal interests and they were regularly asked for feedback and ideas for how activities could be improved. A board in the communal corridor had a large pictorial timetable showing what sessions were planned for the week. These were varied and included mask making, quiz, knitting club, bible studies, film night, relaxation and themed nights. We spoke with an activities coordinator who confirmed that activities took place throughout each day of the week and into the evening. They told us they were working hard to ensure every person had something that appealed to their interests. They said, "We had a pamper evening for the ladies and now we are organising a men's night based on a pub atmosphere with cards and dominoes." They went on to say, "We have some very intelligent people living here and we have to be mindful of that and plan things that they like. For one person, we do an individual quiz that is more challenging than the main one, so that they get something that is of interest to them because they do not want to join in the main group." By making activities person-centred and inclusive, people were kept stimulated and engaged throughout the day.

People and their relatives told us they knew there was a complaints policy in place and understood who they would complain to if necessary. One person said, "I've never had cause to complain, but I would know how to, I'd speak to the manager." We saw that complaints received by the service had been appropriately managed in accordance with the provider's policy. There was also a log of how each complaint had been handled, which included the evidence of outcomes and learning taken from each.

Good

Is the service well-led?

Our findings

During our last inspection in March 2015, we identified concerns that people, staff and relatives did not have a clear understanding of who was managing the service. The service was undergoing a change in management staff at the time, which meant that there was a lack of clarity with regard to who was in charge. However on this inspection, we found that the management team had made significant improvements to the quality of the overall service and that people had trust and confidence in them to sustain these changes over time.

People and their relatives knew who the registered manager was and told us that they were approachable and kind. One person said, "She [the registered manager] is very sweet. The first thing she does in the morning is go round and ask how everybody is." Another person said, "Yes, [registered manager] is wonderful, I could go to her with anything." A healthcare professional told us the service had "very good leadership."

People were positive about the whole management team and clear on who was managing each unit of the home. Each unit had two care team managers who were responsible for working alongside the registered manger and deputy manager to ensure the effective and consistent delivery of care across the service. The registered manager told us that they had tried to improve the visibility of management staff around the home. She said, "The managers on each unit work on the floor now, they don't just do the paperwork. Me and [deputy manager] do the meds rounds, we help on the floor and try and help out where we can."

The staff we spoke with were enthusiastic about the change in management and the effect upon the service. One member of staff told us, "I would feel happy talking to any of the managers about anything, they're really approachable." Another member of staff said, "It's changed completely since the new manager came in. The competence of the staff is better, the care has improved and it's just a much nicer place to work in overall." Staff told us they had been given opportunities to develop their skills and experience, and to contribute to the service. One member of staff said, "They've given me loads of training and support to bring me up to management standard and they're encouraging us all the time to improve. We all have our own lead roles on things." Staff had been delegated individual responsibilities for different aspects of the service to provide them with specialisms that helped developed their confidence and base of skills. The registered manager told us, "We believe the best managers come from within. We want to develop people organically here with the right values."

Staff were aware of the values of the provider, and the registered manager was clear on the value base of the service and how this was implemented into practice. One member of staff said, "That's the most important thing here- the values. Our values are to put people first, to make people feel at home and to respect their rights and views." The staff we spoke with told us they had the opportunity to contribute towards the development of the service through team meetings. One member of staff told us, "We meet every month. There are meetings for different departments but I just go to the staff meetings. They make sure we attend, which is good since there weren't always many people there before." Meetings informed staff of clear action plans, with responsibilities and timescales for making improvements. They also covered issues including

dignity, confidentiality and learning from complaints. Residents' meetings also took place every two months on each unit. Discussions in these meetings included activities, events, food, complaints, safeguarding and staff changes.

The service sent out surveys each year to people and their relatives to obtain their views and to ask for suggestions for improvement. The comments they received back in these surveys were used to form an action plan to inform respondents of any actions being taken in response to these. For example, we saw that where a number of people had raised concerns regarding the quality and choice of food, the service had taken appropriate action to address this. This included expanding the cooking staff, and holding 'menus and food tasting days' for people to try new dishes. All the people we spoke with agreed that food was much improved since.

The service had a robust system for quality monitoring and identifying any areas for improvement. Each month the managers from each unit were asked to complete an audit for their section of the service and they forwarded them to be collated by the registered manager. These were then used to complete a thorough monthly audit of the service which included observations, spot checks and audits of files. Where areas of improvement were identified, we saw that prompt action was being taken to address these. For example, we saw that it had been identified that some people did not have pictures on their doors. When we walked around the service we noted that this had been quickly resolved and that pictures were visible on each person's door, to enable people to identify their own rooms.